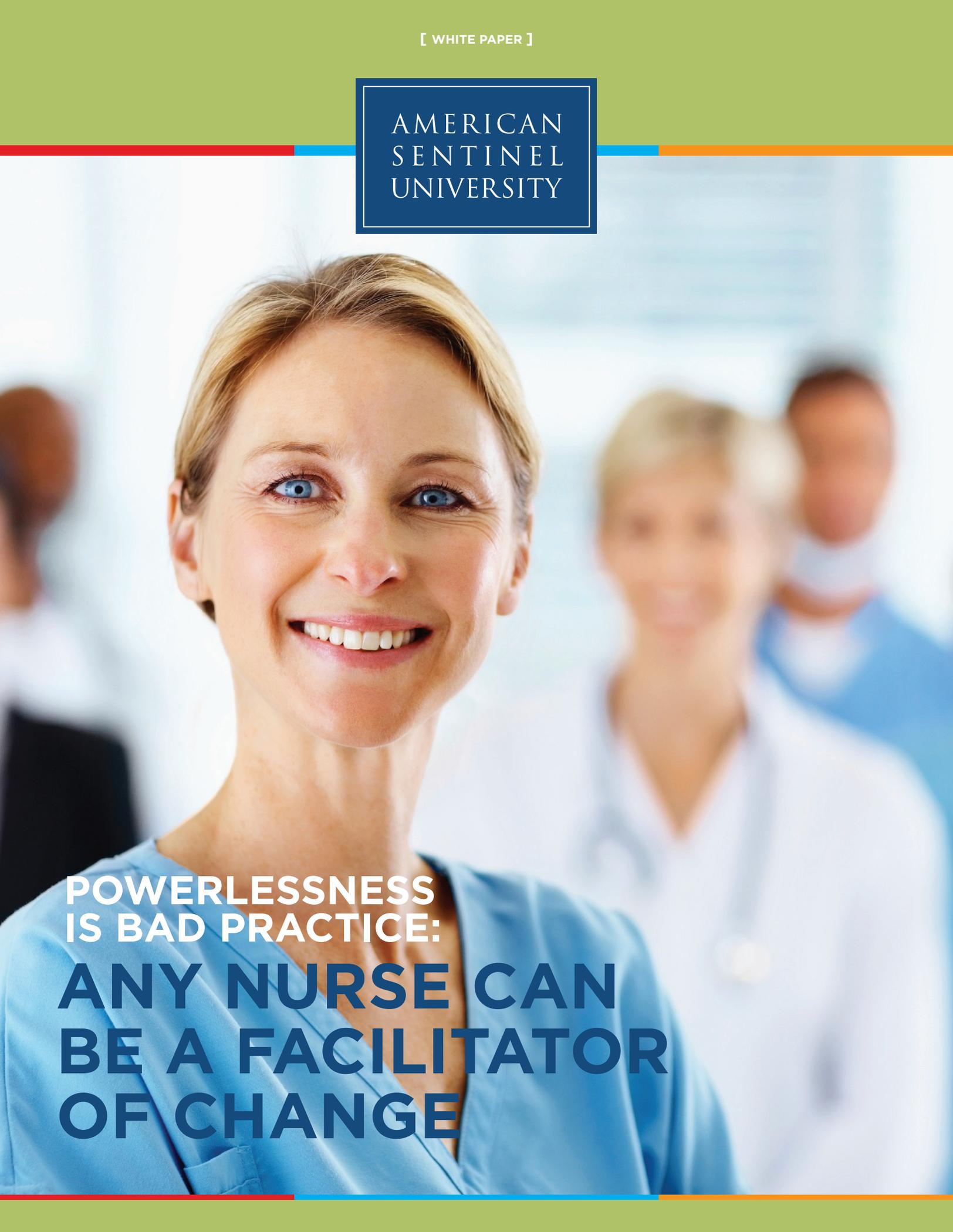


AMERICAN
SENTINEL
UNIVERSITY



**POWERLESSNESS
IS BAD PRACTICE:
ANY NURSE CAN
BE A FACILITATOR
OF CHANGE**

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THIS PAPER
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Change is said to be inevitable, one of the few things in life we can count on. For healthcare in particular, this is an era of constant transformation. Factors like the new reform legislation, emerging technologies, evolving standards of evidence-based care, an aging population, and even negative events like staff shortages all require a commitment to keep up with changing circumstances.

