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NINTH EDITION

Leadership Roles and Management Functions in Nursing

THEORY AND APPLICATION



BESSIE L. MARQUIS | CAROL J. HUSTON

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Leadership Roles and Management Functions in Nursing

THEORY AND APPLICATION

*I dedicate this book to the two most important
partnerships in my life: my husband, Don Marquis,
and my colleague, Carol Huston.*

Bessie L. Marquis

*I dedicate this book to my husband Tom,
who has stood by my side for almost 45 years. I love you.*

Carol Jorgensen Huston

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PREFACE

Legacy of Leadership Roles and Management Functions in Nursing

This book's philosophy has evolved over 35 years of teaching leadership and management. We entered academe from the acute care sector of the health-care industry, where we held nursing management positions. In our first effort as authors, *Management Decision Making for Nurses: 101 Case Studies*, published in 1987, we used an experiential approach and emphasized management functions appropriate for first- and middle-level managers. The primary audience for this text was undergraduate nursing students.

Our second book, *Retention and Productivity Strategies for Nurse Managers*, focused on leadership skills necessary for managers to decrease attrition and increase productivity. This book was directed at the nurse-manager rather than the student. The experience of completing research for the second book, coupled with our clinical observations, compelled us to incorporate more leadership content in our teaching and to write this book.

Leadership Roles and Management Functions in Nursing was also influenced by national events in business and finance that led many to believe that a lack of leadership in management was widespread. It became apparent that if managers are to function effectively in the rapidly changing health-care industry, enhanced leadership and management skills are needed.

What we attempted to do, then, was to combine these two very necessary elements: leadership and management. We do not see leadership as merely one role of management nor management as only one role of leadership. We view the two as equally important and necessarily integrated. We have attempted to show this interdependence by defining the leadership components and management functions inherent in all phases of the management process. Undoubtedly, a few readers will find fault with our divisions of management functions and leadership roles; however, we felt it was necessary first to artificially separate the two components for the reader, and then to integrate the roles and functions. We do believe strongly that adoption of this integrated role is critical for success in management.

The second concept that shaped this book was our commitment to developing critical thinking skills through the use of experiential learning exercises. We propose that integrating leadership and management can be accomplished through the use of learning exercises. The majority of academic instruction continues to be conducted in a teacher-lecturer–student-listener format, which is one of the least effective teaching strategies. Few individuals learn best using this style. Instead, most people learn best by methods that utilize concrete, experiential, self-initiated, and real-world learning experiences.

In nursing, theoretical teaching is almost always accompanied by concurrent clinical practice that allows concrete and real-world learning experience. However, the exploration of leadership and management theory may have only limited practicum experience, so learners often have little first-hand opportunity to observe middle- and top-level managers in nursing practice. As a result, novice managers frequently have little chance to practice their skills before assuming their first management position, and their decision making thus often reflects trial-and-error methodologies. For us, then, there is little question that vicarious learning, or learning through mock experience, provides students the opportunity to make significant leadership and management decisions in a safe environment and to learn from the decisions they make.

Having moved away from the lecturer–listener format in our classes, we lecture for only a small portion of class time. A Socratic approach, case study debate, and small and large group problem solving are emphasized. Our students, once resistant to the experiential approach, are

now enthusiastic supporters. We also find this enthusiasm for experiential learning apparent in the workshops and seminars we provide for registered nurses. Experiential learning enables management and leadership theory to be fun and exciting, but most important, it facilitates retention of didactic material. The research we have completed on this teaching approach supports these findings.

Although many leadership and management texts are available, our book meets the need for an emphasis on both leadership and management and the use of an experiential approach. More than 280 learning exercises, representing various health-care settings and a wide variety of learning modes, are included to give readers many opportunities to apply theory, resulting in internalized learning. In Chapter 1, we provide guidelines for using the experiential learning exercises. We strongly urge readers to use them to supplement the text.

New to This Edition

The first edition of *Leadership Roles and Management Functions in Nursing* presented the symbiotic elements of leadership and management, with an emphasis on problem solving and critical thinking. This ninth edition maintains this precedent with a balanced presentation of a strong theory component along with a variety of real-world scenarios in the experiential learning exercises.

Responding to reviewer recommendations, we have added and deleted content. In particular, we have attempted to strengthen the leadership component of the book while maintaining a balance of management content. We have also attempted to increase the focus on quality and safety as well as health-care finance, and used outpatient/community settings as the location for more learning exercises.

We have also retained the strengths of earlier editions, reflecting content and application exercises appropriate to the issues faced by nurse leader-managers as they practice in an era increasingly characterized by limited resources and emerging technologies. The ninth edition also includes contemporary research and theory to ensure accuracy of the didactic material.

