

Compendium of Leadership Topics

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Compendium of Leadership Topics

Effective leadership is a cornerstone of effective nursing practice. It allows nurses to carry out the care of patients in a way that allows for quality in care, producing the best possible outcomes for patients. Many different aspects make up what drives individuals and what makes an organization and its people successful. Leadership makes the biggest impact on organizations. This paper will focus on various components of nursing, healthcare, and the organization on a whole, and how both good and bad leadership can affect those areas. Topics that will be explored include organizational climate and culture, communication, emotional intelligence, conflict resolution, fiscal responsibility and sources of funding, influence versus power, leadership versus management, innovation, systems thinking, and change management.

Organizational Climate and Culture

Literature Synthesis

Many similar definitions may be found for organizational climate and culture as the two terms have been used interchangeably. However, it is important to note that the two are different. The culture is the overall umbrella of an organization, purposely given structure by an organization, while the climate is what is made of the environment in which an employee works.

As Mrayyan (2008) points out, an organizational climate is reflected by what an individual feels about the work environment in which they are in as well as on the perceptions nursing staff has about the organization in which they work. In particular, these include the support of administration, quality of care being provided, professionalism, and nursing leadership (Mrayyan, 2008). However the employee views their work environment depicts the climate (Glisson, 2015). Similarly, it can be agreed that organizational climate is made up of factors unique to each workplace (Roch, Dubois, & Clarke, 2014).

The culture of an organization goes deeper than that. An organizational culture is made up of the behavioral norms and expectations that define it as a work environment (Glisson, 2015). Employees will approach work and specific priorities based on those expectations and norms and in turn will work to instill those same principles within new employees through modeling and reinforcement (Glisson, 2015). In comparing culture to climate, the culture of an organization is usually pre-set, such as guidelines, policies, and expectations of employees, while the climate is what is created by those within it, based off of their perceptions of how they function within the culture (Glisson, 2015).

Various elements contribute to an organization's performance, which can positively influence the organizational climate. Key components include job satisfaction, individual performance, and organizational effectiveness (Berberoglu, 2018). Mrayyan (2008) further demonstrates that the delivery of high quality of care promotes job satisfaction among nursing staff. Engaged staff who have the right tools, references, and resources in place will be happier and more satisfied carrying out their responsibilities as they will be empowered, improving the workplace environment and patient outcomes (Mrayyan, 2008). Quality of care is negatively impacted if there is an inadequate amount of resources available, such as nurse to patient ratios, lack of support, and communication difficulties among staff and management (Roch et al., 2014).

In addition to supportive climates existing within hospitals, it has also been shown that participant management is a key strategy for retaining nursing staff and having high job satisfaction rates among employees (Mrayyan, 2008). Together, this demonstrates a positive relationship between organizational climate, commitment, and performance (Berberoglu, 2018). Berberoglu (2018) expands on this identifying that the main task of an organization's structure

should be an environment or climate that inspires staff to work hard while coordinating efforts that will result in a high level of organizational performance. Both how the nurse perceives the importance of the work being done as well as being made to feel challenged within the job rated positively within an organizational climate (Roch et al., 2014).

Teamwork among both other nurses as well as all members of the care team for a patient is necessary for a positive organizational climate. The work environment is improved when a warm and cooperative atmosphere is present that also reduces conflict (Berberoglu, 2018). Moreover, with teamwork and collaboration present, employees will feel compelled to express ideas and thoughts, enhancing the culture of an organization (Mrayyan, 2008). Mrayyan (2008) adds that teamwork encourages active participation in the care of the patient by nursing staff. Lastly, teamwork and cooperation among one another encourages staff to stay at their jobs (Mrayyan, 2008). Staff will continue to work together and further cultivate those relationships, improving care for patients and performance for the organization.

Application

At Essentia Health, the culture of the organization has been built upon over the years, with a focus of coming together and using the resources that result from being together to achieve a promise made to the patients of the organization, which is to be “Here with you” (Essentia Health, n.d.). That culture is guided by the values of quality, hospitality, respect, joy, justice, stewardship, and teamwork (Essentia Health, n.d.). Using the foundation of those values, the organization has developed policies, guidelines, and expectations for their employees to carry out each day creating the culture of the organization.