Most healthcare organizations have compliance programs in place to deal with government-mandated change. Many also have some sort of process improvement plan that functions at the management level, with goals of reducing costs, enhancing efficiency, and improving patient care by correcting bottlenecks and other workflow problems. But how much input comes directly from staff nurses? And as a nurse, where do you fit into all of this? How can you help to drive the process of change?

This paper will dispel the myth of powerlessness that is pervasive in nursing, and will demonstrate that every nurse can be a leader. It will describe how leadership skills are broader than management skills, and how

staff nurses who have a vision can develop a strategy around that vision to bring about change. And it will furnish concrete examples as to how formal nursing education, like the Capstone Project course at American Sentinel University, can empower nurses – and how empowered nurses are making a difference in healthcare settings around the country.

THE PROBLEM OF POWERLESSNESS

Surveys show that a significant number of staff nurses feel powerless in their jobs, unable to act autonomously or even speak up about concerns or suggestions. Some of this is rooted in the historical view of nursing as “women’s work” within a patriarchal medical hierarchy. But current standards of nursing education and training are contributing factors to a sense of powerlessness as well.

Nurses are well educated in clinical skills. They know what to do at the bedside, how to perform patient assessments, and how to use complex equipment and technology. Yet during their education, nurses often receive no training in leadership skills (in

THERE'S A POSITIVE TREND TOWARD WORKPLACE PRACTICES THAT EMPOWER NURSES.

contrast, leadership principles are routinely taught in business schools and other types of vocational programs). Leadership training is known to foster self-confidence, enhance communication skills, and create a sense of personal empowerment. In addition, more than 50% of nurses today hold only a diploma or basic Associate degree, and this lack of a full college education may be contributing to their state of powerlessness as well.

The problem with powerlessness within the nursing profession is clear: it creates job dissatisfaction, stress, and burnout. It can lead to ineffective nursing that compromises patient safety or the nurse's role as patient advocate. And it's incompatible with today's increasing emphasis on multi-disciplinary care teams, where collaboration is key.

Fortunately, there's a positive trend toward workplace practices that empower nurses. And as a staff nurse, there are ways you can learn to empower yourself and become a facilitator of change. You can develop leadership skills through traditional forms of nursing education, as well as through more informal activities, and these will be covered later in this paper. But first, let's cover the basics. Why should you, as a staff nurse, care about speaking up to initiate change?

WHY NURSES MUST SPEAK UP

In the corporate world, organizational studies have found that successful process improvement plans often come not from top management, but from engaged employees who feel like stakeholders in the processes being targeted for change. There's no reason why this shouldn't apply to healthcare as well. Aren't you a stakeholder in the processes that affect patient safety, efficient workflows, and your own job satisfaction? You don't have to be a manager to assert the need for changes – even staff nurses can step forward to identify activities that can improve patient care or help the unit run more smoothly. And there are compelling reasons why staff nurses should make their voices heard:



- As frontline care providers, nurses have the most direct knowledge of the practices that drive patient satisfaction and well-being. They need to be able to articulate these insights to administrators that may lack such first-hand data. As basic as it sounds, this transfer of knowledge between organizational levels is often the first step toward bringing a new practice or technology into consistent use within a clinical setting.
- Because healthcare resources are limited and because there is waste in the system, nurses must be good stewards of existing resources – including medical supplies, human resources, and capital equipment. Nurses can, and should, help shape evidence-based practice where resources are concerned – even when it's as simple as suggesting procedural changes that can save time and steps.
- The American Nurses Association (ANA) Nursing Code of Ethics specifically states that nurses are responsible for continuously enhancing the quality and effectiveness of nursing practice. In other words, it is simply not ethical for nurses not to speak up with suggestions or concerns.