Additional content that has been added or expanded in this edition includes the following:

- 26 new learning exercises, further strengthening the problem-based element of this text.
- Over 200 displays, figures, and tables (17 of which are new) help readers visualize important concepts, whereas photographs of nurses in leadership and management situations help students relate concepts to real-world practice.
- An expanded focus on evidence-driven leadership and management decision making
- Time management and productivity apps
- Newer care delivery models focused on ambulatory care and outpatient settings (primary care nurse coordinator in medical homes, nurse navigators, clinical nurse leaders [CNLs], leaders in patient-centered care)
- Impact of the 2010 *Patient Protection and Affordable Care Act* (PPACA) on quality and health-care finance in this country
- The shifting in health-care reimbursement from *volume* to *value*
- Personality testing as an employment selection tool
- Electronic health records and meaningful use
- Reflective practice and the assessment of continuing competency
- Civility, healthy workplaces, and bullying
- Interprofessional collaboration and workgroups
- Working with diverse workforces and patient populations
- Social media and organizational communication
- New quality Initiatives put forth by the Centers for Medicare & Medicaid Services, The Joint Commission, and other regulatory bodies

- Sentinel events
- Lean Six Sigma methodologies
- Medication reconciliation
- Self-appraisal, peer review, and 360-degree evaluation as performance appraisal tools

The Text

Unit I provides a foundation for the decision-making, problem-solving, and critical-thinking skills as well as management and leadership skills needed to address the management–leadership problems presented in the text.

Unit II covers ethics, legal concepts, and advocacy, which we see as core components of leadership and management decision making.

Units III–VII are organized using the management processes of planning, organizing, staffing, directing, and controlling.

Features of the Text

The ninth edition contains many pedagogical features designed to benefit both the student and the instructor:

- **Examining the Evidence**, appearing in each chapter, depicts new research findings, evidence-based practice, and best practices in leadership and management.
- **Learning Exercises** interspersed throughout each chapter foster readers' critical-thinking skills and promote interactive discussions. Additional learning exercises are also presented at the end of each chapter for further study and discussion.
- **Breakout Comments** are highlighted throughout each chapter, visually reinforcing key ideas.
- **Tables, displays, figures, and illustrations** are liberally supplied throughout the text to reinforce learning as well as to help clarify complex information.
- **Key Concepts** summarize important information within every chapter.

The Crosswalk

A crosswalk is a table that shows elements from different databases or criteria that interface. New to the eighth edition was a chapter crosswalk of content based on the American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), the AACN *Essentials of Master's Education in Nursing* (2011), the American Organization of Nurse Executives (AONE) *Nurse Executive Competencies* (updated September 2015), and the *Quality and Safety Education for Nurses (QSEN) Competencies* (2014). For this edition, the newly revised Standards for Professional Performance from the American Nurses Association (ANA) *Nursing Scope and Standards of Practice* (2015) have been included. This edition, then, attempts to show how content in each chapter draws from or contributes to content identified as essential for baccalaureate and graduate education, for practice as a nurse administrator, and for safety and quality in clinical practice.

In health care today, baccalaureate education for nurses is being emphasized as of increasing importance, and the number of RN-MSN and BSN-PhD programs is always increasing. Nurses are being called on to remain lifelong learners and move with more fluidity than ever before. For these reasons, this textbook includes mapping to Essentials, Competencies, and Standards not only at the baccalaureate level but also at the master's and executive levels, so that nurses may become familiar with the competencies expected as they continue to grow in their careers.

Without doubt, some readers will disagree with the author's determinations of which Essential, Competency, or Standard has been addressed in each chapter, and certainly, an

argument could be made that most chapters address many, if not all, of the Essentials, Competencies, or Standards in some way. The crosswalks in this book then are intended to note the primary content focus in each chapter, although additional Essentials, Competencies, or Standards may well be a part of the learning experience.

The American Association of Colleges of Nursing Essentials of Baccalaureate Education for Professional Nursing Practice

The AACN *Essentials of Baccalaureate Education for Professional Nursing Practice* (commonly called the BSN Essentials) were released in 2008 and identified the following nine outcomes expected of graduates of baccalaureate nursing programs (Table 1). Essential IX describes generalist nursing practice at the completion of baccalaureate nursing education and includes practice-focused outcomes that integrate the knowledge, skills, and attitudes delineated in Essentials I to VIII. Achievement of the outcomes identified in the BSN Essentials will enable graduates to practice within complex health-care systems and to assume the roles of provider of care; designer/manager/coordinator of care; and member of a profession (AACN, 2008) (Table 1).

