

## Leading and Managing in Nursing 8th Edition PDF

Visit the link below to download the full version of the ebook

# DOWNLOAD NOW

# LEADING and MANAGING in NURSING | 8<sup>TH</sup> EDITION



PATRICIA S. YODER-WISE

SUSAN SPORTSMAN



Evolve®

Student Res  
Access Code



Scan to Download  
or Type the Link

[ebook.ac/leading8e](http://ebook.ac/leading8e)

# LEADING and MANAGING in NURSING | 8<sup>TH</sup> EDITION



PATRICIA S. YODER-WISE

SUSAN SPORTSMAN



Evolve<sup>®</sup>

Student Resources on Evolve  
Access Code Inside

Evolve®

# YOU'VE JUST PURCHASED MORE THAN A TEXTBOOK!

**Enhance your learning with Evolve Student Resources.**

These online study tools and exercises can help deepen your understanding of textbook content so you can be more prepared for class, perform better on exams, and succeed in your course.



Activate the complete learning experience that comes with each NEW textbook purchase by registering with your scratch-off access code at

<http://evolve.elsevier.com/Yoder-Wise/>

If your school uses its own Learning Management System, your resources may be delivered on that platform. Consult with your instructor.

If you rented or purchased a used book and the scratch-off code at right has already been revealed, the code may have been used and cannot be re-used for registration. To purchase a new code to access these valuable study resources, simply follow the link above.

Place  
Sticker  
Here

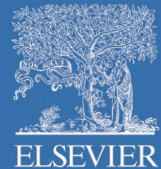
## REGISTER TODAY!



ELSEVIER

You can now purchase Elsevier products on Evolve!  
Go to [evolve.elsevier.com/shop](http://evolve.elsevier.com/shop) to search and browse for products.

# A tailored education experience — *Sherpath book-organized collections*



Sherpath book-organized collections offer:



**Objective-based, digital lessons**, mapped chapter-by-chapter to the textbook, that make it easy to find applicable digital assignment content.



**Adaptive quizzing** with personalized questions that correlate directly to textbook content.



**Teaching materials** that align to the text and are organized by chapter for quick and easy access to invaluable class activities and resources.



**Elsevier ebooks** that provide convenient access to textbook content, even offline.

**Sherpath** is the digital teaching and learning technology designed specifically for healthcare education.

VISIT  
[myevolve.us/sherpath](https://myevolve.us/sherpath)  
today to learn more!



# CONTENTS

## PART 1 Overview

---

1. Leading, Managing, and Following, 1
2. Quality and Safety, 18
3. Ethical and Legal Issues in Nursing, 49
4. Toward Justice, 84
5. Healthy Workplaces, Healthy Workforce, 103
6. Translating Research Into Practice, 137

## PART 2 Know Yourself

---

7. Gaining Personal Insight: Being an Effective Follower and Leader, 163
8. Communication and Conflict, 178

## PART 3 Know the Organization

---

9. Healthcare Organizations and Structures, 199
10. Person-Centered Care, 217
11. Staffing and Scheduling, 244
12. Workforce Engagement Through Collective Action and Governance, 268

13. Solving Problems and Influencing Positive Outcomes, 290
14. Delegating: Authority, Accountability, and Responsibility in Delegation Decisions, 308
15. Effecting Change, Large and Small, 332
16. Building Effective Teams, 345

## PART 4 Use Your Skills

---

17. The Impact of Technology, 371
18. Artificial Intelligence, 397
19. Managing Costs and Budgets, 414
20. Selecting, Developing, and Evaluating Staff, 434
21. Managing Personal and Personnel Problems, 443

## PART 5 Prepare for the Future

---

22. Role Transition, 459
23. Managing Your Career, 470
24. Developing Leaders, Managers, and Followers, 489
25. Thriving for the Future, 510



# 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  
3251 Riverport Lane  
St. Louis, Missouri 63043

LEADING AND MANAGING IN NURSING, EIGHTH EDITION

ISBN: 978-0-323-79206-6

Copyright © 2023 by Elsevier Inc. All rights reserved.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any information storage and retrieval system, without permission in writing from the Publisher. Details on how to seek permission, further information about the Publisher's permissions policies and our arrangements with organizations such as the Copyright Clearance Center and the Copyright Licensing Agency, can be found at our website: [www.elsevier.com/permissions](http://www.elsevier.com/permissions).

This book and the individual contributions contained in it are protected under copyright by the Publisher (other than as may be noted herein).

#### Notice

Practitioners and researchers must always rely on their own experience and knowledge in evaluating and using any information, methods, compounds or experiments described herein. Because of rapid advances in the medical sciences, in particular, independent verification of diagnoses and drug dosages should be made. To the fullest extent of the law, no responsibility is assumed by Elsevier, authors, editors or contributors for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instructions, or ideas contained in the material herein.

Previous editions copyrighted 2019, 2015, 2011, 2007, 2003, 1999, 1995.

International Standard Book Number: 978-0-323-79206-6

*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

Printed in Canada.

Last digit is the print number: 9 8 7 6 5 4 3 2 1



*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. Folsie, 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



# ACKNOWLEDGEMENTS

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!

**Yvonne Alexopoulos:** Senior Content Strategist and end-run specialist extraordinaire. You have been with L & M for at least four editions—and it shows. Thank you!

**Josh Rapplean:** Senior Content Development Specialist and juggler of many other roles. This project started out to be such a straight-forward effort and then we had a pandemic that never ended; and we found new ways to work; and you smiled through it all. We really value all you brought to the team! Thank you!

**Sindhuraj Thulasingham:** Project Manager and survivor of flying emails! When we get “down to the wire,” timing gets tight; and we may have bumped into ourselves coming and going a few times; and we made it. Sindhuraj always knew where we were, what was missing, what was done, and what was in development. Thank you!

**Robert Wise** and **Leonard Keese:** Husbands Extraordinaire, chief cooks, minimal disruptors, and all-around supporters. We thank you for all you did (or didn't do) that was helpful to our completing this work. We thank you both!

**Pat and Susy**



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.



## PART 1 Overview

---

### 1 Leading, Managing, and Following, 1

*Susan Sportsman and Patricia S. Yoder-Wise*

- Introduction, 2
- The Context of Leading, Managing, and Following in Healthcare, 3
- Leading, Managing, and Following Theories, 6
- Comparison of Leading, Managing, and Following in Healthcare, 10
- Future Implications, 13
- Conclusion, 14
- Reflections, 16
- Best Practices, 16
- Tips for Leading, Managing, and Following, 16
- References, 16

### 2 Quality and Safety, 18

*Victoria N. Folsie*

- Introduction, 19
- Integration of Quality and Safety in Healthcare, 19
- Classic Reports and Key Agencies That Advance Quality and Safety, 20
- Quality Management in Health Care, 25
- Customers, 29
- The Quality Improvement Process, 30
- Quality Assurance, 38
- Risk Management, 40
- Impact of Cultural Concepts and Principles on Quality and Safety, 43
- Dealing Effectively With Cultural Diversity, 44
- Implications in the Workplace, 45
- Conclusion, 45
- Reflections, 46
- Best Practices, 46
- Tips for Promoting Quality and Safety, 46
- References, 47

### 3 Ethical and Legal Issues in Nursing, 49

*Arica Brandford*

- Introduction, 50
- Professional Nursing Practice: Nurse Practice Acts, 50

Negligence and Medical Malpractice, 52

Informed Consent, 61

Privacy and Confidentiality, 64

Policies and Procedures, 65

Employment Laws, 65

Professional Nursing Practice: Ethics, 71

Conclusion, 79

Reflections, 80

The Evidence, 80

Tips for Incorporating Legal and Ethical Issues in Practice Settings, 80

References, 82

### 4 Toward Justice, 84

*Karen A. Quintana and Susan Sportsman*

Introduction, 85

Social Determinants of Health (SDH), 85

Social Policies Aimed at Reducing Health Disparities, 85

Progress Toward Achieving Health Equity, 86

Implicit Bias, 87

Impact of Health Disparities on Healthcare Workers of Color, 88

Current Initiatives to Reach Health Equity Among Patients and Staff, 88

Concepts of Culture, 88

Leininger's Theory of Transcultural Nursing Care, 91

Impact of Diversity in Healthcare, 92

Conclusion, 99

Reflections, 99

Tips for Practice/Best Practices, 99

References, 100

### 5 Healthy Workplaces, Healthy Workforce, 103

*Mary Ann T. Donohue-Ryan*

Introduction, 104

Healthy Healthcare Workplace, 104

Impact of Unhealthy Healthcare Workplaces and Workforces, 105

Factors That Contribute to Unhealthy Work Environments, 106

Responses to Unhealthy Work Environments, 110

Developing a Healthy Work Environment in Healthcare, 115  
 Conclusion, 130  
 Reflections, 131  
 Best Practice, 131  
 Tips for Self-Management, 131  
 References, 131

## 6 Translating Research Into Practice, 137

*Margarete Lieb Zalon*

Introduction, 138  
 Making Practice Improvements, 139  
 The Relationship Between Research and Evidence, 140  
 From Using Research to Evidence-Based Practice, 140  
 The Evidence-Based Practice Movement, 141  
 Comparative Effectiveness Research, 144  
 Practice-Based Evidence, 145  
 Participatory Action Research, 147  
 Quality Improvement, 147  
 Evaluating Evidence, 148  
 Assessing for Applicability to Practice, 152  
 Translation Science, 154  
 Organizational Strategies to Embed Evidence-Based Practice Into Organizations, 154  
 Issues for Nurse Leaders and Managers, 157  
 Collaboration, 157  
 Preparation for Evidence-Based Practice, 158  
 Conclusion, 158  
 Reflections, 159  
 Best Practices, 159  
 Tips for Developing Skill in Using Evidence and Translating Research Into Practice, 160  
 References, 160

## PART 2 Know Yourself

### 7 Gaining Personal Insight: Being an Effective Follower and Leader, 163

*Amy Boothe and Jeffery Watson*

Introduction, 164  
 Differences Between Leading and Following, 164  
 Leader–Follower Relationship, 166  
 The Core of Being a Leader, 167  
 Gaining Insight Into Self, 169  
 Becoming an Authentic Leader, 173

Conclusion, 175  
 Reflections, 176  
 Best Practices for Effective Following and Leading, 176  
 Tips for Effective Following and Leading, 176  
 References, 176

## 8 Communication and Conflict, 178

*Victoria N. Folsie*

Introduction, 179  
 Effective Communication Within Healthcare Settings, 180  
 Types of Conflict, 181  
 Stages of Conflict, 183  
 Categories of Conflict, 185  
 Modes of Conflict Management, 185  
 Differences in Conflict-Handling Styles Among Nurses, 191  
 The Role of the Leader, 192  
 Managing Incivility, Lateral Violence, and Bullying, 193  
 Conclusion, 194  
 Reflections, 195  
 Best Practices, 195  
 Tips for Effective Communication and Addressing Conflict, 195  
 References, 196

## PART 3 Know the Organization

### 9 Healthcare Organizations and Structures, 199

*Kristin K. Benton and Nina Almasy*

Introduction, 200  
 Characteristics and Types of Organizations, 201  
 Integration, 210  
 Acquisitions and Mergers, 210  
 Theoretical Perspectives, 212  
 Nursing Role and Function Changes, 214  
 Conclusion, 214  
 Reflections, 215  
 Best Practices, 215  
 Tips for Healthcare Organizations, 215  
 References, 216

### 10 Person-Centered Care, 217

*Margarete Lieb Zalon*

Introduction, 218  
 History of Person-Centered Care in Nursing, 220  
 Biases Impacting Person-Centered Care, 221

Person-Centered Care—Why Now?, 221  
 Initiatives to Deliver Person-Centered  
 Care, 223  
 Challenges in the Delivery of Person-  
 Centered Care, 226  
 Patient Engagement, 231  
 Key Features in the Delivery of Person-  
 Centered Care, 233  
 Synthesis and Application, 239  
 Conclusion, 239  
 Reflections, 240  
 Best practices, 240  
 References, 240

## 11 Staffing and Scheduling, 244

*Susan Sportsman*

Introduction, 245  
 The Staffing Process, 245  
 Why Safe Staffing Matters, 255  
 Complex Factors in Health Care Influencing  
 Patient Outcomes, 255  
 Supplemental (Agency or Contract) Staff and  
 Float Pools, 259  
 Organizational Factors That Affect Staffing  
 Plans, 260  
 Scheduling, 260  
 Evaluating Unit Staffing and  
 Productivity, 262  
 Conclusion, 264  
 Reflections, 265  
 Best Practices, 265  
 Tips for Staffing and Scheduling, 266  
 References, 266

