

# Enhancing Collaborative Partnerships Through Nurse Leadership Development

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## BACKGROUND

In the current chaotic and evolving health care environment, leadership competency and skills are necessary in order to build a safer health care system. Nurses are ideally placed to drive practice innovation, quality improvement and effective care delivery, which require leadership.

However, there are inconsistencies in leadership development among different nursing practice and academic settings. Both novice and expert nurse leaders often find their roles frustrating and stressful due to situations that strain their leadership abilities. They feel like they do not always have the knowledge, support, training to be successful in their positions.

The Institute of Medicine (2010) Future of Nursing Committee recommended to prepare the nursing workforce to assume leadership positions at every level. This aligns with the American Association of Colleges of Nursing/American Organization of Nurse Leader (AACN-AONL) guiding principles. According to AACN-AONE, academic/practice partnerships are an important tool to strengthen nursing practice and help nurses be prepared to lead change and help to advance healthcare.

One of AACN-AONE's guiding principles addresses the opportunities for nurses to collaborate through inter-professional leadership development programs to help redesign practice environments and to improve outcomes. The lack of these partnerships between academia and practice settings, and the inconsistencies in programs geared towards leadership development, may be a contributing factor to the shortage of leadership development opportunities in nursing.

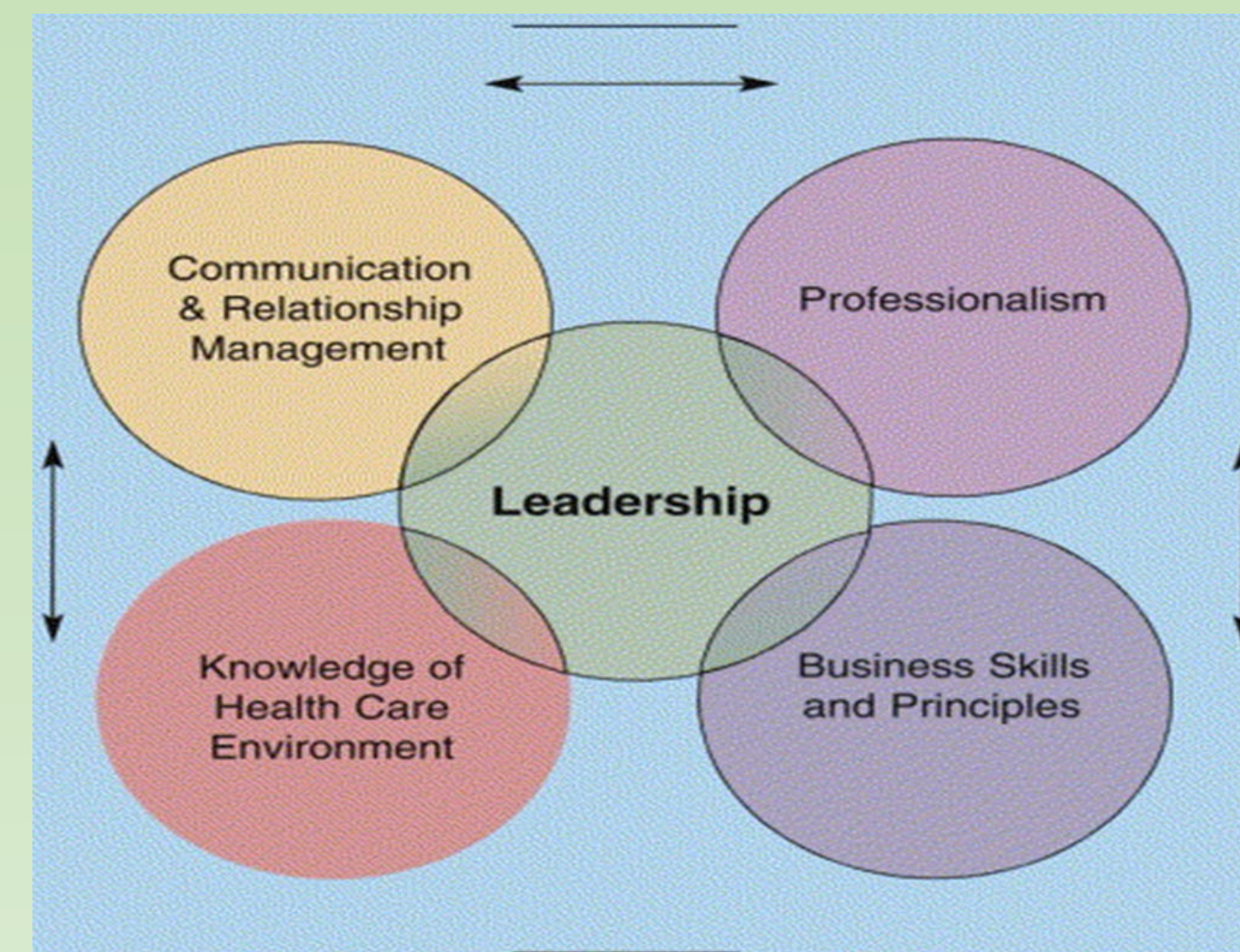
## OBJECTIVES

1. To review leadership development opportunities in different settings including academic, clinical practice and community health.
2. Identify a leadership development framework that could be used to help develop competencies for nurse leaders in all settings.
3. To recommend opportunities to enhance collaborative partnerships for leadership development.

## LEADERSHIP COMPETENCY MODELS

Different leadership development models were explored in order to identify a possible solution for a more consistent competency structure for leadership development.

The AONL Nurse Executive Competencies detail the skills knowledge and abilities that guide the practice of nurse leaders in executive practice regardless of their educational level, title or setting



The competencies are captured in a model developed by the Healthcare Leadership Alliance in 2004. Members of the Alliance include AONE, the American College of Healthcare Executives, American College of Physician Executives, Healthcare Financial Management Association, Healthcare Information and Management Systems Society and Medical Group Management Association.

## OUTCOMES

- Leadership development initiatives across all 3 settings are inconsistent.
- Leadership courses are included in curricula for BSN, MSN, DNP, PhD programs. Not included in ADN programs.
- Opportunities for collaborative partnerships among academia, clinical practice and the community are few, if any and limited to other initiatives other than leadership development.
- Nurse Residency Program contains curriculum that focuses on developing interprofessional communication skills and managing conflict however it may be the first time that AD nurses have heard the topic.
- Academic institutions sponsor mentor program for nursing faculty with peers in leadership positions.
- Professional development workshops not widely supported by all organizations due to budgetary restraints.