The climate of an organization, as discussed, is based off of many other factors and is how an employee perceives the environment in which they work. At Essentia Health, these

climates vary across not only the clinic, outpatient, and inpatient sides, but also across each individual unit within those. As a float and a SWAT nurse over nearly the last five years, I have had the opportunity to work a majority of the units within acute care and have seen firsthand how the climate of each of those units is similar yet different.

First, every individual works to try to incorporate the values of Essentia Health into both themselves, and the work they do. This is accomplished by leadership providing education and reinforcement about the mission of the organization and demonstrating it themselves.

Unfortunately, not all managers and leaders present themselves in this way, which employees see, leading to doubts and concerns, and thus impacting the climate. I have personally thought that if my manager or other superior is not carrying out the values, why not and why do I have to? Fortunately, in this area of the country, a strong work ethic allows us to put those thoughts aside and work hard to accomplish goals and show ourselves in a positive light, even if others around us may not. However, this demonstrates that the culture of an organization is shown to the employees through its leadership and which will determine the climate of an organization. It can be seen throughout the acute care units at Essentia Health in which units have less employee turnover, higher employee satisfaction, and overall positive performance based on how and who leads the unit.

Quality of care is the cornerstone of nursing and a promoter of job satisfaction. As mentioned, to accomplish it, the right tools, resources, and references need to be in place, which, at Essentia Health also varies across units. Some units meet those needs for nursing and patient care fully, while others have to work harder for them or compromise by using what is available. Again, this reflects back on the leaders of the units.

I have worked for a unit that had a leader with a strong voice who went to bat for her employees and ensured their needs were met and if they were not, she would work even harder. Safety for both patients and nurses was a priority as well as satisfaction among all. I continue to work for that same unit, under different management now, and sadly, I do not know how long each of the staff will continue to work on that unit. Many have already left, while others are seeking other options. Major issues have been poor staffing ratios, inappropriate placement of patients on a unit that is considered observation, closing of the unit without any specific guideline leaving nurses without hours or forced to use paid time off, and an overall negative portrayal of the unit given to the rest of the hospital, staff, and patients.

Many of us are leaders and have worked to change this, but without the support, resources, and a voice necessary to do so, it is a constant uphill battle. Each of us continues to remain positive, and we all truly enjoy working with one another, which helps the overall climate. Unfortunately, this is clear example that when a climate is perceived by employees as being unsupportive and not having the proper resources and management in place, job satisfaction is low and nursing staff is not retained.

Communication and Emotional Intelligence

Literature Synthesis

Effective communication and emotional intelligence positively influence the climate within an organization. Both of these builds respect and trust among individuals, important to both the nursing team and patient-centered care. The key, however, is that both of these concepts must be understood and appropriately applied by leaders within the nursing profession.

Significant research into emotional intelligence was mostly carried out by Daniel Goleman, who defines it as a determinant of an individual's potential to learn practical skills

within the competency of emotions (Porter-O'Grady & Malloch, 2018). Furthermore, the qualities of it include recognizing one's own feelings while also having the ability to empathize with others, all of which enhance the quality of one's own life (Ilievová, Juhásová, & Baumgartner, 2013). Being able to do this helps relationships to be created among one another that are mutual and understanding of each other (Ilievová et al., 2013).

Additionally, it influences the communications we have with others (Timmins, 2011). Nurses are expected to be well-versed in critical thinking as well as emotional thinking, while also being effective communicators. If a nurse is able to manage their own emotions and reflect on oneself, they will better be able to cope with the emotional state of others, an important ability when other issues may also need attention (Ilievová et al., 2013).

Understanding and allowing the guidance of emotional intelligence helps individuals become more effective communicators. Effective communication is important for a variety of reasons, but within the nursing profession, it is crucial to patient safety and exceptional patient care (Timmins, 2011). In addition, effective communication leads to a united team of nursing staff, which also promotes better patient outcomes (Rouse & Al-Maqbali, 2014).