## 12 Workforce Engagement Through Collective Action and Governance, 268

*R. Coleen Wilson*

Introduction, 269  
 Culture and Structural Frame, 270  
 Healthy Work Environment, 272  
 Workplace Advocacy, Engagement, and  
 Empowerment, 277  
 Professional Practice Responsibility, 278  
 Magnet<sup>®</sup> and Pathway to Excellence<sup>®</sup>  
 Recognition, 281  
 Collective Action, Collective Bargaining, and  
 Unionization in Nursing, 282  
 Conclusion, 285  
 Reflections, 286  
 Best Practices, 287

Tips for Workforce Engagement and  
 Collective Action, 287  
 References, 287

## 13 Solving Problems and Influencing Positive Outcomes, 290

*Sylvain Trepanier and Jeannette T. Crenshaw*

Introduction, 291  
 Problem-Solving, 291  
 Conclusion, 301  
 Reflections, 303  
 Best Practices, 304  
 Tips for Solving Problems and Influencing  
 Positive Outcomes, 304  
 References, 305

## 14 Delegating: Authority, Accountability, and Responsibility in Delegation Decisions, 308

*Maureen Murphy-Ruocco*

Introduction, 309  
 Definitions, 309  
 Assignment Versus Delegation, 310  
 Historical Perspective, 310  
 National Guidelines for Nursing Delegation, 311  
 Effective Communication: An Essential  
 Competency for Successful Delegation, 313  
 Delegation and The Decision-Making Process  
 in Nursing, 314  
 Organizational and Individual  
 Accountability, 319  
 Legal Authority to Delegate, 319  
 Learning How to Delegate: Different  
 Strategies for Success, 321  
 Conclusion, 328  
 Reflection, 329  
 Best Practices, 329  
 Tips for Delegation, 329  
 References, 330

## 15 Effecting Change, Large and Small, 332

*Mary Ellen Clyne*

Introduction, 333  
 Strategic Planning, 333  
 Reasons for Strategic Planning, 334  
 The Nature of Change, 335  
 The Change Process, 335  
 People and Change, 339  
 Context and Change, 340  
 Conclusion, 342  
 Reflections, 342

Best Practices, 342  
 Tips for Leading Change, 343  
 References, 343

## 16 Building Effective Teams, 345

*Karren Kowalski*

Introduction, 346  
 Groups and Teams, 346  
 Creating Effective Teams, 349  
 Key Concepts of Teams, 356  
 Issues That Affect Team Functioning, 357  
 Interprofessional Teams, 361  
 The Value of Team Building, 363  
 The Role of Leadership, 364  
 Conclusion, 366  
 Reflections, 366  
 Best Practices, 367  
 Tips for Team Building, 367  
 References, 367

## PART 4 Use Your Skills

### 17 The Impact of Technology, 371

*Joan Benson, Kathryn Hansen, and Jenny Horn*

Introduction, 372  
 Types of Technologies, 373  
 Knowledge Technology, 376  
 Information Systems, 378  
 Nursing Informatics, 384  
 Patient Safety, 385  
 Safely Implementing Health Information  
 Technology, 387  
 Implications for Practice, 389  
 Future Trends and Professional Issues, 389  
 Telehealth, 391  
 Professional, Ethical Nursing Practice and  
 New Technologies, 392  
 Conclusion, 393  
 Reflections, 393  
 Best Practice, 394  
 Tips for Managing Information and  
 Technology, 394  
 References, 394

### 18 Artificial Intelligence, 397

*Richard Booth, Gillian Strudwick, Ryan Chan, and Edmund Walsh*

Introduction, 398  
 Nursing's Relationship With Technology—  
 Current Day, 398

Data, Information, Knowledge, and  
 Wisdom, 399

Data, Information, Knowledge, and  
 Wisdom—in the Future, 401

What Is Artificial Intelligence?, 402

What Is Process Automation?, 403

What Will Nursing Leadership Need to Look  
 Like in an Automated and AI-Infused  
 Work Environment?, 407

Conclusion, 409

Reflection, 409

Best Practices, 410

Tips to Prepare for the Coming of Artificial  
 Intelligence in Nursing, 410

References, 410

### 19 Managing Costs and Budgets, 414

*Sylvain Trepanier*

Introduction, 415

What Escalates Healthcare Costs, 415

How Health Care Is Financed, 416

Healthcare Reimbursement, 417

The Changing Healthcare Economic  
 Environment, 418

Why Profit Is Necessary, 420

Understanding What Is Required to Remain  
 Financially Sound, 420

Budgets, 424

Conclusion, 431

Reflections, 432

Best Practices, 432

Tips for Managing Costs and Budgets, 432

References, 433

### 20 Selecting, Developing, and Evaluating Staff, 434

*Diane M. Twedell*

Introduction, 434

Roles in an Organization, 435

Selection of Staff, 436

Developing Staff, 436

Performance Appraisals, 438

Coaching, 440

Conclusion, 440

Reflection, 441

Best Practices, 441

Tips for Selecting, Developing, and  
 Evaluating Staff, 441

References, 442

**21 Managing Personal and Personnel Problems, 443***Karren Kowalski*

- Introduction, 443
- Personal/Personnel Problems, 444
- Documentation, 453
- Progressive Discipline, 454
- Termination, 455
- Conclusion, 455
- Reflections, 456
- Best Practices, 456
- Tips in the Documentation of Problems, 456
- References, 456

**PART 5 Prepare for the Future****22 Role Transition, 459***Diane M. Twedell*

- Introduction, 460
- Types of Roles, 460
- Roles: The Abc's of Understanding Roles, 461
- Role Transition Process, 461
- Strategies to Promote Role Transition, 464
- Conclusion, 468
- Reflections, 468
- Best Practices, 468
- Tips for Role Transition, 468
- References, 469

**23 Managing Your Career, 470***M. Margaret Calacci and Debra Hagler*

- Introduction, 470
- What Is a Career?, 471
- Career Framework, 471
- Career Construction, 472
- Career Advancement, 474
- Contributing to Scholarly Activities and Research, 479
- Career Marketing Strategies, 480
- Interview Topics and Questions, 485
- Evaluate and Negotiate an Offer, 486
- Conclusion, 486
- Reflections, 487
- Best Practices, 487
- Tips for Successful Career Management, 488
- References, 488

**24 Developing Leaders, Managers, and Followers, 489***Jacqueline L. Gonzalez*

- Introduction, 490
- The Definition of Management, 491

- What Is a Leader?, 492
- The Practice of Leadership, 495
- Authentic Leadership, 496
- Barriers to Leadership and False Assumptions, 497
- Mentoring and Coaching, 498
- Building a Healthy Work Environment, 499
- Nurse Manager Role and the Intergenerational Workforce, 501
- Quality Indicators, 501
- Managed Care and Case Management, 501
- Budgeting and Finance, 502
- Follower as Nurse Leader, 502
- Nurse Manager as Leader, 503
- Nurse Executive as Leader, 504
- Leadership Within Professional Organizations, 505
- Leadership in the Community, 505
- Leadership Through Appointed and Elected Office, 506
- Conclusion, 506
- Reflections, 507
- The Evidence, 507
- Tips for Growth as a Follower, 507
- Tips for a New Manager, 507
- Tips for Becoming a Leader, 507
- References, 508

**25 Thriving for the Future, 510***Patricia S. Yoder-Wise*

- Introduction, 510
- 2021, a Year of Redirection, 512
- Leadership Demands for the Future, 514
- Leadership Strengths for the Future, 515
- Visioning, Forecasting, and Innovating, 516
- The Wise Forecast Model®, 517
- Shared Vision, 518
- Projections for the Future, 518
- How Do We Prepare for the Future?, 520
- Conclusion, 520
- Reflections, 520
- Best Practices, 521
- Tips for Thriving in the Future, 521
- References, 521

Index, 523





# Leading, Managing, and Following

*Susan Sportsman and Patricia S. Yoder-Wise*

## ANTICIPATED LEARNING OUTCOMES

- Demonstrate beginning competence in applying theories for 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

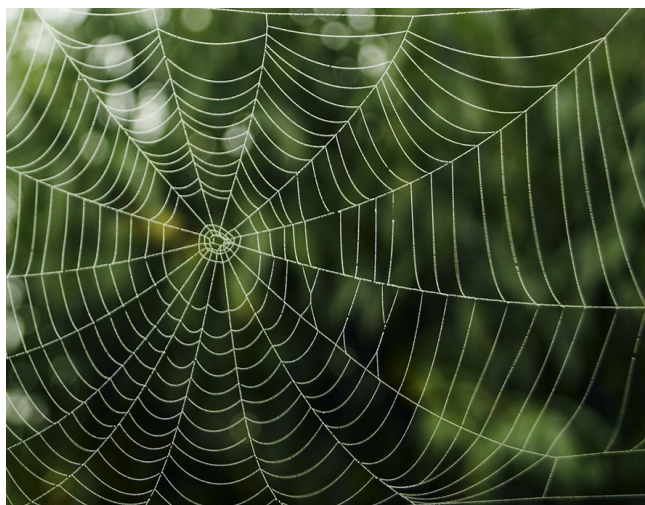
Leadership in nursing has been one of the expectations for new graduates and practicing professionals for decades. It is also one of the recommendations of reports, such as the original *Future of Nursing* report for the Institute of Medicine (now the National Academy of Medicine) (2010). In addition, 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.

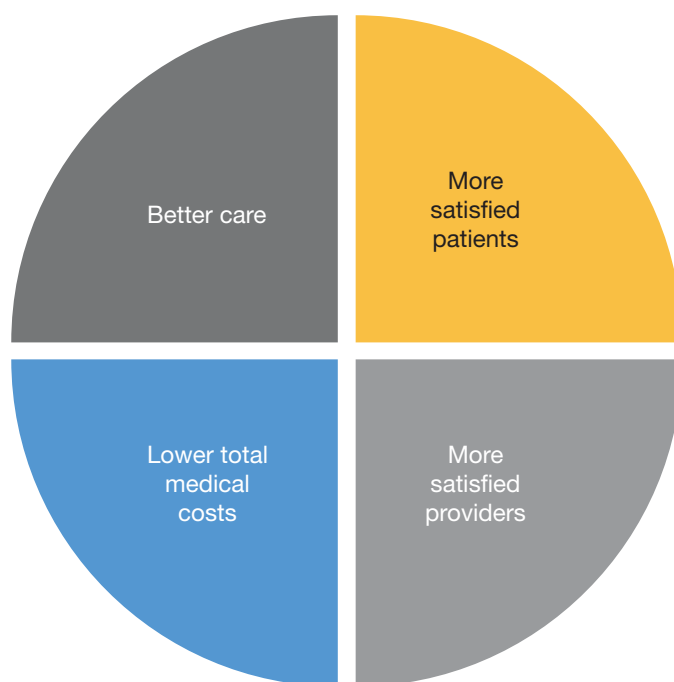
## THE CONTEXT OF LEADING, MANAGING, AND FOLLOWING IN HEALTHCARE

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/>).

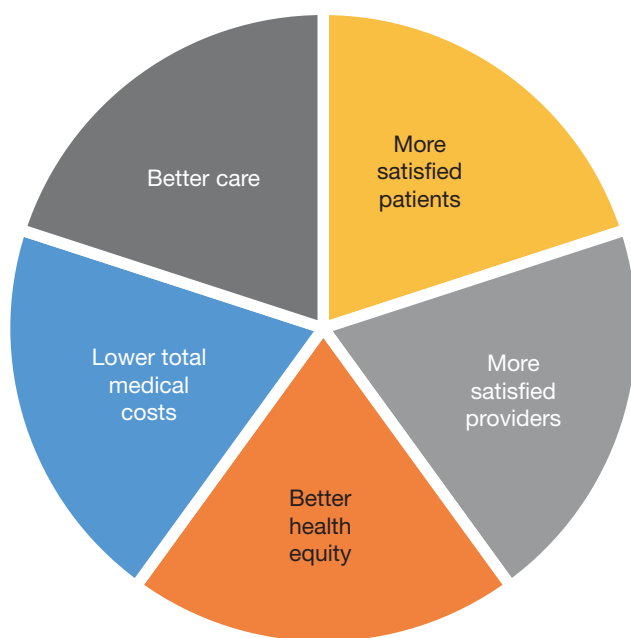
Since 2009, the healthcare environment has become even more complex. Although the **quintuple aims** and other quality initiatives have provided leaders with tools



**Fig. 1.2** Quadruple Aim.

to improve the patient–provider experience, the health-care 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.