- Schools of nursing offer faculty assistance and support for state scholarship applications e.g. Maryland State NSP II scholarships and grants.
- Some community health settings offer training for leaders but not specific to nursing. No formal development programs offered in others and nurse leaders are left to find own formal development.
- One acute care hospital offers more formalized training for nurse leaders which includes a two different opportunities. These opportunities bring leaders together from across the health system to support growth and development in participants' current roles, and to prepare them for opportunities that may lead to roles with greater responsibilities. They have also developed competencies for emerging leaders which focuses on team leadership and how to be leaders in change and business in a patient focused environment.

## RECOMMENDATIONS

- Establish practice leadership positions to link academic nursing faculty to clinical practice or community health leadership and vice-versa. For example, the director of nursing in a county health department may also hold a faculty position in a school of nursing. Having nursing faculty in a practice leadership role may help to foster a culture of lifelong learning and also enhance the education of nurses in that practice setting.
- Create nursing leadership development programs for faculty, clinical practice nurses, and nurses in community health that are jointly managed by the school of nursing, clinical practice and public health agency. It is important to identify, mentor, and support promising nurses for leadership positions in nursing faculty, clinical practice and community health. Bringing leaders from all settings together will help in exchange of knowledge and skills that will promote the nursing profession.
- Expand nurse-led community programs under the leadership of collaborative partnerships with nurses from all three settings. This will improve health of the community through increased availability of services, research and securing funding for the programs.
- Encourage nurse leaders across all settings to expand their role as community leaders by seeking key board positions and partnering with community/public health organizations. This will provide additional opportunities for developing leadership skills and competencies as well as develop a community presence to highlight the work nurses do.
- Develop a statewide Leadership Residency similar to the Nursing Graduate Residency. This would provide consistent competencies to ensure leaders are reaching certain benchmarks in their performance. This would also allow for opportunities to bring other leaders together to improve health outcomes.

## REFERENCES

- AACN: Advancing Healthcare Transformation- A New Era for Academic Nursing <http://www.aacnnursing.org/Portals/42/Publications/AACN-New-Era-Report.pdf>
- American Organization for Nurse Leaders: Nurse Executive Competencies: <http://aonl.org>
- Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press; 2010.
- Selanders, L.C. & Crane, P.C. (2012). The Voice of Florence Nightingale on Advocacy. *The Online Journal of Issues in Nursing*, 17. <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No1-Jan-2012/Florence-Nightingale-on-Advocacy.html>
- The Maryland Nurse Support Program. (2019). <https://nursesupport.org/nurse-support-program-ii/about-nsp-ii/>
- Weston, M. J., Falter, B., Lamb, G.S., Mahon, G., Malloch, K., Provan, K. G., ....& Werbylo, L. (2008). Health Care Leadership Academy: A Statewide Collaboration to Enhance Nursing Leadership Competencies. *The Journal of Continuing Education in Nursing*, 39(10), 468-472.