Good communication can positively impact patient outcomes. Effective communication creates an atmosphere that staff recognize as favorable, which improves confidence, motivation, and morale among staff (Timmins, 2011). As shown prior in the discussion on organizational climates, having those characteristics present in an environment promotes better care for patients, leading to improved outcomes for patients. This is all built on effective communication by both leaders and nurses alike.

Various components make up effective communication for leaders. According to Rouse & Al-Maqbali (2014), two of the most important behaviors for effective communication are

being approachable as well as affirmative, as these behaviors show nurses that they are valued. Furthermore, for nurse managers, it is imperative that they are respectful, friendly, use humor appropriately, are open and willing to listen, and provide evidence that they have listened to staff (Timmons, 2011). Additionally, managers need to communicate face to face and through collaboration, and if these are all carried out by managers, effective communication will be achieved, boosting self-esteem in each individual on the nursing team (Rouse & Al-Maqbali, 2014).

In addition to nurse managers having effective communication skills themselves, they can also promote it within their staff. An important step is to include staff in decision making as well as shared governance, allowing communication to improve on its own and empowering employees (Timmons, 2011). This will not only allow for the sustainability of patient care and quality of care, but also allows for staff to be held accountable for their contributions (Timmons, 2011).

Lastly, it is just as important that nurse managers ensure that staff are effective communicators. This can be achieved by hiring competent staff, keep up those competencies through education, provide standards of care and guidelines to staff, including policies and procedures, and encourage effective communication or ways to improve communication skills among staff (Timmons, 2011). Role modeling good communication among oneself as well as to staff can also help managers ensure that their staff effectively communicates (Timmons, 2011).

Application

Yearly, Essentia Health participates in what they call a “Vitals Sign Survey.” It is an anonymous survey sent to every employee by email, and staff members are asked to fill it out. Small rewards are given to encourage participation by all of the units, and participation rates are

usually in the 90th percentile every year. The results are then shared by management with each unit at a later time once they have been collected so that each unit can discuss together what issues there are and to develop an action plan to address the concerns.

An issue identified consistently by all the units within the hospital is communication, both within the units themselves and across others and the hospital as a whole. Some issues noted from the results were that leadership does not effectively communicate changes within a timely manner, nor include the reasoning for those changes, information being given to some units but not others, and units not communicating well with one another. Because of the lack of effective communication seen by employees, employees implied that they had applied or were considering employment elsewhere and that the lack of communication showed a disrespect of not only them but also the patients.

Following a discussion of the survey outcomes, leaders were required to develop a plan to address this and share it among staff. Methods leaders put into place to improve communication included for all managers and supervisors to have an open door policy, sending updates at least once a week, holding open forums at least once a quarter for every unit, and hosting hospital-wide open forums at least twice a year. Various tactics to disperse information have also been improved upon, making more use of e-mail, having a designated poster board for announcements within each unit, and using a monthly communication binder that employees are required to review and sign off every month. It is important to communicate in multiple ways as, just like we learn, we each also obtain information differently, some preferring email, while others preferring to have a hard copy to read.

Nursing staff was also tasked with developing ways to improve communication amongst themselves and other units. This was accomplished in part by leadership demonstrating to them

ways to better communicate. An SBAR report was created by nurses to help the ED nurses provide a report that inpatient nurses needed and felt was more in-depth, while the sign out report feature within Epic was streamlined to match across all units in the hospital instead of being unique to each. Bedside report is also now required and must occur not only between nurses on one unit at shift change, but also from the time a patient is transferred from one area such as PACU to another. To help keep one another accountable, nurses fill out questionnaires with each of those transfers, identifying if certain criteria was met and if anything needed to be improved. This allows nursing the opportunity to continue to work on becoming better, more effective communicators, improving patient care, while maintaining the highest of standards for patient safety.