- Care (*Continued*)  
 delivery, features in, 233–239  
 essential elements of, 218*b*  
 healthcare provider in, 222  
 initiatives to deliver, 223–226  
 nurses in, 233  
 patient-centered medical home in, 224  
 principles of, 219*f*  
 professional practice, 233–235  
 synthesis and application of, 239  
 types of, 460–461, 460*t*
- Care coordination, 202–203, 237
- Career, 470*b*, 487*b*  
 advancement in, 474–479  
 construction, 472–474  
 continuing education in, 477  
 core career development strategies, importance of, 473  
 counseling intervention framework, 472*b*  
 curriculum vitae (CV) in, 482  
 data collection in, 480–481, 481*t*  
 definition to, 471  
 evaluating and negotiating an offer, 486  
 framework, 471–472  
 interview in, 483–485, 484–485*t*  
 knowing yourself, 472–473, 473*f*, 475*b*  
 management, 470–488  
 marketing strategies, 480–485  
 path, consideration of, 473  
 professional associations in, 477–478  
 professional letters in, 482, 483*t*  
 résumé in, 482
- Careful Nursing Philosophy and Professional Practice Model, 233–234
- Case management, importance of, 421
- Case mix, 427–428
- Cash budget, 428  
 operating/capital budgets, interrelationship of, 424, 426*f*
- Causation, malpractice and, 54–55
- CC. *See* Clinical competence
- CDSSs. *See* Clinical (or diagnostic) decision support systems
- CENP. *See* Certification in Executive Nursing Practice
- Center for Minority Health, 86
- Centers for Disease Control and Prevention (CDC), 86
- Centers for Medicare & Medicaid Services (CMS), 23, 256, 391  
 accrediting organizations with deeming authority for, 209  
 Medicare/Medicaid programs and, administration of, 209  
 nurse involvement in, 208
- Centralized scheduling, 261
- Centralized staffing, 245
- Central line-associated bloodstream infection (CLABSI), 140
- CER. *See* Comparative effectiveness research
- Certification, 476  
 in data collection, 481*t*
- Certification in Executive Nursing Practice (CENP), 467
- Certified diabetes educator (CDE), 375
- Certified Nurse Manager Leader (CNML), 467
- CGM. *See* Continuous glucose monitoring
- CHAMP. *See* Cardiac high-acuity monitoring program
- Change  
 agents, 333, 333*t*  
 attributes characterizing, 333*t*  
 nurse capacity to, 339–340  
 behavioral responses, 339–340  
 champion of, 340  
 complexity theories (impact), 337  
 context and, 340–342  
 effective, 332–344, 332*b*  
 in health care, 341*f*  
 implementing, principles of, 341*b*  
 initial responses to, 339  
 initiative, 340  
 leaders, 333  
 literature perspective, 338*b*  
 managing and inspiring, 341  
 nature of, 335  
 people and, 339–340, 340*b*  
 planned, 333, 335–337, 337*b*  
 process, 333, 335–338  
 receptivity to, 339*t*  
 requirement, education, 336  
 strategic planning, 333–334  
 reasons for, 334–335, 334*f*  
 support strategies, 341*b*  
 theorists, foundation for, 337  
 unplanned, 333, 337–338
- Chaos, 518
- Chaos theory, 213–214, 213*b*
- Character, 351–352
- Character development, 365*b*
- Charges  
 customary, 417  
 in timely fashion, capturing, 421
- CHCs. *See* Community health centers
- Chemical dependency, 451
- Chemically dependent employees, 451
- Chief nursing officers (CNOs), 110, 334*b*  
 accountability, 319
- Choosing Wisely, 39
- Civil Rights Act, 65–66, 66*t*, 452–453
- Clinical competence (CC), 448*b*
- Clinical (or diagnostic) decision support systems (CDSSs), 377
- Clinical guidelines, 140
- Clinical incompetence, 448–451
- Clinical information system  
 impact of, 385–386  
 selection of, 382–383
- Clinical processes, 11–12
- Clinical registered nurse, performance appraisals, 439*b*
- Closed-loop electronic identification systems, 386–387
- Clutter, 125
- CMS. *See* Centers for Medicare & Medicaid Services
- CMSA. *See* Case Management Society of America
- CNML. *See* Certified Nurse Manager Leader
- CNOs. *See* Chief nursing officers
- Coaches, information, 466
- Coaching, 440, 440*f*, 499  
 process of, 440
- Coalitions, developing, 299–300
- Cochrane, Archie, 141
- Code of Ethics for Nurses*, 43, 138, 233–234
- Code of Ethics for Nurses with Interpretive Statements* (2015*b*), 319
- Code of Ethics with Interpretive Statements*, 278–279
- Cohesive relationship, 166
- Collaboration, 157, 297–298  
 conflicts and, 189–191, 190*b*

- Collective action, 282  
 workforce engagement through, 268*b*,  
 269–283, 285, 285–286*b*  
 culture, 270  
 culture of safety, 271–272, 272*f*  
 healthy work environment (*see*  
 Healthy work environment)  
 high reliability organizations,  
 270–271, 270*t*, 271*f*  
 Magnet® and pathway to  
 Excellence® recognition, 281–282  
 nursing, collective action, collective  
 bargaining, and unionization in,  
 282–283  
 professional practice responsibility,  
 278–281  
 workplace advocacy, engagement,  
 and empowerment, 277–278,  
 278*b*
- Collective bargaining, 71, 282–283
- Collegiality, 297–298
- Commitment, 348, 352  
 exploring, 352*b*  
 MyTeam members to, 358*b*
- Communication, 166  
 clinical information system, impact  
 on, 386  
 and conflict, 179–195, 195*b*  
 effective, 313–314, 350–351  
 handoff, 181  
 improving, 313–314  
 interprofessional, 179  
 lines of, 461  
 model, 180–181, 181*f*  
 networks, usage, 378–381, 381*f*  
 positive model, 351, 351*f*  
 SBAR, 181  
 technology, 384  
 telehealth, 391–392
- Community  
 leadership in, 505–506  
 services, 205–206
- Community health centers (CHCs), 362*b*
- Community/institutional service, in  
 data collection, 481*t*
- Community opinion leaders, nurses as,  
 505–506
- Community volunteers, nurses as, 505–506
- Comparative effectiveness research  
 (CER), 144–145
- Compassion, 352–353
- Competing, conflicts and, 186–188, 189*b*
- Complex adaptive science, 4
- Complex Adaptive Systems, 112*b*
- Complex decision-making process, 326
- Complexity compression, 518
- Complexity science, 15*b*
- Complexity theory, 4, 337  
 understanding, 337
- Compounding bleak thinking, 106
- Comprehensive Accreditation Manual for  
 Hospitals*, 382
- Compromising, and conflicts, 188–189,  
 189–190*b*
- Computed tomography (CT), 377*b*
- Computerized provider order entry  
 (CPOE), 386–387
- Computer speech recognition, 384
- Conceptualization, in conflict, 183–184
- Conditions of Participation (CoP), 208  
 compliance with, 208
- Conduct and Utilization of Research in  
 Nursing (CURN), 140
- Conferences presented, in data  
 collection, 481*t*
- Confidence, 353, 366
- Confidentiality, 64–65
- Conflict, 179  
 accommodation and, 186  
 actions in, 184–185  
 antecedents of, 184*f*  
 aspects of, 355*b*  
 avoiding, 186, 188*b*  
 and collaboration, 189–191, 190*b*  
 communication and, 179–195, 195*b*  
 competing in, 186–188, 189*b*  
 compromising and, 188–189, 189–190*b*  
 conceptualization in, 183–184  
 consequences of, 184*f*  
 frustration in, 183  
 interpersonal, 182  
 intrapersonal, 181–182  
 leader during, 192–193, 192*b*  
 management, 356  
 management, modes for, 185–191,  
 187–189*b*  
 organizational, 182  
 outcomes in, 185  
 resolution, 356  
 stages of, 183–185  
 types of, 181–182
- Congeniality, 348
- Connected Health (or C-health), 146
- Consent, informed, 61–64
- Consolidated systems and networks, 204
- Constructive conflict, outcomes of, 185
- Consumer, health-literacy needs,  
 understanding, 226
- Consumer Assessment of Healthcare  
 Providers and Systems  
 (CAHPS), 30
- Context, change and, 340–342
- Continuous dysrhythmia monitors, 375  
 usage, 375
- Continuous glucose monitoring (CGM),  
 375
- Continuously learning healthcare system,  
 146
- Continuous quality improvement (CQI),  
 25
- Contractual allowance, 417
- Control, 358
- Conventional résumé, 482
- Cooperate, willingness to, 357
- CoP. *See* Conditions of Participation
- Core career development strategies,  
 importance of, 473
- Corporate liability, 56
- Cost-based reimbursement, 417
- Cost-based system, 417
- Cost budgets, operating/capital budgets  
 (interrelationships), 426*f*
- Cost center, 246  
 budgets, 424–426
- Cost-conscious nursing practice, 421  
 literature perspective, 421*b*  
 strategies for, 421*b*
- Costs  
 function, 415  
 knowing, 420–421  
 managing, 414–433, 414*b*  
 tips for, 432
- Counseling, 120–121, 466–467
- Cover letter, 482, 483*t*
- Covey Matrix, 128, 128*f*
- COVID-19, 25, 311, 315, 323–324, 377,  
 399, 416, 445, 512  
 crisis, 391  
 death rate, 14  
 infections, 248, 250  
 literature perspective, 377*b*, 511*b*  
 safe staffing during, 255  
 testing, 390  
 vaccines for, 14
- CPOE. *See* Computerized provider  
 order entry

- CQI. *See* Continuous quality improvement
- Cross culturalism, 90, 92
- Crossing the Quality Chasm*, 22
- CT. *See* Computed tomography
- Cultural acculturation, 89–90
- Cultural and linguistic competence, 227–228
- Cultural awareness, 43
- Cultural care theory, 91*b*
- Cultural competencies, as path to healthcare justice, 88
- Cultural diversity, 43–45, 89
- Cultural humility, 90–91
- Cultural imposition, 89
- Cultural incompetence  
and LGBTQ+ community, 107  
and systemic racial inequity, 107
- Culturally and Linguistically Appropriate Services (CLAS), 227–228
- Cultural marginality, 91
- Cultural sensitivity, 43, 89
- Culture, 85, 88–91  
collective action, workforce engagement through, 270  
in organizations, 97–98
- Culture of safety, 25, 271–272, 272*f*
- Cumbersome incident reporting mechanisms, 109
- CURN. *See* Conduct and Utilization of Research in Nursing
- Curriculum vitae (CV), 482
- Customers, quality and safety, 29–30, 30*b*
- Cynicism, 445
- D**
- Daily staffing plan, preparation, 427
- DAISY Foundation, 119
- Damages, malpractice and, 55
- Data  
analysis, 295  
collection, 480–481, 481*t*  
definition of, 399–400, 400*t*  
in future, 401–402  
privacy and security, 390–391
- Database  
commonly used, 150*t*  
usage, 376
- Data hungry systems, 109
- Debriefing, 356
- Decentralized decision making, 337
- Decentralized scheduling, 261
- Decentralized staffing, 245
- Decision  
delegations, 308*b*, 309, 329*b*  
assessing willingness and readiness for, 322–323  
assessment and planning, 315, 316*b*  
barriers to effective, 327–328  
challenges to diverse team members, 326–327  
and decision-making process in nursing, 314–318  
definitions of, 309–310  
delegatee, knowledge limitation, 322  
evaluations of, 317*b*, 318  
failure to, 320  
five rights of, 321–322  
historical perspective of, 310–311  
implementation and evaluation, 316–318, 317*b*  
improper, 327  
individual/organizational accountability, 319  
legal authority to, 319–321  
literature perspective, 320*b*  
NCSBN definition of, 309, 312*f*  
process, challenges for, 314–315, 314*b*, 322–323  
questions to consider, 314*b*  
research perspective, 325*b*  
rights of, 321*t*  
quality management, 29
- Decision-making framework, ethical, 75–76
- Deeming authority, 209  
accrediting organizations with, 209*t*
- Deficit Reduction Act of 2005, 223*t*
- Delegate  
learning to, 321–328  
legal authority to, 319–321
- Delegated responsibility, 309
- Delegatee, 310  
communication, 324*t*  
competence, 315  
selection of, 315
- Delegations, 125, 308*b*, 309, 329*b*  
assessing willingness and readiness for, 322–323  
assessment and planning, 315, 316*b*  
barriers to effective, 314*b*, 327–328
- Delegations (*Continued*)  
challenges to diverse team members, 326–327  
communication and, 313–314  
and decision-making process in nursing, 314–318  
decisions, 308–331  
definitions of, 56–57, 309–310, 316  
delegatee, knowledge limitation, 322  
evaluations of, 318  
failure to, 320  
five rights of, 321–322  
historical perspective of, 310–311  
implementation and evaluation, 316–318  
improper, 327  
individual/organizational accountability, 319  
legal authority to, 321–328  
literature perspective, 320*b*  
malpractice and, 56–57  
National Guidelines for Nursing, 311–313  
NCSBN definition of, 309, 312*f*  
process, challenges for, 322–323  
questions to consider, 314*b*  
research perspective, 325*b*  
rights of, 321*t*
- Delegator, 309–310  
building effective nurse, 328
- Demand, 351
- Demographic factors, healthcare organizations and, 211–212
- Department of Justice (DOJ), 96
- Depersonalization, 114
- Depression, 445
- Det Norske Veritas Germanischer Lloyd Healthcare, Inc. (DNV GL Healthcare), 19–20, 24, 209
- DHQP. *See* Division of Healthcare Quality Promotion
- Diagnosis-related groups (DRGs), 254  
payment system, usage, 417  
usage of, 417
- Diagnostic and Statistical Manual of Mental Disorders (DSM), 95–96
- Diagnostic testing, 373
- Difference, accepting and celebrating, 360–361
- Diffusion, 24*b*
- Digital technologies  
emergent, 403*b*  
nursing's relationship with, 398–399