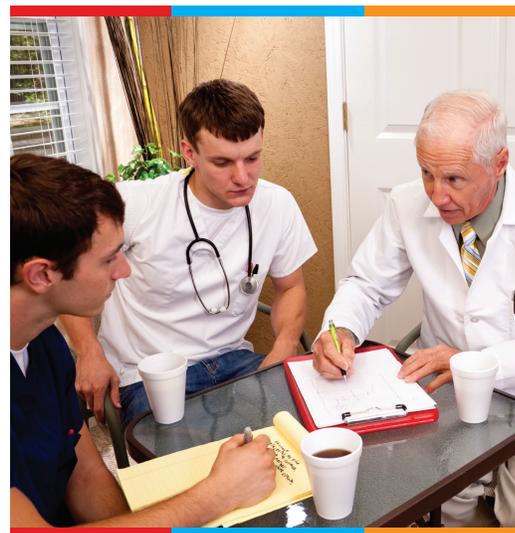
THE ABILITY TO FACILITATE CHANGE IS AN IMPORTANT LEADERSHIP SKILL, AND YOU DON'T HAVE TO BE A NURSE MANAGER TO POSITION YOURSELF AS A LEADER.

BUILDING LEADERSHIP SKILLS AT ANY LEVEL

The ability to facilitate change is an important leadership skill, and you don't have to be a nurse manager to position yourself as a leader. Leadership can be broadly defined as the process by which an individual influences other individuals in a group to accomplish key goals, while directing that group in ways that make it function more cohesively. When staff nurses take this view of leadership, it's possible for them to demonstrate leadership abilities by working productively within their unit and expressing enthusiasm for unit goals.

Specific ways to demonstrate and develop leadership ability include:

- **Education.** There is a wealth of available information about leadership and change management. You can tap into it by taking courses or reading widely about the topics. Formal nursing education is another good option – if you have an Associate degree in nursing, consider going to school for a Bachelor's degree in nursing. If you already have a Bachelor's degree, consider going for a Master's degree.
- **Governance.** Some hospitals actively recruit staff nurses to sit on committees or provide input regarding the policies that affect patient care. If your hospital uses such a system of shared governance, get involved.
- **Knowledge transfer.** It helps to have a mentor within your organization – this can connect you with a more experienced nurse who can share knowledge with you. You can also develop leadership skills outside the workplace by volunteering for a community group, where you're likely to have contact with a wide variety of people from many different industries.
- **Professional associations.** This is another excellent way to gain both clinical knowledge and leadership skills by putting you in contact with more experienced nurses, as well as nurse managers and administrators.



If you're passionate about your role as a staff nurse, you have the ability to emerge as a leader and a facilitator of change. Many hospitals are making an effort to empower staff nurses – and there are compelling reasons to do so.

MAGNET HOSPITALS: HOW EMPOWERING NURSES AFFECTS THE BOTTOM LINE

The “Magnet” designation for hospitals was established in 1994. It's an award given by the American Nurses Credentialing Center (ANCC) to hospitals that meet a set of criteria regarding the quality of nursing practice. The Center for Nursing Advocacy states that:

A Magnet hospital is stated to be one where nursing delivers excellent patient outcomes, where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution.

More importantly, the Magnet designation indicates that a hospital has made a significant investment in empowering staff nurses:

Magnet status is also said to indicate nursing involvement in data collection and decision-making in patient care delivery. The idea is that Magnet nursing leaders value staff nurses, involve

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them in shaping research-based nursing practice, and encourage and reward them for advancing in nursing practice.

This environment of shared governance and empowered nurses has been proven to result in specific bottom-line benefits. Nursing staff turnover is low, because nurses enjoy competitive salaries, flexible scheduling options, and support for continuing education, as well as organization-wide respect. Perhaps more importantly, a Gallup study has determined that the level of nursing engagement at a facility is a reliable predictor of mortality and complication rates – and research reveals that nurses at Magnet hospitals are significantly more engaged in their work than nurses at other hospitals.