Conflict Resolution

Literature Synthesis

No matter how well communication occurs and management leads a team, conflict will occur. Conflict emerges from human interaction and is a natural occurrence within interpersonal relationships (Beserra et al., 2018). There are various ways to define conflict. Victor (2013) writes that “conflict is an incompatibility between values, needs, goals, interests, and actions” (p. 78). Conflict can further be described as an interactive process that has manifested itself from incompatibility, disagreements, or dissonance within social groups (Losa Iglesias & Becerro de Bengoa Vallejo, 2012). Additionally, conflict is classified into three different categories, intrapersonal, interpersonal, and intergroup (Beserra et al., 2018).

Various reasons and issues cause conflict to occur within the workplace and among one another. It can be both positive and negative. Positively, conflict can encourage a change, allowing for adaptation and innovation (Victor, 2013). Much of it, however, negatively impacts

professionals, patients, and an organization overall. For instance, conflict hinders the development of work, and this is especially the case when it occurs within healthcare as conflict in that situation can lead to emotional exhaustion and a lack of motivation (Beserra et al., 2018). Furthermore, it generates wear and tear emotionally, damaging team dynamics and negatively impacting patients as well as the organization (Besserra et al., 2018).

Within nursing, there are multiple sources of conflict within the environment. These sources can include differences in styles of management, what perceptions employees have, inadequate staffing, differences in goals and what is hoped to be achieved, and competition between various work groups (Losa Iglesias & Becerro de Bengoa Vallejo, 2012). In addition, differing needs, expectations, and learning styles contribute to conflict (Victor, 2013). No matter the source of conflict, the main concern is that it is managed and resolved.

Individuals approach conflict in different ways. The first step is to identify attitudes and behaviors that are associated with the conflict that is occurring and develop a strategy to resolve it (Losa Iglesias & Becerro de Bengoa Vallejo, 2012). Various strategies exist and have been identified in how individuals manage conflict. These techniques are oftentimes referred to as conflict management styles, and include five methods, competing, collaborating, sharing, avoiding, and accommodating (Victor, 2013). Within nursing, the technique most likely used is compromise, followed by competition, avoidance, and accommodation, with very few choosing to use collaboration (Losa Iglesias & Becerro de Bengoa Vallejo, 2012).

Various components contribute to why one may select to use one style over another. Nurses have been found to use avoidance with physicians or management as they report feeling that if they engage in the conflict, it will jeopardize their ability to advance within their careers (Losa Iglesias & Becerro de Bengoa Vallejo, 2012). Styles may also be instinctive to an

individual based on his personality, but if value is placed on the outcome or situation occurring, the style chosen will be different (Victor, 2013). Emotional intelligence also is a key player in style selection. A study on nursing students and emotional intelligence helped identify that the lower the emotional intelligence a person has, the more likely it is that she will chose avoidance as the conflict management style (Beserra et al., 2018). In contrast, when emotional intelligence is higher in an individual, that person will seek to be more collaborative (Beserra et al., 2018).

Typically, there are two possible outcomes to conflict, resolution or having it left unresolved. Unresolved or unaddressed conflict causes a lot of negativity and should be avoided if at all possible. Sometimes, Victor (2013) points out, conflict may be avoided completely. If this occurs, it will significantly impact employee motivation, self-esteem, the care provided to patients, neglect of care, the general well-being of the individual, and the organization's reputation (Beserra et al., 2018). Likewise, both Beserra et al. (2018) and Losa Iglesias & Becerro de Bengoa Vallejo (2012) point out that an inability to resolve conflict will affect patient safety, care processes, cost, employee turnover, and interactions among both patients and members of the interdisciplinary team. Victor (2013) supports this argument further demonstrating that when conflict is left unresolved, staff will be unproductive and be left with negative relationships among one another, affecting morale and deteriorating performance overall.

However, when conflict is resolved, positive outcomes ensue. Management of conflict allows the nursing process to be pleasurable, which in turn provides safe and high quality care to patients (Beserra et al., 2018). Beserra et al. (2018) adds that conflict resolution is an integral part of positive relationships among colleagues (Beserra et al., 2018). In addition to improving relationships, it also improves both the physical and emotional health of each individual involved

(Victor, 2013). Teams will be balanced, performances will improve, and individuals will respect one another again (Beserra et al., 2018).