- Direct care hours, 254
- Direct care nurses, 321–322, 460
- Direct care services, length of  
(provision), 200
- Director of Clinical Informatics, 409
- Director of nursing (DON), 103b
- Direct patient care (decrease), delegator  
(impact), 310–311
- Disability, defined, 67  
exclusions to, 68
- Discharge, wrongful, 70–71, 70–71b
- Disease prevention, consumer attention  
to (increase), 211
- Disease-restorative care (secondary  
care), 201
- Dismissal, 455
- Disruptive behaviors, 274
- Distance learning (support),  
telecommunications (usage), 391
- Distress, 113  
moral, 76–77
- Diversity, 92–98  
choosing employer, 98, 98b  
hate and anger enters picture, 96–97  
LGBTQ + population, 95–96  
organizations, culture in, 97–98  
person-centered care and, 227–228  
RN population, 93–95  
in RN population, 93–95, 94t  
RN population, diversity in, 93–95
- Diversity and Belonging Committee, 93
- DMAIC, 26
- DNP. Doctorate of nursing practice
- Doctrine of respondent superior, 56–57
- Documentation, 453–454, 453f  
burden, 109  
of problems, 453–454, 454b  
“Do nothing” approach, 292
- DRGs. *See* Diagnosis-related groups
- Dualism, society, 357
- Due process, 284b
- E**
- EAP. *See* Employee assistance program
- Early adopters, 340
- Early majority, 340
- EBP. *See* Evidence-based practice
- ECGs. *See* Electrocardiograms
- Economic factors, healthcare  
organizations and, 211
- Edgerunner program, 224
- Educate, duty to, malpractice and, 58
- Education, in data collection, 481t
- EEOC. *See* Equal Employment  
Opportunity Commission
- Effective communication, 180–181
- Effective followers, 165–166  
characteristics, 167b
- Effectiveness, 144–145
- Efficacy, 114, 144–145
- EHR. *See* Electronic health record
- EI. *See* Emotional intelligence
- “Either/or” thinking, 295
- Electrocardiograms (ECGs), 375
- Electronic documentation burdens,  
impact of, 109
- Electronic health record (EHR), 373,  
377, 390  
meaningful use (MU), 381  
usage, 381
- Electronic Medical Record Adoption  
Model (EMRAM), 378
- Electronic medical records (EMRs), 378,  
390, 398–399  
adoption model, 380t
- Electronic patient care records, 390
- Emancipated minors, 61
- Emergency Nurses Association (ENA),  
105
- Emotional intelligence (EI), 116–117,  
171–172  
leadership, 493–494  
underdevelopment, 447–448
- Emotionally troubled employee,  
manager approach with, 449b
- Emotional problems, 451
- Emotions  
managing, 359–360  
suppressing, 364
- Employee assistance program (EAP),  
121, 449b
- Employees  
ability, absence (manager  
determination), 447  
behavior, change, 451  
chemical dependency, 451  
chemically dependent, 451  
clinical incompetence, 448–451  
documentation, 453–454, 453f, 454b  
emotional problems, 451  
immature, 447–448  
incivility, 452–453  
rehabilitation programs, 452
- Employees (*Continued*)  
termination, 455  
uncooperative/unproductive, 447
- Employer/nurse leader responsibilities,  
311–312
- Employment Act of 1967, age  
discrimination in, 67
- Employment-at-will, 70–71, 70–71b
- Employment laws, 65–71, 66t  
affirmative action, 68  
Age discrimination in Employment  
Act of 1967, 67  
Americans with Disabilities Act of  
1990, 67–68, 67t  
equal employment opportunity laws,  
65–68  
Equal Pay Act of 1963, 68
- Empowerment, 277–278, 278b  
influence and, 297
- EMR. *See* Electronic medical records
- EMRAM. *See* Electronic Medical Record  
Adoption Model
- EMRs. *See* Electronic medical records
- ENA. *See* Emergency Nurses  
Association
- Enable others to act, 167–168
- Engagement, 277–278, 278b
- Engagement Behavior Framework, 232
- Enhanced Nurse Licensure Compact  
(eNLC), 51
- eNLC. *See* Enhanced Nurse Licensure  
Compact
- Equal Employment Opportunity Act of  
1972, 65–68
- Equal Employment Opportunity  
Commission (EEOC), 65
- Equal employment opportunity laws,  
65–68
- Equal Pay Act, 66t, 68
- Essential job functions, 68
- The Essentials: Core Competencies for  
Professional Nursing Education*,  
85, 138, 245
- Ethical decision-making framework,  
75–76
- Ethics, 71–79  
code of, 75  
committees for, 77  
concerns in, for nurses, 78–79  
definition of, 72  
law distinguished from, 71  
principles, 73

- Ethnicity, 88–89  
 delivery of health care and, 227
- Ethnocentrism, 89
- Eustress, 113
- Evaluate, duty to, malpractice and, 58
- Evidence  
 appraisal, 151–152  
 checklist and guides, 152b  
 tools, 152  
 evaluating, 148–152  
 hierarchy of, 151f  
 translation of, 139
- Evidence-based health care, resources, 143t
- Evidence-based practice (EBP), 139, 144b  
 movement, grown, 141  
 nursing organization resources for, 143t  
 organizational strategies, into organizations, 154–157  
 preparation for, 158  
 programs and resources supporting, 142t  
 steps, 157b  
 toolkits, 141  
 use of, 139
- Evidence-based protocol, developing, collaboration in, 153b
- Excellence® recognition, 281–282
- Executive Order 10988, 66t
- Expectancy theory, 7b
- Expectations, 461
- Expenses, income statement (example), 420b
- Experience, in data collection, 481t
- Expert decision frame, example of, 378b
- Expert system, usage, 377
- Explaining, leadership and, 10–11, 11–12t
- External validity, 145
- F**
- Facilitator, 155, 335–336
- Factor evaluation system, 254
- Failure mode and effects analysis (FMEA), 41–42
- False assumptions, in leadership, 497–498
- Family and Medical Leave Act of 1993, 66t, 69–70
- Fatigue, 113
- Fear, 366
- Feedback, giving and receiving, 361
- Fee-for-service basis, 205
- Fee-for-service environment, revenue earnings, 420
- Female to Male (FTM) transgendered, 95–96
- Fidelity, 73–75t
- The Fifth Discipline: The Art and Practice of the Learning Organization*, 516
- Fight-or-flight response, 445–446
- Finance, managers in, 502
- Financial soundness, requirements, 420–424
- First-access care (primary care), 201
- Fixed costs, 423
- Fixed hours, 254–255
- Fixed staffing models, 245
- Flexible staffing, 245
- Flu, 414b
- Followers, 165–166, 166b  
 effective, 165–166  
 ineffective, 166b  
 as nurse leader, 502–503  
 role of, 460t, 461, 461b
- Followership, 3, 13
- Following, 6–7, 13  
 in complex health systems, 2–7, 10–14, 15b  
 in healthcare, 3–6  
 implications, 13–14  
 leading and, 164–166
- Follow-up, in interview goals, 484t
- Force Field Analysis, 335–336, 336b
- Forecast, 246
- Forecasting, 516–517, 516b
- Formal leadership, 165
- Formal performance appraisal, 439
- For-profit organizations, 202
- The Four Agreements* (1997), 168
- Framework, of career, 471–472
- Frustration, in conflict, 183
- FTEs. *See* Full-time equivalents
- Full-time equivalents (FTEs), 246, 425b  
 hours, payment, 426  
 total number, calculation of, 426
- Functional résumé, 482
- Future  
 leadership in  
 demands for, 514
- Future (*Continued*)  
 redirection year (2021), 512–514  
 strengths for, 515–516  
 preparation for, 520  
 projections for, 518–520  
 shared vision, 518  
 thriving for, 510–521, 510b, 520b  
 visioning, forecasting, and innovation in, 516–517, 516b  
 VUCA, 511, 511t  
 Wise Forecast Model®, 517–518, 517b
- The Future of Nursing*, 22–23, 23b
- The Future of Nursing 2020–2030*, 94–95
- The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*, 44, 85, 93
- The Future of Nursing: Leading Change, Advancing Health*, 93
- G**
- Gallup Organization, 119
- Gardner's tasks of leadership, 10–11, 11–12t
- Gender roles, unhealthy healthcare workplaces and workforces, 106–107
- General adaptation syndrome (GAS), 112–113, 112b
- General business letter format, 483t
- Generational differences, 346
- Generation X, 346
- Generation Y, 106
- Generation Z, 106, 346
- Geographic isolation, access limits in, 211
- Global, 91–92
- Goals  
 envisioning of, 10–11  
 example of, 440b
- Good faith and fair dealing exception, 70–71
- GRADE. *See* Grading of Recommendations, Assessment, Development and Evaluation
- Grading of Recommendations, Assessment, Development and Evaluation (GRADE), 152
- Graduate program, considerations in, 475b
- Graduate Record Examination, 171

- Groups, 346–349  
 agreements, 358–359, 358b  
 collaboration among, 299  
 definition of, 346  
 “in” and “out”, 357  
 leader, representing, 11–12t  
 practices, nurse practitioners in  
 (leadership), 205  
 Guyatt, Gordon, 141
- H**
- HACs. *See* Hospital-acquired conditions  
 Handoff communication, 42, 181  
 Harassment, 453  
 Hardware  
 advantages/disadvantages of, 384  
 management of, 384  
 Hate Crime Reporting Gap, 96  
 Hazardous chemicals, 109–110  
 HCAHPS. *See* Hospital Consumer  
 Assessment of Healthcare  
 Providers and Systems; Hospital  
 Consumer Assessment of  
 Healthcare Providers and  
 Systems (HCAHPS)
- Healthcare  
 advisory groups, 36  
 agencies, 19  
 costs  
 escalates, 415–416  
 price/utilization rates, relationship,  
 415t  
 crises, 446  
 delivery process, automation, 384  
 economic environment  
 changing, 418–420, 418b  
 nursing practice and, 419  
 financing process, 416  
 justice in  
 culture, 88–91  
 diversity, 92–98  
 healthcare workers of color, health  
 disparities impact, 88  
 health disparities, social policies  
 aimed at, 85–86  
 health equity (*see* Health equity)  
 social determinants of health, 85  
 transcultural nursing care,  
 Leininger’s theory of, 91–92  
 network, term (usage), 201  
 payment, 417  
 providers, price of, 415
- Healthcare (*Continued*)  
 quadruple aim of, 3–4  
 quality and safety, integration of,  
 19–20  
 quality management in, 25–29  
 benefits of, 25  
 decisions, 29  
 evolution of, 26–27  
 focus, 29  
 goal, 29  
 planning for, 25–26  
 quality management principles,  
 27, 27b  
 shared commitment, 28–29, 28t  
 structure, 27–28  
 reimbursement, 417–418  
 services, utilization rates of, 415  
 unhealthy work environment in,  
 115–130  
 counseling, 120–121  
 delegation, 125  
 emotional intelligence, 116–117  
 goal setting, 124–125  
 managers, responsibilities of,  
 122–124  
 managing information and clutter,  
 125  
 organization, 129  
 policies, 129–130  
 responsibilities of leaders, 121–122  
 social support, 119–120  
 stress management, 117–118  
 symptom awareness and  
 management, 118–119  
 time management, 125–129,  
 126–128t, 128b  
 workplace stress prevention,  
 115–116  
 using complex adaptive science in,  
 4–6
- Health Care and Education  
 Reconciliation Act, 66t
- Healthcare homes, 224
- Healthcare Information and  
 Management Systems Society  
 (HIMSS), adoption stages, 392
- Healthcare organizations  
 acquisitions and mergers in,  
 210–212  
 challenge regarding, 200b, 214b  
 characteristics and types, 202t  
 continuum of, 201
- Healthcare organizations (*Continued*)  
 demographic factors and, 211–212  
 economic factors and, 211  
 forces that influence, 211  
 functions of, changes in, 214  
 influence exerted on, 211–212  
 integration of, 210, 210f  
 nursing role and, 214  
 as open systems, 213f  
 ownership of, 202–203  
 reorganization, restructuring, and  
 reengineering of, 210–211  
 as service institutions, 423  
 services in, types of, 201  
 social factors and, 211  
 teaching status in, 203  
 theoretical perspectives of, 212–214  
 TJC evaluation, 382
- Healthcare provider, in person-centered  
 care, 222
- Healthcare setting  
 complexity of, communication and,  
 180–181  
 effective communication within,  
 180–181
- Healthcare system  
 delivery, racial-cultural  
 discrimination, 230  
 person-centered care, 217b, 218–239,  
 232b  
 access to care in, 229–230  
 biases impacting, 221  
 challenges in, 222  
 delivery, features in, 233–239  
 essential elements of, 218b  
 healthcare provider in, 222  
 initiatives to deliver, 223–226  
 nurses in, 233  
 patient-centered medical home in,  
 224  
 principles of, 219f  
 professional practice, 233–235  
 synthesis and application of, 239
- Healthdirect, 119b
- Health disparities  
 on healthcare workers of color, 88  
 social policies aimed at, 85–86  
 Centers for Disease Control and  
 Prevention, 86  
 Healthy People Goals, 85–86  
 World Health Organization, 85
- Health education, 236–237