## The Stairstep Leadership Development Model

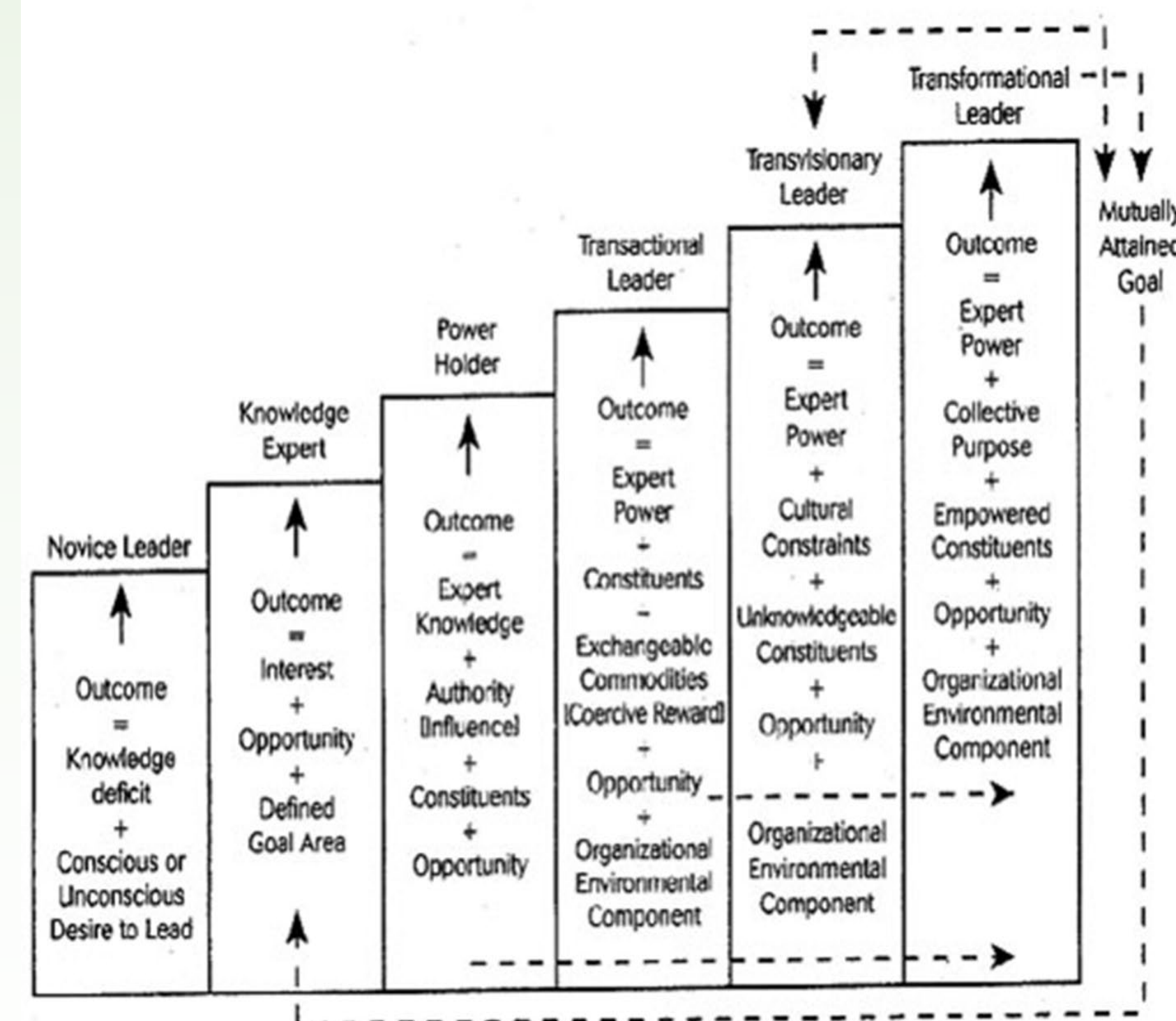


Figure: The Leadership Development Model. ©Selanders, 2000. Reproduced with permission of the publisher.

(Selanders & Crane, 2012)



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