Multiple skills are required of leaders to resolve conflict among staff. Victor (2013) identifies these as listening, questioning, communicating non-verbally, and providing mediation. It is important to actively listen and compose oneself so that body posture signifies openness (Victor, 2013). Effectively communicating and being role models will encourage interactive dialog to occur, which will lead to sharing ideas and responsibilities to optimizing care, which can help avoid conflict altogether in the future (Beserra et al., 2018). Finally, it is important to also learn various other skills that can be essential to improving conflict management, including flexibility, objectivity, empathy, patience, neutrality, and the ability to remain calm (Victor, 2013).

Application

Several months ago to help reduce costs and mandatory stays for employees, a new policy went into effect at Essentia Health allowing for open floating. Before, only employees who were cross-trained or float nurses could float to different units. With the new policy, a nurse may float to any unit within the hospital as long as the patient assignment they are given fits their training and skill set. A lot of conflict arose from this as no discussion with nursing occurred prior to the new policy, and it simply was announced and went into effect the same day. Certain units constantly had to float staff to the other units that were usually understaffed, requiring some nurses to float away from their home unit at least weekly. Because of being based on experience, some nurses floated frequently, sometimes every shift, because others were not able to until having been at Essentia for six months. Further conflict arose as veteran nurses felt as if they should not have to float and another unit, the infusion center, while considered

inpatient, was not required to float its nurses at all except to one specific unit, thus causing those nurses to have to float even more.

Within the unit I work, we are usually well staffed because of the unknown fluctuation of census we face. The unit is also the one in which the infusion nurses can only float to if necessary, causing the other nurses to have to float elsewhere. When it was brought to management's attention that the nurses on my unit were floating more than any other due to those reasons and were upset, the conflict resolution was to hold an open forum for the unit and to also have an outside social gathering to build better relationships between the unit and the infusion nurses. Unfortunately, not all nurses part of the two units were able to attend either, and while these instances allowed for sharing of feelings and concerns, not all individuals involved were able to do so. Resolution of conflict needs to involve all parties in which the conflict is occurring to have a positive outcome.

Additionally, some weeks after the forum, while it was stated in the forum and by email that changes would result, the same issues occurred and became worse. It has been nearly three months, and much of what was discussed has not happened or has been reverted from what was said would happen. For instance, the unit was closed a few months ago for the first time ever, claiming low census and a need for staff elsewhere. Nurses were infuriated by this as it has, in the past, been a policy that the unit never closes due to the time and cost of re-opening it. Nurses were required to float to other units, but those who had not yet been at Essentia for six months were forced to take time off, either unpaid or by using paid time off. It was determined in the open forum that this would not be the norm and other units would rotate low census by closing beds on those units. Since that decision, the unit has closed six additional times for a total of over 20 days, and a majority of the staff on the unit are currently seeking employment elsewhere.

This example shows how the conflict could have been resolved through compromise and accommodation, leading to strong relationships among staff and increased morale. However, the conflict was instead left unresolved as the resolutions were not put into place, worsening the situation. This has led to employee dissatisfaction, decreased productivity, increased costs, and employee turnover, all of which are outcomes of not resolving conflict.

Fiscal Responsibility and Sources of Funding

Literature Synthesis

Many factors can negatively impact costs to an organization, such as poor employee performance, employee turnover, and dissatisfaction among both patients and staff. At the same time, costs of healthcare also continue to rise related to many other influences. Every individual who is a part of healthcare can contest to that and list the many reasons those costs climb every year. With that said, every individual can help to lower the costs, especially those in leadership positions.

The cost of healthcare in the United States continues to grow. Unfortunately, costs are higher, but the attainment of excellence in both quality and health outcomes is not occurring (Salmond & Echevarria, 2017). Reports show that the US spends more on healthcare than any other country in the world, but as Salmond and Echevarria (2017) point out, rank last or almost last in every measure of health, quality, access, and cost. A survey in 2010 of the American College of Health Care Executives cites that the top issue for leaders of hospitals is related to finance (Goetz, Janney, & Ramsey, 2011).