- Health equity  
 among patients and staff, 88  
 cultural competencies, as path to  
 healthcare justice, 88  
 progress toward, 86–87
- Health information technology (HIT),  
 373, 387–389  
 implementation of, 387–389,  
 387–388*t*  
 research perspective, 389*b*
- Health Information Technology for  
 Economic and Clinical Health  
 (HITECH) Act, 381
- Health Innovation Network, 229
- Health Insurance Portability and  
 Accountability Act (HIPAA), 63,  
 66*t*, 390–391
- Health literacy, 63, 226–227, 226*f*
- Health maintenance organizations  
 (HMOs), 222  
 as configuration of healthcare agencies,  
 205  
 primary physician, as gatekeeper, 418
- Health Professions Education: A Bridge to  
 Quality*, 22
- Health technologies, 398–399
- Healthy healthcare workplace, 104–105
- Healthy Nurse, Healthy Nation*<sup>™</sup>  
 (HNHN), 129
- Healthy People 1990*, 85–86
- Healthy People 2020*, 95–96
- Healthy People 2030*, 85–86, 104, 129,  
 230
- Healthy People Goals, 85–86
- Healthy People: The Surgeon General's  
 Report on Health Promotion and  
 Disease Prevention*, 85–86
- Healthy work environment, 104,  
 272–274, 277*b*, 350  
 adoption, standards for, 276, 276*f*  
 building, 499–501  
 characteristics of, 274–275  
 leadership and, 274–275  
 organizational justice, 274  
 workplace violence, bullying, and  
 incivility, zero tolerance for,  
 275–276
- Healthy workforce, 122–123
- Hersey's Model, 322
- Hierarchy of needs, 7*b*
- High reliability organization (HRO), 25,  
 42, 270–271, 270*t*, 271*f*
- HIMSS. *See* Healthcare Information and  
 Management Systems Society
- HIT. *See* Health information  
 technology
- HMOs. *See* Health maintenance  
 organizations
- Home health and hospice systems,  
 380–381
- Home Health Compare, 30
- Home health organizations, 206
- Honors, in data collection, 481*t*
- Honor Society of Nursing, Sigma Theta  
 Tau International, 478
- Horizontal integration, 210, 210*f*
- Horizontal violence, 108  
 managing, 193
- Hospice and palliative care, 206–207
- Hospital-acquired catheter-associated  
 urinary tract infections (HA-  
 CAUTIs), 145–146
- Hospital-Acquired Condition Reduction  
 Program (HACRP), 25–26, 25*b*
- Hospital-acquired conditions (HACs),  
 256–257, 256*b*, 420
- Hospital Compare, 30
- Hospital Consumer Assessment of  
 Healthcare Providers and  
 Systems (HCAHPS), 30, 228
- Hospital information, elements of,  
 383*b*
- Hospital Readmissions Reduction  
 Program (RRP), 25–26
- Hospital Value-Based Purchasing  
 Program (HVBPP),  
 establishment of, 418
- Hours per patient day (HPPD), 246
- HPPD. Hours per patient days
- Human immunodeficiency virus (HIV),  
 109–110
- Humor, 118–119
- HVBPP. *See* Hospital Value-Based  
 Purchasing Program
- I**
- ICP. Intracranial pressure
- iGen, 346
- IHI. *See* Institute for Healthcare  
 Improvement
- IMIA. *See* International Medical  
 Informatics Association
- Immature employees, 447–448
- Implementation science, 154
- Improper delegation, 327
- Incident report, 64
- Incivility (lateral violence), 275–276,  
 452–453  
 managing, 193  
 nurse managers in, 499–501
- Income above expense, 420
- Income statement, example, 420*b*
- Indemnification, 56
- Independent contractors, 60
- Independent practice associations  
 (IPAs), 205
- Indirect care hours, 255
- Individual accountability, 319
- Ineffective followers, 166*b*
- Infectious agents, 109–110
- Infinite Transcendent Reality principle,  
 233–234
- Infinity symbol, 512*f*
- Influence  
 authentic leadership characteristics  
 and behaviors related to, 304*t*  
 collegiality and collaboration and,  
 297–298  
 and empowerment, 297  
 and organizational savvy, 297
- Informal appraisal, 439
- Informal leader, 165
- Informatics, 392  
 and healthcare technology, 372  
 nursing informatics, 384–385
- Information, 125  
 definition of, 399–400, 400*t*  
 elements of, 400  
 in future, 401–402  
 hospital information, elements, 383*b*  
 management skills, 376*b*  
 technology, 372, 375–376, 389–391  
 medication management process,  
 trends, 379*b*  
 theory, 376*b*
- Information systems, 378–384  
 clinical information system selection,  
 382–383  
 hardware, 383  
 integration of, 386  
 quality and accreditation, 382–383
- Information technology, 373
- Informed consent, 61–64  
 elements of, 62*b*  
 information required for, 62*b*

- “In” groups, 357
- Innovation, 516–517, 516*b*  
receptivity to, 339*t*
- Institute for Healthcare Improvement (IHI), 19–20, 20–22*t*, 24, 39, 223–224, 339  
web-based learning community, 340
- Institute for Safe Medication Practices (ISMP), ADC use guidelines, 374
- Institute of Medicine (IOM), 19–20, 20–22*t*, 22–23, 93, 174, 269
- Institutional providers, 201–204  
direct care services, length of (provision), 201–202  
services, types of (provision), 201
- Intergenerational workforce, nurse manager role and, 501
- Internal validity, 144–145
- International Council of Nurses (ICN), 20–22*t*, 24, 129
- International Medical Informatics Association (IMIA), nursing informatics  
definition, 384–385
- “Interoperability”, 392
- Interpersonal conflict, 182
- Interprofessional communication, 179
- Interprofessional teams, 328, 361–363
- Interventions to Reduce Acute Care Transfers (INTERACT), 15*b*
- Interview, 483–485, 484–485*t*  
motivational, 236, 237*b*  
preparation, applicant responsibilities, 436
- Intimate relationship, development (phases), 464*t*
- Intrapersonal conflict, 181–182
- Intravenous (IV) fluid, administration, 374
- Intravenous (IV) pumps, example of, 390*f*
- Intravenous (IV) smart pumps, usage, 374
- Intrinsic motivation, in motivational interviewing, 236–237
- Investor-owned organizations, 202
- IOM. *See* Institute of Medicine
- ISMP. *See* Institute for Safe Medication Practices
- Issues, defining, 292–294
- J**
- The Joint Commission (TJC), 19–20, 20–22*t*, 24, 252, 270, 275–276  
accreditation, 209  
programs, 203  
sentinel Event Alert, 374–375  
standard of care, 54
- Joint Commission Center for Transforming Healthcare, 271
- Journal club, 158
- Journaling, 170  
reflective, 170
- Journal of Gerontological Nursing and Geriatric Nursing*, 476
- Journal of the American Medical Association (JAMA)*, 141
- Judgment, 351
- Just culture, 97, 271–272
- Justice, 73–75*t*  
four types of, 274*t*
- Justice in healthcare  
culture, 88–91  
diversity, impact of, 92–98  
choosing employer, 98, 98*b*  
hate and anger enters picture, 96–97  
LGBTQ + population, 95–96  
organizations, culture in, 97–98  
RN population, diversity in, 93–95
- healthcare workers of color, health disparities impact, 88
- health disparities, social policies aimed at, 85–86  
Centers for Disease Control and Prevention, 86  
Healthy People Goals, 85–86  
World Health Organization, 85
- health equity  
among patients and staff, 88  
clinician’s implicit bias impact on, 87–88  
progress toward, 86–87  
social determinants of health, 85  
transcultural nursing care, Leininger’s theory of, 91–92
- K**
- Kaiser Family Foundation (KFF), 86
- Keeping Patients Safe: Transforming the Work*, 22
- Knowledge, 448–449  
automation, 405–406  
definition of, 399–400, 400*t*  
in future, 401–402  
technology, 372–373, 376–378, 392  
workers, 372
- Knowledge, skills, and attitudes (KSAs), 235–236
- L**
- Labor cost per unit of service, 263–264, 264*b*
- Labor laws and unions, 284*b*
- Labor relations, 71
- Laissez-faire approach, 292
- Lateral violence, 452–453. *See also* Incivility  
managing, 193
- Lateral workplace violence, 108
- Laws  
employment, 65–71, 66*t*  
ethics distinguished from, 71  
protective and reporting, 61
- Leader, 165  
authentic, 173–174, 174*t*  
change, nurse manager as, 493  
characteristics of, 351–353  
character, 351–352  
compassion, 352–353  
confidence, 353  
during conflict, 192–193, 192*b*  
definition of, 490–495, 493*b*  
developing of, 489–509, 489*b*, 493*b*, 506*b*  
emotional intelligence of, 171–172  
have followers, 492–493  
healthy work environment, 494  
building, 499–501  
standards for, 500*t*  
nurse  
follower as, 502–503, 503*b*  
within workplace, 503, 503*b*  
nurse executive as, 504, 504*b*  
nurse manager, for patient safety culture, 494  
nurse manager as, 503–504, 504*b*  
Quadruple Aim, 174, 175*t*  
reflection for, 169–171, 169*f*  
responsibilities of, 121–122  
role of, 460, 460*t*  
spiritual aspects of, 364–365  
traits of, 6, 10
- Leader-follower relationship, 166

- Leadership, 2, 19, 123, 163*b*, 164, 175*b*  
 approaches, 495–496  
 authentic, 173, 174*t*, 496–497, 498*b*  
 authentic leader characteristics and  
 effective follower characteristics,  
 167*b*  
 awareness in, 170  
 barriers to, 497–498  
 in community, 505–506  
 core of being leader, 167–168  
 definition of, 10–11, 490, 492–495, 493*b*  
 development  
 from follower to nurse manager  
 and, 494–495  
 mentoring and coaching in, 498–499  
 emotional intelligence and, 171–172  
 emotionally intelligent, 493–494  
 false assumptions in, 497–498  
 formal, 165  
 in future  
 demands for, 514  
 strengths for, 515–516  
 Gardner's tasks of, 10–11, 11–12*t*  
 and healthy work environment,  
 274–275  
 integration, 167, 167*f*  
 leader-follower relationship, 166  
 leading and following, 164–166  
 mentor, 498  
 moral courage, 172  
 National Academy of Medicine, 174  
 personal, 167  
 practice of, 495–496  
 within professional organizations, 505  
 reflection and, 169–171, 169*f*  
 research, 14*b*  
 role of, 364–366, 365*b*  
 staffing, productivity, 264  
 strength, 172–173  
 theories, 7, 7*b*  
 through appointed elected office, 506  
 transactional, 495–496, 497*b*  
 transformational, 496, 497*b*  
 workplace, satisfaction determinant  
 of, 493
- Leadership certification, 467
- Leading, 10–13, 11–12*t*  
 in complex health systems, 1*b*, 2–7,  
 10–14  
 and following, 164–166  
 in healthcare, 3–6  
 implications, 13–14
- Lean Sigma, 26
- Learning organizations, 340–341
- Legal and ethical issues, 78*b*  
 blending of, 77–78, 78*b*  
 employment laws and, 65–71, 66*t*  
 informed consent and, 61–64  
 negligence and malpractice,  
 52–61  
 policies and procedures and, 65  
 privacy and confidentiality and,  
 64–65
- Legal authority, 319  
 to delegate, 319–321
- Leininger's theory, of transcultural  
 nursing care, 91–92
- Length of stay (LOS), 417–418  
 decrease, 421–422  
 impact, 423
- Lethargy, 445
- Lewin's theory, 337
- LGBTQ, 95–96
- LGBTQ+ community, cultural  
 incompetence and, 107
- Liability, 55–56
- Licensed practical nurses (LPNs), 50,  
 310–311
- Licensed vocational nurses (LVNs), 50,  
 310–311
- Licensure, 50–51, 476
- Life expectancy, 86
- Line graphs, quality improvement  
 process, 32, 34*f*
- Long-term acute care (LTAC) hospital,  
 206
- Long-term care, facilities, 206
- Long-term goals, 124–125
- LOS. *See* Length of stay
- LPNs. *See* Licensed practical nurses
- LVNs. *See* Licensed vocational nurses
- M**
- Magnet®, 26–27, 105
- Magnet institutions, recognized by  
 American Nurses Credentialing  
 Center, 298–299
- Magnet Recognition Program®,  
 20–22*t*, 24, 26–27, 105, 121, 156,  
 281–282
- Magnet status, 340–341
- Male to Female (MTF) transgendered,  
 95–96
- Malpractice, 52–61  
 causes of, for nurse managers, 56–61  
 assignment, delegation, and  
 supervision as, 56–57  
 duty to orient, educate and evaluate  
 as, 58  
 failure to warn as, 58  
 staffing issues as, 59  
 defined, 52  
 elements of, 53–55  
 breach of the duty of care owed the  
 patient, 54, 54*f*  
 causation as, 54–55  
 damages as, 55  
 liability and, 55–56  
 protective and reporting laws and, 61
- Managed care, 210–211, 501–502  
 economic forces of, 211  
 managed cost, 418  
 systems, 204
- Management  
 Bleich's tasks of, 11–12, 12*b*  
 case, 502  
 challenge in, 489*b*  
 for conflict, 187*b*  
 modes of, 185–191, 187–189*b*  
 definition of, 490–491, 492*f*  
 education, 467, 467*b*  
 performance, problems, 467  
 principles of scientific, 491*b*  
 theory, 7  
 evolutionary process of, 490–491
- Managers  
 in budgets, 502  
 challenge in, 489*b*  
 effective, traits of, 13  
 in finance, 502  
 issues for, 157  
 nurse role and intergenerational  
 workforce, 501  
 quality indicators of, 501  
 responsibilities of, 122–124  
 role of, 460–461, 460*t*, 489–509, (*see*  
*also* Nurse managers)
- Managing, 3, 10–13, 11–12*t*  
 in complex health systems, 1*b*, 2–7,  
 10–14  
 in healthcare, 3–6  
 implications, 13–14
- Mandatory overtime, 259
- Marginalization, 91
- Maslach Burnout Inventory (MBI), 114*b*