The ANCC encourages all nurses to learn more about Magnet principles, and it offers a list of resources online (<http://www.nursecredentialing.org/Magnet/ResourceCenters.aspx>).

ANOTHER INITIATIVE FOR CHANGE: TRANSFORMING CARE AT THE BEDSIDE

Magnet hospitals are not the only healthcare organizations that are investing in programs that empower nurses. Transforming Care at the Bedside (TCAB) is an improvement initiative that began in 2003 as a pilot program at three hospitals. Today, more than 60 hospitals have a TCAB initiative. The Robert Wood Johnson Foundation (www.rwjf.org), which funded the pilot program, explains the unique ways in which TCAB can empower staff nurses to be facilitators of change:

TCAB takes a unique approach to addressing quality of care issues by supporting nurses and other front-line staff to develop their own interventions, design new processes and adapt ideas from staff that improve care. This is a bottom-up, team-based approach to achieving quality rather than a top-down approach.



Several characteristics distinguish TCAB from other quality improvement initiatives. First, TCAB engages the hearts and minds of front-line staff and unit managers in improving care processes. With TCAB, new ideas for transforming the way care is delivered don't come solely from hospital leaders or the quality improvement department, but from front-line nurses and other care team members—the people who spend the most time with patients and their families.

If you're a staff nurse, one of the easiest ways you can begin to facilitate change is to propose that your unit start its own TCAB pilot program. You can find an online toolkit at <http://www.rwjf.org/qualityequality/product.jsp?id=30051>. The toolkit clearly outlines suggested methods for testing the impact of small changes, then implementing them on a wider scale.

EDUCATION IN ACTION: THE CAPSTONE PROJECT AT AMERICAN SENTINEL UNIVERSITY

Initiation and management of change is an essential part of leadership. In recognition of this, American Sentinel University is committed to empowering nurses through leadership-oriented education. The Capstone Project, an exercise in applied learning, is one example.



**CAPSTONE
PROJECT:
STUDENTS GET
HANDS-ON
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MANAGEMENT.**

The Capstone Project is a required course for working RNs who are studying to receive a Bachelor of Science in Nursing (BSN) degree. Participating students will develop a change management project that applies to their actual workplace or community. For example, it could involve developing a new service, re-designing an existing service, or implementing a Joint Commission Quality Improvement project. Along the way, students get hands-on practice with all stages of change management, including communicating their vision, developing a budget, supporting the plan with research, engaging other stakeholders in the change, and designing evaluation measures.

For example, Alison Snow is a BSN student who is employed as a school nurse in New Jersey. In her Capstone Project, she addressed the ways the community's healthcare system was failing large numbers of the children in her school, particularly the poor. She writes:

The author in her capacity as school nurse noted that among these children there was an increased absentee and tardiness rate, an increased number of children presenting to the school nurse office with minor conditions that had been left untreated, as well as many chronic conditions that were receiving inadequate healthcare management. In addition, many children were not receiving regular physical examinations and were not up-to-date with immunizations, while others were missing school for doctors' appointments.

[A CASE STUDY]

**STAFF NURSES AS
FACILITATORS OF
CHANGE**

Nurses at the M.D. Anderson Cancer Center in Houston have successfully used the TCAB program to implement several process changes. Front-line staff nurses were encouraged to generate ideas and then test the most promising of them. The tests didn't have to be extensive – in some cases, testing began with one nurse trying out an idea during one shift. If the process seemed to work, the nurse could share the idea, recruiting others to help test it on a wider scale.

As a result of TCAB, several nurse-generated ideas for change have been implemented throughout the hospital – including a new process to manage patient handoffs during shift changes. Under the old process, nurses often spent up to an hour updating the incoming shift on the patient's conditions. Now, a standardized, computerized shift report can be completed in less than 20 minutes.