Specifically, excessive waste contributes significantly to those concerns. This waste includes insufficient delivery of care, excessive administrative costs, the occurrence of unnecessary services, inflated prices, prevention failures, and fraud (Salmond & Echevarria,

2017). Other ways resources are not being utilized properly includes the hospital readmission rate within the US, which according to the data, is about one out of every five Medicare patients being readmitted within 30 days of discharge (Salmond & Echevarria, 2017).

In addition to waste, other factors contribute to the growing cost of healthcare. Salmond and Echevarria (2017) explain how costs have increased over the years as there has been more use of sophisticated medical technology, more utilization of prescription medications, and higher prices being charged for those procedures and medications. The biggest contributor, however, to the cost is chronic diseases, as in addition to be the most common, are also the most preventable (Salmond & Echevarria, 2017). This poses the challenge of how to care for and pay for the treatment and support that people who have these diseases need (Salmond & Echevarria, 2017).

With the proper utilization of the resources available in healthcare, costs can be reduced. Salmond and Echevarria (2017) explain that keys to this are to improve the coordination of care, which can reduce spending, and improve the value of healthcare. Value in healthcare, as described by Goetz et al. (2011) is quality divided by cost in the sense that value increases as improvement in outcomes occurs simultaneously with cost reduction.

There are several ways that can help achieve this and can motivate those in healthcare to work harder to do so. One way is becoming more efficient and to work to balance the budget, which Sherman (2012) explains is one of the best ways to achieve financial goals while still ensuring that patients receive high-quality and cost-effective services. Additionally, providing the patient an exceptional service can be tied back to reimbursement based on the performance of meeting care measures and expectations of patients (Sherman, 2012). Lastly, but perhaps most importantly, models of care need to shift from a paradigm model of caring for a disease and chronic illness to focusing on promoting health, intervening to prevent illness and disease

progression that lead to quality outcomes and healthier populations (Salmond & Echevarria, 2017).

Goetz et al. (2012) point out how nurses and others who make up nursing staff make up the greatest portion of the workforce within a hospital. Sherman (2012) adds that this group is also the most expensive. Thus, it is important that nurses work to help transform healthcare. Salmond & Echevarria (2017) describe that this can be accomplished because nursing has the ability to carry out what has been denoted as the triple aim, improving quality, service, and lowering cost all while ensuring the improvement of patient outcomes. To do so, it is imperative that nurses develop new or enhanced skills to provide care that is focused on wellness and the health of the population overall (Salmond & Echevarria, 2017). Salmond and Echevarria (2017) add that nurses have the ability to develop holistic plans of care that can be individualized, started at the initial encounter with a patient and carried out through a continuous process, even after discharge so that transitions between care occur.

Nurses can also contribute to the overall efforts by the hospital to obtain reimbursements. For instance, they can work to ensure that “never” events like pressure ulcers, falls, and hospital-acquired infections never do occur, as hospitals are not reimbursed for care related to them (Sherman, 2012). Nurses can be accountable for helping attain budget goals. While initial accountability stems from senior leadership, nurses can assume the responsibility to identify, develop, and implement ways so that productivity goals are met (Goetz et al., 2011). Other ways nurses can help make a positive impact financially is to ensure their units are not overstaffed when they work as a charge nurse, avoid excessive unscheduled leaves that potentially could lead to required overtime, and monitor the use of supplies (Sherman, 2012). In

conclusion, and in the words of Sherman (2012), nurses are expected to do more with less, but by being the innovators that they are, they can rise up and meet that challenge.

Application

Stewardship is one the key values at Essentia Health. For nurses, it means to be stewards of our resources and use what we have wisely and cost effectively. To help reduce costs, nurses are encouraged to ensure that they are only using the supplies they need, which includes only taking what is needed into patient rooms, as anything that goes into a room must be used or disposed of when the patient leaves.

Furthermore, nurses contribute to helping reduce costs by helping physicians be stewards of resources as well. For instance, a nurse can bring to the attention of a physician that a lab or test has already been completed, or if it was done at an outlying facility, work to obtain those records if they are not accessible. We oftentimes have patients come to us from outlying hospitals that do not utilize Epic or Care Everywhere, and while discs of the images sometimes included, this is often not the case and nursing must work to obtain those records. Doing so saves the patient from another x-ray or lab draw and in turn saves money for both them and the healthcare system.