- Maslow's Hierarchy of Needs, 112*b*  
 in managers, 490–491  
 Meaningful use (MU), 381  
 stages of, 382*t*  
 Mechanical ventilators, usage, 374  
 Mediation, during conflict, 193  
 Medicaid, 209, 417  
 CMS administration of, 209  
 Medical equipment supply  
 organizations, 210  
 Medicare, 207  
 CMS administration of, 209  
 Medicare Access and Children's Health  
 Insurance Program (CHIP)  
 Reauthorization Act (MACRA),  
 223*t*  
 Medicare Prescription Drug,  
 Improvement, and  
 Modernization Act of 2003, 418  
 Medicare Quality Improvement  
 Community (MedQIC), 208  
 Medication  
 administration, 374  
 clinical information systems,  
 impact, 386–387  
 management process, trends in, 379*b*  
 MedQIC. *See* Medicare Quality  
 Improvement Community  
 Mentoring, 498–499  
 benefits of, 466*b*  
 Mentors, 466–467, 466*b*, 498  
 interpersonal relationship, 466  
 Meta-analyses, 140  
 Metasyntheses, 140  
 Micro stresses, 118  
 Millennials, 106, 346  
 Missed nursing care, 255–256  
 Mission, singleness of, 356–357  
 Moral courage, 172  
 Moral distress, 76–77  
*Morbidity and Mortality Weekly Report*  
 (MMWR), 86  
 Motivation, 7*b*, 11–12*t*  
 Motivational interviewing (MI), 236,  
 237*b*  
 Moxi robot, 404–405  
 Multiculturalism, 92  
 Multiculturalism, 90  
 Multi-dose vial (MDV), 414*b*  
 Musculoskeletal harm, incidence of, 110  
 Mutual trust, 363  
 MyTeam members, commitment to, 358*b*
- N**
- NAM1. *See* National Academy of  
 Medicine  
 NANDA-I. *See* North American  
 Nursing Diagnosis Association  
 International  
 NAP. *See* Nursing assistive personnel  
 National Academy of Medicine (NAM),  
 19–20, 22–23, 93, 174, 269  
*The future of nursing (FON) 2020-  
 2030: Charting a Path to Achieve  
 Health Equity* (2021), 514  
 National Association of Hispanic Nurses  
 (NAHN), 94*t*  
 National Black Nurses Association  
 (NBNA), 94*t*  
 National Coalition of Ethnic Minority  
 Nurse Association (NCEMNA),  
 94*t*  
 National Commission to Address  
 Racism in Nursing, 93  
 National Committee for Quality  
 Assurance (NCQA), 203  
 National Council of State Boards of  
 Nursing (NCSBN), 50–51, 93, 512  
 National Database of Nursing Quality  
 Indicators (NDNQI), 36–37,  
 36*b*, 147, 257, 501  
 National Emphasis Program (NEP), 69  
 National Guidelines for Nursing  
 Delegation, 311–313  
 National Institute of Occupational  
 Safety and Health (NIOSH), 275  
 National Labor Act, 66*t*  
 National Labor Relations Act, 71, 284*b*  
 National Labor Relations Board  
 (NLRB), 71, 284*b*  
 National League for Nursing, 512  
 National Patient Safety Goals, 40*b*, 42,  
 362–363  
 National Quality Forum (NQF), 19–20,  
 20–22*t*, 23–24  
 DNV-GL Healthcare, 24  
 Institute for Healthcare Improvement,  
 24  
 International Council of Nurses, 24  
 The Joint Commission, 24  
 Magnet Recognition Program, 24  
 Quality and Safety Education for  
 Nurses Institute, 24  
 NCAST. *See* Nursing Child Assessment  
 Satellite Training
- NCQA. *See* National Committee for  
 Quality Assurance  
 NCSBN. *See* National Council of State  
 Boards of Nursing  
 NDNQI. *See* National Database of  
 Nursing Quality Indicators  
 Near miss, 41–42  
 Needlestick and sharps injuries (NSIs),  
 109  
 Negligence, 52  
 defined, 52  
 liability and, 55–56  
 Negotiating an offer, 486  
 Negotiation, 300  
 conflicts and, 189, 190*b*  
 Neighborhood nursing center, profit/  
 loss (statement of operations),  
 430*t*  
 NEP. *See* National Emphasis Program  
 Net income, 420  
 Never events, 41  
 NIAHO. *See* National Integrated  
 Accreditation for Healthcare  
 Organizations  
 NIOSH. National Institute for  
 Occupational Safety and Health  
 NLC. *See* Nurse Licensure Compact  
 NLRB. *See* National Labor Relations  
 Board  
 Nonmaleficence, 73–75*t*  
 Nonproductive hours, 426  
 Nonpunitive discipline, 446, 446*f*  
 model of, 446  
 steps in, 447*b*  
 North American Nursing Diagnosis  
 Association International's  
 (NANDA-I), 37  
 NPA. *See* Nurse Practice Act  
 NQF. *See* National Quality Forum  
 Nurse  
 executive as leader, 504, 504*b*  
 manager as leader, 503–504, 504*b*  
 Nurse Executive Council, 286*b*  
 Nurse leaders  
 as change leaders, 333  
 issues for, 157  
 within workplace, 503, 503*b*  
 Nurse Licensure Compact (NLC), 51  
 Nurse managers, 494  
 bullying, incivility, and workplace  
 violence in, 499–501  
 from follower to, 494–495

- Nurse managers (*Continued*)  
 as leader, 503–504, 504b  
 for patient safety culture and  
 departmental excellence, 494  
 quality indicators of, 501  
 role of  
 intergenerational workforce and,  
 501  
 transition, 464t  
 variances and, 431
- Nurse overtime, 259
- Nurse-owned and nurse-organized  
 services, 207
- Nurse-patient ratios, 250
- Nurse Practice Act (NPA), 50–51, 309
- Nurse-run clinics, 205
- Nurses  
 in care coordinator roles, 237  
 careful nursing philosophy, 233–234  
 as community opinion leaders,  
 505–506  
 as community volunteers, 505–506  
 conflict-handling styles among, 191  
 conflicts and miscommunication in,  
 181  
 critical thinking, responsibility of, 229  
 direct care, 460  
 leaders, in professional authority,  
 238–239  
 personal conceptual framework,  
 407–408  
 in person-centered care, 233  
 position, knowing, 474  
 rights of individuals, guardians of, 230  
 strategies, 233–234
- Nurses Bill of Rights, 104–105
- Nurse-sensitive data, 258
- Nurse-sensitive indicators, 258b
- Nurses on Boards Coalition (NOBC),  
 238–239
- Nurse staffing committee, 250
- Nurse Staffing Standards for Hospital  
 Patient Safety and Quality Care  
 Act, 250
- Nurse-to-patient ratios, 59
- Nursing  
 biomedical technology, impact, 373  
 center, profit/loss (statement of  
 operations), 430t  
 collective action, collective  
 bargaining, and unionization in,  
 282–283
- Nursing (*Continued*)  
 informatics, 384–385  
 IMIA definition, 384–385  
 information technology,  
 development/ implementation,  
 387–389  
 professional, domains of, 513t  
 professional, ethical practice and new  
 technologies, 392–393  
 profession of, 398  
 resources, prediction/usage, 423  
 search platforms for, 150t
- Nursing budgets, 424  
 literature perspective, 425b
- Nursing Child Assessment Satellite  
 Training (NCAST), 140
- Nursing education, 408
- Nursing education on HRO, 342b
- Nursing Home Compare, 30
- Nursing Informatics Working Group of  
 AMIA, 385
- Nursing Intellectual Capital (NIC), 248  
 theory, 248–249, 249b
- Nursing Intervention Classification  
 (NIC) system, 37
- Nursing leadership, artificial intelligence  
 and, 407–408
- Nursing organizations  
 Magnet status in, 340–341  
 sample of, 94–95, 94t
- Nursing Outcomes Classification (NOC)  
 system, 37
- Nursing personnel, retention of new, 437
- Nursing practice  
 cost-conscious  
 literature perspective, 421b  
 strategies for, 421b  
 standard, research to evaluate,  
 423–424  
 visibility to, 238b
- Nursing productivity, 263
- Nursing-sensitive indicators, 35
- Nursing services, as source of revenue,  
 419–420
- Nursing services department, structure  
 and philosophy of, 260
- O**
- Occupational Safety and Health Act,  
 66t, 68–69
- ODS. *See* Organized delivery system
- On-the-job stressors, 117–118
- Open systems  
 approach, 213  
 healthcare organizations as, 213f
- Operating budgets, 424–428  
 capital/cash budgets,  
 interrelationships, 426f
- Opportunities, 461
- Organization  
 connecting with, 478, 478b  
 goal of, 19  
 unhealthy work environment, in  
 healthcare, 129  
 upheaval in, 110
- Organizational accountability, 319
- Organizational assessment, 464–465
- Organizational conflict, 182
- Organizational culture, 97, 494–495  
 assessment of, 339–340
- Organizational factors, staffing, 260
- Organizational fit, in interview goals,  
 484t
- Organizational health literacy, 226
- Organizational justice, 274
- Organizational policies, 255
- Organizational savvy, influence and, 297
- Organizational strategies, 154–157
- Organizational support systems, 260
- Organization of Nurse Executives, 129
- Organizations, 205–207  
 accreditation status of, 203–204  
 accrediting bodies of, 209  
 acquisitions and mergers in, 210–212  
 ambulatory-based organizations,  
 204–205  
 ancillary organizations, 207  
 capital expenditures of, 428  
 characteristics and types of, 201–210,  
 202t  
 community services, 205–206  
 consolidated systems and networks, 204  
 culture in, 97–98  
 demographic factors and, 211–212  
 direct care services in, length of  
 (provision), 201–202  
 economic factors and, 211  
 forces that influence, 211  
 for-profit organizations, 202  
 healthcare organizations, continuum  
 of, 201  
 home health organizations, 206  
 hospice, 206–207  
 integration of, 210, 210f