Another very small change was placing whiteboards in all patient rooms. These are updated daily with the names of the caregivers on duty that day and a photo of each one. Now, patients and their family members can easily recognize the members of their care team – a patient-centered change that's easily recognized as a benefit by staff nurses, but was unlikely ever to be targeted by top management.

Healthcare facilities often use the term “change management” to refer to the art and science of implementing changes not only to work tasks, but to the culture of an organization.

Change management involves the application of many different ideas from the fields of healthcare, business and psychology.

Alison’s proposal for addressing these problems involved creating a school-based health center (SBHC) that would complement existing health and social services within the school and the larger community. SBHC staff would work collaboratively with the school nurse, social workers and guidance counselors. Alison had very specific goals regarding outcomes (including to reduce by 60% the use of the emergency room for minor conditions), and she had a strong plan for creating an advisory board, performing a community needs assessment, and procuring funding through grants.

Another student, Melveta Hill, devised a detailed program for improving pain management procedures among post-operative patients in the hospital where she works. She drew heavily on published research that described best practices for optimizing pain management for the individual patient, ensuring safety, minimizing side effects, maintaining ease of use for staff and patients, and reducing complications. The end result

was an innovative plan that involved all key stakeholders: patients, surgeons, staff nurses, anesthesiologists, pharmacists, case managers, and nurse managers.

Not all of the Capstone students are actually able to get their projects implemented at their workplace. Regardless, the act of creating and communicating a powerful vision for change raises their visibility within the organization and brings their leadership skills to their employer’s attention. These nurses are positioning themselves as proactive innovators, which not only helps them in their own careers, but raises the status of the nursing profession as a whole.

As a staff nurse, you too, are encouraged to take a broader view of how nurses and nursing as a profession can lead in the creation of a new future.

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CATHERINE GARNER, DrPH, MSN, MPA, RN, FAAN

Dr. Catherine Garner serves as both Provost of the University and Dean of Health Sciences and Nursing. Her career includes senior leadership positions in both industry and academics. Dr. Garner was formerly the Provost / Dean of the International University of Nursing in St. Kitts/ Nevis, where she participated in improving the lives of Caribbean residents with student and faculty initiatives. Previously, she was the Dean of Health Sciences and Nursing at the University of Phoenix and has held faculty roles at the University of Missouri-Kansas City, the University of North Carolina - Chapel Hill, and Vanderbilt University.

Dr. Garner's career spans many roles, including infertility nursing, home care administration, Medicare managed care programs, and expert testimony before Congress and state legislatures. She has done ground-breaking work in expanding outreach in women's health among Hispanic and Native Americans in the southwest United States.

She holds Bachelor's and Master's degrees in nursing from Vanderbilt University, a Master's in Public Administration from the University of Tennessee, and a doctorate in Public Health Policy and Administration from the University of North Carolina - Chapel Hill – the highest ranking school of Public Health in the U.S. While there, she had a Department of Health and Human Services (DHHS) fellowship in Public Health Leadership.

Dr. Garner is a graduate of the Robert Wood Johnson Executive Nurse Fellowship Program and is a fellow in the American Academy of Nursing, a society into which only 1,800 out of 2.8 million nurses have been elected. She has been a consultant in Central America, the People's Republic of China, Germany and Canada.

ABOUT AMERICAN SENTINEL UNIVERSITY

American Sentinel University is an accredited online university specializing in healthcare degrees. Our CCNE-accredited Bachelor and Master of Science in Nursing degree programs offer relevant, real-world education mapped to the Quality and Safety Education for Nurses (QSEN) guidelines. We also offer an online practice-focused Doctor of Nursing Practice (DNP) in Executive Leadership as well as healthcare business, informatics, and health systems management degree programs.

With no classrooms, flexible study, low tuition rates and personal support from advisors, faculty and staff, American Sentinel has earned an excellent reputation for highly respected nursing degrees. Terms and semesters start monthly, and each eight-week course comprises a mix of competency-based learning, real-world relevance, and a flexible format. American Sentinel courses are taught by faculty with extensive working knowledge in nursing and healthcare.

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