TABLE 1 AMERICAN ASSOCIATION OF COLLEGES OF NURSING ESSENTIALS OF BACCALAUREATE EDUCATION FOR PROFESSIONAL NURSING PRACTICE

<p>Essential I: Liberal education for baccalaureate generalist nursing practice</p> <ul style="list-style-type: none">• A solid base in liberal education provides the cornerstone for the practice and education of nurses. <p>Essential II: Basic organizational and systems leadership for quality care and patient safety</p> <ul style="list-style-type: none">• Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high-quality health care. <p>Essential III: Scholarship for evidence-based practice</p> <ul style="list-style-type: none">• Professional nursing practice is grounded in the translation of current evidence into one's practice. <p>Essential IV: Information management and application of patient-care technology</p> <ul style="list-style-type: none">• Knowledge and skills in information management and patient-care technology are critical in the delivery of quality patient care. <p>Essential V: Health-care policy, finance, and regulatory environments</p> <ul style="list-style-type: none">• Health-care policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the health-care system and thereby are important considerations in professional nursing practice. <p>Essential VI: Interprofessional communication and collaboration for improving patient health outcomes</p> <ul style="list-style-type: none">• Communication and collaboration among health-care professionals are critical to delivering high quality and safe patient care. <p>Essential VII: Clinical prevention and population health</p> <ul style="list-style-type: none">• Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice. <p>Essential VIII: Professionalism and professional values</p> <ul style="list-style-type: none">• Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing. <p>Essential IX: Baccalaureate generalist nursing practice</p> <ul style="list-style-type: none">• The baccalaureate graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of health-care environments.• The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of health-care resources inherent in caring for patients.

The American Association of Colleges of Nursing Essentials of Master's Education in Nursing

The AACN *Essentials of Master's Education in Nursing* (commonly called the MSN Essentials) were published in March 2011 and identified the following nine outcomes expected of graduates of master's nursing programs, regardless of focus, major, or intended practice setting (Table 2). Achievement of these outcomes will prepare graduate nurses to lead change to improve quality outcomes, advance a culture of excellence through lifelong learning, build and lead collaborative interprofessional care teams, navigate and integrate care services across the health-care system, design innovative nursing practices, and translate evidence into practice (AACN, 2011).

TABLE 2 AMERICAN ASSOCIATION OF COLLEGES OF NURSING ESSENTIALS OF MASTER'S EDUCATION IN NURSING

Essential I: Background for practice from sciences and humanities

- Recognizes that the master's-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.

Essential II: Organizational and systems leadership

- Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems perspective.

Essential III: Quality improvement and safety

- Recognizes that a master's-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

Essential IV: Translating and integrating scholarship into practice

- Recognizes that the master's-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.

Essential V: Informatics and health-care technologies

- Recognizes that the master's-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.

Essential VI: Health policy and advocacy

- Recognizes that the master's-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.

Essential VII: Interprofessional collaboration for improving patient and population health outcomes

- Recognizes that the master's-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.

Essential VIII: Clinical prevention and population health for improving health

- Recognizes that the master's-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.

Essential IX: Master's level nursing practice

- Recognizes that nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences health-care outcomes for individuals, populations, or systems. Master's-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.

The American Organization of Nurse Executives Nurse Executive Competencies

In 2004 (updated in 2015), the AONE published a paper describing skills common to nurses in executive practice regardless of their educational level or titles in different organizations. While these *Nurse Executive Competencies* differ depending on the leader’s specific position in the organization, the AONE suggested that managers at all levels must be competent in the five areas noted in Table 3 (AONE, 2015). These competencies suggest that nursing leadership/management is as much a specialty as any other clinical nursing specialty, and as such, it requires proficiency and competent practice specific to the executive role.

The American Nurses Association Standards of Professional Performance

In 2015, ANA published six *Standards of Practice* for Nursing Administration as well as eleven *Standards of Professional Performance*. These standards describe a competent level of nursing practice and professional performance common to all registered nurses (Table 4). Because the *Standards of Practice* for nursing administration describe the nursing process and thus cross all aspects of nursing care, only the *Standards of Professional Performance* have been included in the crosswalk of this book (Table 4).

The Quality and Safety Education for Nurses Competencies

Using the Institute of Medicine (2003) competencies for nursing, the QSEN Institute (2014; Cronenwett, 2007) defined six prelicensure and graduate quality and safety competencies for nursing (Table 5) and proposed targets for the knowledge, skills, and attitudes to be developed in nursing programs for each of these competencies. Led by a national advisory board and distinguished faculty, QSEN pursues strategies to develop effective teaching approaches to assure that future graduates develop competencies in patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics.

TABLE 3 AMERICAN ORGANIZATION OF NURSE EXECUTIVES NURSE EXECUTIVE COMPETENCIES	
1. Communication and relationship building	<ul style="list-style-type: none">• Communication and relationship building includes effective communication, relationship management, influencing behaviors, diversity, community involvement, medical/staff relationships, and academic relationships.
2. Knowledge of the health-care environment	<ul style="list-style-type: none">• Knowledge of the health-care environment includes clinical practice knowledge, delivery models and work design, health-care economics and policy, governance, evidence-based practice/outcome measurement and research, patient safety, performance improvement/metrics, and risk management.
3. Leadership	<ul style="list-style-type: none">• Leadership skills include foundational thinking skills, personal journey disciplines, systems thinking, succession planning, and change management.
4. Professionalism	<ul style="list-style-type: none">• Professionalism includes personal and professional accountability, career planning, ethics, and advocacy.
5. Business skills	<ul style="list-style-type: none">• Business skills include financial management, human resource management, strategic management, and information management and technology.