- Organizations (*Continued*)
- long-term care facilities, 206
  - long-term goals/objectives, reassessment of, 428
  - medical equipment supply organizations, 210
  - nurse-owned and nurse-organized services, 207
  - ownership of, 202–203
  - palliative care, 206–207
  - peer assistance voluntary organizations, 207
  - pharmaceutical supply organizations, 210
  - private nonprofit (or not-for-profit) organizations, 202
  - regulatory organizations, 207–210
  - reorganization, restructuring, and reengineering of, 210–211
  - residential facilities, 206
  - self-help voluntary organizations, 207
  - social factors and, 211
  - subacute facilities, 206
  - supportive organizations, 207
  - teaching status in, 203
  - third-party financing organizations, 209–210
- Organized delivery system (ODS), 418
- networks, 418–419
- Orientation, 436–437
- Orient, duty to, malpractice and, 58
- O’Shea v. State of New York* (2007), 54
- Other-than-personnel services (OTPS)
- expense budget, 427
- OTPS expense budget. *See* Other-than-personnel services expense budget
- “Out” groups, 357
- Out-of-pocket expenses, 417
- Overstress, signs of, 111*b*
- Overtime, 259
- mandatory, use of, 60
- Overwork, 111
- Ownership
- of healthcare organizations, 202–203
  - of practice, 279
- P**
- Paradox, 90
- Pareto chart, 32–34, 35*f*
- Pareto Principle, 112*b*
- Participatory action research (PAR), 147
- PAs. *See* Professional associations
- Paternalism, 73–75*t*
- Pathway to Excellence®, 273
- Patient-benefit model, 77
- Patient care
- cost of, 422
  - documentation, clinical information systems (impact), 386
- Patient-centered care, 99
- Patient-centered medical home (PCMH), 224
- Patient-centered medical home assessment (PCMH-A), 362*b*
- Patient-centered medical home model (PCMH), 362*b*
- Patient-Centered Outcomes Research Institute (PCORI), 147
- Patient classification systems, 252–254
- Patient, intervention, comparison
- intervention or group, outcome, and time (PICOT), 148*b*
  - question, asking, 149*t*
- Patient outcomes, 246–248
- Patient Protection and Accountability Act, 66*t*
- Patient Protection and Affordable Care Act (PPACA), 223*t*
- accountable care organizations and, 202–203
- Patients
- data, display (example), 375*f*
  - empowerment, 381
  - engagement, 231–232, 231*f*, 232*b*
  - information systems, hardware (advantages/disadvantages), 371–372
  - malpractice and
    - breach of the duty of care owed to, 54, 54*f*
    - privacy, safeguarding, 392–393
  - in research study, informed consent and, 62
  - right of access, 64
  - safety, 385–387
  - satisfaction, 228–229
  - welfare, safeguarding, 392–393
- Patient safety forces, 20–22*t*
- Payer mix, 427–428
- Payers, 415–416
- Pay for performance system, introduction of, 418
- PBRN. *See* Practice-based research networks
- PCMH. *See* Patient-centered medical home; Patient-centered medical home model
- PCMH-A. *See* Patient-centered medical home assessment
- PCORI. *See* Patient-Centered Outcomes Research Institute
- Pediatric nurse practitioner (PNP), 90
- Peer assistance voluntary organizations, 207
- Peer Review, 208
- People, change (relationship), 339–340, 340*b*
- Percentage of occupancy, 263
- Perfectionism, 106
- Performance appraisals, 438–440
- clinical registered nurse, 439*b*
  - goals, example of, 440*b*
  - process of, 439
  - session, behaviors for, 439*b*
  - standard form, usage of, 439
- Performance behaviors, 439*b*
- Performance improvement (PI), 25, 147–148
- Personal and personnel problems, 444–453
- absenteeism, 444–447
  - clinical incompetence, 448–451
  - emotional problems, 451
  - immature employees, 447–448
  - incivility, 452–453
  - managing, 443–457, 443*b*, 456*b*
  - substance abuse, 451–452
  - uncooperative/unproductive employees, 447
- Personal benefits, in organization, 479, 479*b*
- Personal characteristics, in interview goals, 484*t*
- Personal competence, 116–117
- Personal health literacy, 226
- Personal leadership, 167
- Personal liability, 55
- Personal protective equipment (PPE), 88, 346
- Personal “triggers”, 106
- Person-centered care, 217*b*, 218–239, 232*b*
- access to care in, 229–230
  - biases impacting, 221
  - challenges in, 222

- Person-centered care (*Continued*)  
delivery, features in, 233–239  
essential elements of, 218b  
healthcare provider in, 222  
initiatives to deliver, 223–226  
nurses in, 233  
patient-centered medical home in, 224  
principles of, 219f  
professional practice, 233–235  
synthesis and application of, 239
- Pharmaceutical supply organizations, 210
- Pharmaceutical usage, evidence of, 416
- PHI. *See* Protected health information
- Philippine Nurses Association of America (PNAA), 94t
- Physiologic monitoring, 373  
biomedical devices for, 375
- PICOT format, 148–149, 149t
- PIRNCA. *See* Perceived Implicit Rationing of Nursing Care
- Planned change, 333, 335–337, 337b  
phases of, 337b  
theories for, 337b
- Pluralism, 90
- Point of care, 373
- Point-of-service (POS), plans, 418
- Policy  
influence, political action to (usage), 300–301  
unhealthy work environment, in healthcare, 129–130
- Political action, 300–301
- Political Astuteness Inventory, 300–301, 302b
- Political savvy, 304
- Political skills, developing, 301b
- Population demographics, changing, 416
- Portfolio, 480–481
- Position  
change of, 474  
knowing, 474
- Position description, 435  
guidelines of, 435
- Positive communication model, 351, 351f
- Positive social support, 118–119
- Power, 358  
authentic leadership characteristics and behaviors related to, 304t  
challenge regarding, 303b  
coalitions and, developing, 299–300
- Power (*Continued*)  
influence and, 296–297  
influence and empowerment and, 297  
influence and organizational savvy and, 297  
negotiation and, 300
- PPACA. *See* Patient Protection and Affordable Care Act
- PPE. *See* Personal protective equipment
- Practice-based evidence, 145–147
- Practice-based research networks (PBRN), 157
- Preceptors work, 437–438
- Preferred Provider Organizations (PPOs), 205, 418
- Prejudice, 90
- Preparation, in interview goals, 484t
- Presentations given, in data collection, 481t
- Price  
inflation, 415–416  
utilization rates, relationship, 415t
- Primary care (first-access care), 201
- Privacy, 64–65
- Private insurance, financing source, 417
- Private nonprofit (or not-for-profit) organizations, 202
- Problems  
analyze data, 295  
definition of, 292–294  
documentation of, 453–454, 454b  
four M's, 294  
identification of, 292  
referral, root causes of, 293f  
result, evaluation, 295–296  
solutions  
development, 295  
implementation, 295  
selection, 295
- Problem-solving, 291–301  
challenge regarding, 290b  
data gathering, 295  
decision making, 292–294  
defining problem, 292–294  
identifying problems, 294  
initial evaluation of, 291–298  
introduction to, 291  
literature perspective on, 292b, 293f  
prioritizing problems, 294  
process, 291, 291b, 291f  
solutions, development, 295
- Process automation  
definition of, 403–406  
nursing education and, 408  
thought-experiment activities in future of, 408b
- Process of care, 11–12
- Productive hours, 246, 426  
calculation of, 427b
- Productivity, 431  
on staffing, 264
- Professional associations (PAs), 205
- Professional authority, 237–239
- Professional benefits, in organization, 479, 479b
- Professional brand, crafting and promoting, 480
- Professional development, in data collection, 481t
- Professional governance, 268b, 279–281, 280b
- Professional letters, 482, 483t  
cover letter, 482, 483t  
resignation letter, 482, 483t  
thank-you letter, 482, 483t
- Professional opportunities, in interview goals, 484t
- Professional practice image, 298–299
- Professional practice responsibility, 278–281  
professional governance, 279–281, 280–281b
- Profit, 417  
necessity, 420
- Progressive discipline, 454, 454b
- Projections, for future, 518–520
- Promoting Action on Research Implementation in Health Services (i-PARIHS) framework, 155, 156f
- Proprietary organizations, 202
- Prospective payment system (PPS), method, 417
- Protected health information (PHI), 63, 65
- Protective and reporting laws, 61
- Prototype evaluation system, 254
- Providers, 415
- Psychological hardiness, 115
- Psychological safety, 274
- Psychosocial behaviors, 92
- Publications, in data collection, 481t
- Public institutions, health services in, 202
- Pulmonary function systems, 373

- Q**
- QSEN. *See* Quality and Safety Education for Nurses
- Quadruple aim, 104, 272–273  
of health care, 3–4
- Quality and safety  
classic reports and key agencies, 20–24, 20–22*t*  
Agency for Healthcare Research and Quality, 23  
Institute of Medicine, 19–20, 22–23  
National Quality Forum, 23–24  
cultural concepts and principles, impact of, 43–44  
impact of health disparities, 43–44  
customers, 29–30, 30*b*  
dealing effectively with cultural diversity, 44–45  
emphasis on, 19  
integration of, 19–20  
quality assurance, 38–40, 39*t*  
quality improvement process, 30–38, 31*b*  
assemble a team, 31–32  
consumers' needs, 31  
data collection, 32–34, 33–34*f*  
evaluation, 37–38  
outcomes, establishment, 35–37  
plan selection, 37, 37*f*  
quality management, in health care, 25–29  
benefits of, 25  
decisions, 29  
evolution of, 26–27  
focus, 29  
goal, 29  
planning for, 25–26  
quality management principles, 27, 27*b*  
shared commitment, 28–29, 28*t*  
structure, 27–28  
*Quantros MEDMARX* database, 386–387  
QUERI. *See* Quality Enhancement Research Initiative
- Questions  
asking, PICOT-D format, 149*t*  
in interview, 485–486
- Quintuple Aim, 174, 175*t*
- R**
- Race, delivery of health care and, 227
- Randomized controlled trials (RCTs), 151–152
- Rapid cycle improvement, 515
- Readmissions Reduction Program (RRP), 25–26
- Real time location services (RTLS), 384
- Recruitment, research perspective, 437*b*
- Referral problems, root causes (analysis), 293*f*
- Reflection, 169–171, 169*f*
- Reflective journaling, 170
- Reframing technique, 117
- Refreezing, 336
- Registered nurses (RNs), 25, 50, 309–310  
person-centered care in, 220  
population, diversity in, 93–95
- Registered Nurse Safe Staffing Act, 59, 250
- Regulatory organizations, 207–210
- Rehabilitation programs, 452
- Rehabilitative or long-term care (tertiary care), 201, 201*t*
- Reimbursement practices, knowledge of, 420–421
- Relationship management, 116
- Relaxation, 119*b*
- Reliability, 152
- Reluctance, 339
- Renewing, leadership and, 10–11, 11–12*t*
- Replacement personnel, supervision of, 444
- Research, 138, 479–480  
in data collection, 481*t*  
impact of, 138–139  
use of, 140–141
- Residential facilities, 206
- Resignation letter, 482, 483*t*
- Resistance, 339
- Resolution  
commit to, 354, 355*b*  
conflict, 356
- Resources, usage/development/  
appreciation of, 358
- Respect, for others, 73–75*t*
- Respondeat superior, 55
- Responsibilities Opportunities Lines of communication Expectations Support (ROLES), 461, 461*b*
- Responsibility, 278–279, 309, 461
- Résumé, 482  
production of, 482
- Revenues, income statement (example), 420*b*
- Right-to-work, 284*b*
- Risk management, 40–43, 65
- RNs. *See* Registered nurses
- Robert Wood Johnson Foundation (RWJF), 39, 93, 174
- Robotics in health care, 405*b*
- Rogers, Carl, 218
- Role  
acceptance, 462  
acquisition of, 435  
concepts of, 435  
development, 463  
discrepancy, 462–463  
expectations, 466*b*  
clarification of, 447*b*  
priority of, 465

- Role (*Continued*)  
 exploration, 462  
 internalization, 463  
 issues  
   unhealthy work environments, 106  
 negotiation, 465–466, 465f  
 preview, 462  
 strain, 446, 465b  
 stress, 446, 465b  
 theory, 465b  
   as framework, 446  
   understanding, 461
- ROLES. *See* Responsibilities  
   Opportunities Lines of  
     communication Expectations  
     Support
- Role transition, 459–469, 459b, 468b  
 differences in, 460  
 internal resources, 464  
 organizational assessment, 464–465  
 process, 461–464, 462b, 464t  
 promotion, strategies, 464–467, 464b  
 unexpected, 463
- Root-cause analysis, 41–42
- RTLS. *See* Real time location services
- RWJF. *See* Robert Wood Johnson  
   Foundation
- S**
- Sabol v. Richmond Heights General Hospital* (1996), 55b
- Sample Gantt Chart, 128t
- Satisfaction, patient, 228–229
- SBAR. *See* Situation, background, assessment, and recommendation
- Scheduling, 245, 260–262  
 centralized scheduling, 261  
 constructing, 261  
 decentralized, 261  
 staff self-scheduling, 261  
 variables, 261–262, 262b
- Schiavo, Terri, 77–78
- Scholarly activities, 479–480
- Scholastic Assessment Test, 171
- School health programs, funds  
 allocation in, 206
- SDOH. *See* Social determinants of health
- SDV. *See* Single-dose vials
- Search platforms, 150t
- Secondary care (disease-restorative care), 201
- Self-assessment questions, answering, 339–340, 339t
- Self-awareness, 116
- Self-care, 118–119
- Self-help voluntary organizations, 207
- Self-knowing, 473
- Self-limiting thoughts, 106
- Self-management, 116  
 theories, 112b
- Sentinel event, 41–42, 41b
- Sentinel Event Alert, 374–375
- Services, types of, provision, 201
- Sexual harassment, defined, 66
- Shared commitment, 28–29, 28t
- Shared governance, 123  
 model, 319
- Shared vision, 518
- Sigma Theta Tau International (STTI), 298
- Silent Generation, 346
- Single-dose vials (SDV), 414b
- Singleness, of mission, 356–357
- Situational/contingency theory, 7, 7b
- Situational Leadership® Model, 322–323, 323b
- Situation, background, assessment, and recommendation (SBAR), 42, 181
- Situation, definition of, 292–294
- Six Sigma, 26
- Skill, 448–449
- Skilled nursing facilities, 206
- Skills, checklist, example of, 450b
- Smart cards, 390, 390b
- Smart phones, 384
- Smart technology, 373
- Social awareness, 116
- Social competence, 116–117
- Social determinants of health (SDOH), 85, 212
- Social factors, healthcare organizations and, 211
- Socialization, 89–90
- Social justice model, 77
- Social policies  
 at health disparities, 85–86  
   Centers for Disease Control and Prevention, 86  
   Healthy People Goals, 85–86  
   World Health Organization, 85
- Social support, 119–120
- Societal factors, 141
- Society, dualism, 357
- Sociotechnical systems, 399, 399b
- Solutions  
 development, 295  
 implementation, 295
- Speech in data collection, 481t
- Speech recognition (SR), 384
- Staff  
 development, 434–442, 434b, 437–438b, 441b  
 continuation, 438  
 empowerment, strategy, 438  
 evaluation, 434–442, 434b, 441b  
 selection, 434–442, 434b, 441b  
 self-scheduling, 261
- Staffing, 245, 245b, 257b, 265b  
 American Association of Critical-Care Nursing, 251b, 252  
 centralized, 245  
 decentralized, 245  
 evaluating unit and productivity, 262–264  
 flexible, 245  
 health care, complex factors in, 255–259  
 hospital-acquired conditions, 256–257, 256b  
 missed care, 255–256  
 nurse overtime, 259  
 nursing quality indicators as evidence, national database of, 257–259  
 issues in, malpractice and, 59  
 managing, 423  
 organizational factors, 260  
   nursing services department, structure and philosophy of, 260  
   organizational support systems, 260  
 plan, 246, 260  
 principles for, 251f  
 process, 245–255  
   alternative to nurse-patient ratio staffing, 250–252  
   budget-based staffing, 254–255  
   budget, developing, 245–246  
   full-time equivalents, calculation of, 246  
   models for, 249  
   nurse-patient ratios, 250

- Staffing (*Continued*)
- patient classification systems, 252–254
  - patient outcomes, impact of, 246–248
  - research related to, 246, 247*t*
  - theoretical framework for, 248–249
  - tools, number of nurses needed estimation, 252–255
  - productivity, leadership impact on, 264
  - safe staffing matters, 255
  - shortages, 108
  - supplemental (agency or contract) staff and float pools, 259–260
  - variance, projected and actual staff, 263–264
- Standard of care, 53–54
- State board of nursing, 50–51
- Statement of operations, profit/loss, 430*t*
- Statute, 61
- Strategic planning, 333–334
- key steps in, 334*f*
  - reasons for, 334–335, 334*f*
- StrengthsFinder 2.0, 172–173
- Stress, 445
- dynamics of, 112–113, 113*f*
  - management, 117–118
  - management strategies, 120*b*
  - in organizations, 110
  - resolution of, 119
  - unhealthy work environment, 110–113, 111*b*
- STTI. *See* Sigma Theta Tau International
- Style theories, 7*b*
- Subacute facilities, 206
- Substance abuse, 451–452
- Supernurse culture, 116–117
- Supervision
- malpractice and, 56–57
  - of unlicensed assistive personnel, 317
- Supplemental (agency or contract) staff, 259–260
- Support, 461
- Supportive organizations, 207
- Surgical trauma intensive care unit (STICU), 245*b*
- SWOT analysis, 333
- Symbol, serving as, 10–11, 11–12*t*
- Synergy, 353
- active listening, usage, 353, 354*t*
  - compassionate, usage, 354
- Synergy (*Continued*)
- flexibility, 354
  - purpose, clarity (establishment), 353
  - resolution, commit to, 354, 355*b*
  - truth, usage, 353–354
- System, definition of, 335
- Systematic review, 140
- Systemic racial inequity, 107
- Systems theory, 212–213, 213*b*
- ## T
- Taft-Hartley Act, 66*t*
- Task automation, definition of, 404–405
- Task-knowledge automation, 406
- conceptual taxonomy of, 407*f*
- TCAB. *See* Transforming Care at the Bedside
- Teach-back, 40–41
- Teaching hospitals, government reimbursement in, 203
- Teaching institution, 203
- Teaching responsibilities, in data collection, 481*t*
- Team-building
- interview questions for, 364*b*
  - promotion, coaching (example), 440*f*
  - value of, 363–364, 363*f*
- Team leader, 358
- Team members
- feelings, hiding, 348
  - generational differences, 346
  - great, behaviors of, 353–356
- Team nursing, 310–311
- Teams, 346–349
- assessment exercise, 347*b*
  - building effective, 345–370, 345*b*, 366*b*
  - creating effective, 349–356, 349*b*
  - acknowledge, 355–356, 355*b*
  - be compassionate, 354
  - be flexible, 354
  - behaviors, 353–356
  - building relationship, 349–350
  - clear purpose, establish, 353
  - commit to resolution, 354, 355*b*
  - tell the truth, 353–354
  - use active listening, 353, 354*t*
  - definition of, 346–347
  - effectiveness, attributes of, 348*t*
  - function, effectiveness, 348, 357–361
  - ineffectiveness, 348
  - attributes of, 348*t*
- Teams (*Continued*)
- interprofessional, 361–363
  - key concepts of, 356–357
- TeamSTEPPS, 192–193
- Teamwork, 26
- Technologies
- biomedical technology, 373–376
  - communication technology, 371*b*, 384, 393*b*
  - cost-effectiveness, evaluation of, 422–423
  - information technology, 375–376
  - knowledge technology, 376–378, 392
  - trends and professional issues, 389–391
  - types of, 373–376
- Telecommunications, 391
- Telehealth, 391–392
- Termination, 455
- Tertiary care (rehabilitative or long-term care), 201
- Thank-you letter, 482, 483*t*
- Theory contributor, 435*b*
- Theory of Transcultural Nursing Care, 91
- Therapeutic treatments, 374–375
- systems, usage, 374
- Third-party financing organizations, 209–210
- Third-party payers, 202
- decisions, 417
- Thirty-day readmission, 25–26
- Thought leaders, 117
- Time, efficiently using, 421–422
- Time management, 125–129
- applications to practice, 126–127*t*
  - classification of, 126*t*
  - prevent interruptions, tips to, 128*b*
  - Sample Gantt Chart, 128*t*
  - setting priorities as, 128–129, 128*f*
- TJC. *See* The Joint Commission
- To Err is Human: Building a Safer Health System* (2000), 22, 269
- Tools to Enhance Performance and Patient Safety (TeamSTEPPS 2.0), 26
- Topics, in interview, 485–486
- Total fixed cost, 423
- Total quality management (TQM), 25–26
- TQM. *See* Total quality management
- Trait theories, 7*b*

- Transactional leadership, 495–496, 497b
- Transculturalism, 92
- Transcultural nursing care, Leininger's theory of, 91–92
- Transformational leadership, 496, 497b
- Transformational theories, 7b
- Transforming Care at the Bedside (TCAB), 39
- Translating research into practice (TRIP), 141, 146b, 154, 159b
- Translation, research, 154
- Translation science, 154
- Trend chart, 32
- Tri-Council summit, 512t
- TRIP. *See* Translating research into practice
- Triple Aim, 223–224
- Trust, 274, 360  
development of, 10–11, 11–12t
- TUG robot, 405f
- Two-factor theory, 7b
- U**
- UAP. *See* Unlicensed assistive personnel
- UCLA Health, 268b
- Uncooperative/unproductive employees, 447
- Unhealthy healthcare workplaces and workforces, 105–106
- Unhealthy work environment, 105–106  
factors, 106–110  
cultural incompetence and LGBTQ+ community, 107  
cultural incompetence and systemic racial inequity, 107  
electronic documentation burdens, impact of, 109  
gender roles, 106–107  
infectious agents and hazardous chemicals, exposure to, 109–110  
musculoskeletal harm, incidence of, 110  
needlestick and sharps injuries, exposure to, 109  
organization, upheaval in, 110  
role issues, 106  
staffing shortages, 108  
workplace violence, 108–109  
in healthcare, 115–130  
counseling, 120–121
- Unhealthy work environment  
(*Continued*)  
delegation, 125  
emotional intelligence, 116–117  
goal setting, 124–125  
managers, responsibilities of, 122–124  
managing information and clutter, 125  
organization, 129  
policies, 129–130  
responsibilities of leaders, 121–122  
social support, 119–120  
stress management, 117–118  
symptom awareness and management, 118–119  
time management, 125–129, 126–128t, 128b  
workplace stress prevention, 115–116  
responses to, 110–114  
unrelenting, work-related stress, 113–114
- Union, 283  
labor laws and, 284b
- Unit-based decision making, 339
- Unit-level budget, management of, 429–431
- Unit Practice Councils (UPCs), 268b, 286b
- Units of service (UOS), 246, 425b, 426
- Unity  
sense of, developing, 298  
workable, achievement of, 10–11, 11–12t
- Unlicensed assistive personnel (UAP)  
challenges of delegating to, 323–325
- Unlicensed nursing personnel/assistive personnel (UNP/AP), 309–310
- Unnecessary care, 416
- UNP/AP. *See* Unlicensed nursing personnel/assistive personnel
- Unplanned change, 333, 337–338
- Unprofessional conduct, 51
- Unusual occurrence reports, 64
- UOS. *See* Units of service
- Users' Guides to the Medical Literature*, 141
- U.S. Office of Disease Prevention and Health Promotion (ODPHP), 85–86
- Utilization, 415  
rates, 415
- V**
- Validity, 152
- Value-based payment/purchasing programs, 25–26
- Value-based purchasing, 25–26, 228, 417–418
- Values, 3–4  
affirmation of, 10–11, 11–12t  
in leadership, 170
- Variable costs, 423
- Variance, 429
- Variance analysis, 429
- Variance report, 263–264
- Veracity, 73–75t
- Vertical integration, 210, 210f
- Vertical Transition Unit (VTU), 45b
- Vicarious liability, 55
- Violence in workplace, Occupational Safety and Health Act and, 69
- Vision, 5, 516
- Visioning, 516–517, 516b
- Visiting nurse associations, 206
- Voice technology, usage, 384
- Volatility, uncertainty, complexity, and ambiguity (VUCA), 181, 511, 511t
- Volume statistics, formulas for, 262b
- Voluntary action, 61–62
- Voluntary agencies, 202
- VUCA. *See* Volatility, uncertainty, complexity, and ambiguity
- W**
- Wagner Act, 66t
- Wagner Amendments, 66t
- Warn, failure to, malpractice and, 58
- Wearable technology, 373, 375
- Western Institute of Commission on Higher Education in Nursing (WICHEN), 140
- Whistleblower, 283
- Whistle blower laws, 70
- WICHEN. *See* Western Institute of Commission on Higher Education in Nursing
- Willingness to cooperate, 357
- Wireless (WL) communication, 383–384
- Wisdom  
definition of, 399–400, 400t  
in future, 401–402
- Wise Forecast Model©, 517–518, 517b

- Work  
relationships, 311  
satisfaction, absenteeism (impact), 445  
settings, problem categories, 294  
Work environments, communication in, 350  
Workforce engagement  
through collective action, 268*b*, 269–283, 285, 285–286*b*  
culture, 270  
culture of safety, 271–272, 272*f*  
healthy work environment (*see* Healthy work environment)  
high reliability organizations, 270–271, 270*t*, 271*f*
- Workforce engagement (*Continued*)  
Magnet® and pathway to Excellence® recognition, 281–282  
nursing, collective action, collective bargaining, and unionization in, 282–283  
professional practice responsibility, 278–281  
workplace advocacy, engagement, and empowerment, 277–278, 278*b*
- Workload, 246  
calculation (total required patient care hours), 426*t*
- Workplace advocacy, 277–278, 278*b*
- Workplace stressors, 273
- Workplace stress prevention, 115–116
- Workplace violence, 108–109, 275–276  
negative impacts of, 273*b*  
nurse managers in, 499–501
- Work-related situations, Situational Leadership styles (impact), 322–323
- Work-related stress, 113–114  
burnout, 113–114
- Workshops, in data collection, 481*t*
- World Health Organization (WHO), 85, 104
- Z**
- Zero tolerance, for workplace violence, bullying and incivility, 275–276
- Zoomers, 106