Nurses also need to be stewards of their time and staff. Employees need to have the appropriate resources to ensure work is completed in a timely manner so that nurses receive lunch breaks and also leave on time at the end of their shift. Every unit at Essentia has a staffing matrix unique to them to help ensure proper numbers of staffing based on patient census and acuity. While additional staff may be requested and allowed for a shift, it must be justified by the charge nurse to management.

A tool that was recently put into place on some units to help charge nurses ensure proper staffing is a productivity spreadsheet that calculates the costs based on census and staff. The charge nurse is required to access this every four hours and enter data into the spreadsheet to ensure productivity is being met. It can also be adjusted to account for what if scenarios to help guide the charge nurse in staffing throughout the day and night. Using tools as such can help make nurses, especially those in charge, more aware of being overstaffed and help manage costs.

To further reduce costs related to nursing, efforts have been made to help better retain nursing staff at Essentia Health. A nursing residency program was started about 18 months ago for new graduate nurses to help with both recruitment and retention. More perks have also been introduced, such as discounts for staff at various businesses in the area. Additionally, leadership continues to seek new ways to retain the staff by surveying and talking with current employees about what keeps them at Essentia, which will reduce costs by not having to continually hire and train staff.

Influence versus Power and Leadership and Management

Literature Synthesis

Influence, power, leadership, and management all have very different meanings. However, if they are properly intertwined by nursing, significant impacts can be made. Each can also be positive in their own way separately if being used correctly.

Formosa (2015) describes that action comes from exercising power but that a lot of times in today's society, power is misused. Painter (2010) strengthens this argument showing how power is oftentimes viewed as negative as it is used in a negative way or for the wrong reasons. This occurs usually when someone is given more authority and feels as if he can use that new power to make changes as he would like. Unfortunately, if others are not involved in

decisions and changes, it is likely that they will not participate. Formosa (2015) explains that employees today do not respond to being told what to do, and this style of management leads to low employee morale, decreased performance of employees, and thus, a lower quality of service to patients. Power issues have been identified as a major barrier in the quest of improving care (Formosa, 2015).

In contrast, when staff is given support and communication occurs among all parties, outcomes are a lot more positive and performance of employees is high (Painter, 2010). When power occurs within a productive form, it will induce pleasure, forms knowledge, and produces results (Formosa, 2015). Formosa (2015) adds that healthcare cultures in which group affiliation, teamwork, communication and coordination are present, there is better implementation of quality improvement processes overall.

Additionally, when power is used appropriately, it can lead to positive influences. Usually, nurses are seen as having less authority than physicians or consultants (Formosa, 2015). A fact that is often overlooked, however, is that nurses know what patients want and need, which actually gives nurses a lot of power to influence (Painter, 2010). Nursing needs to be engaged and find a united voice with one another to use the influence the knowledge gives them, thus providing them with power as well (Painter, 2010).

In keeping with influence, the best individuals that can drive that effort are those who lead. Leadership is described by Ellis and Abbott (2013) as how people behave and engage with others, and a good leader is one that others want to follow. Skills unique to leaders include being good communicators, being able to think critically and creatively, and be able to assess and prioritize (Painter, 2010). Additionally, leaders should be available to others to mentor, educate,

and inspire while valuing consensus building, partnerships, collaboration, and respect (Painter, 2010).

Specific characteristics identify good leadership, and Ellis and Abbott (2013) list those as follows:

- Know what they want to achieve
- Care about the organization and the team
- Act ethically and with humility
- Act consistently with integrity
- Be able to get others to share their goals
- Be focused on the team members
- Be good communicators (p. 98)

Many of the components that make good leaders relate to nursing overall as a discipline. As Painter (2010) explains, nursing is about growing, adapting, and collaborating with interdisciplinary team members so that care may be directed and managed effectively.

While leaders can be managers, it is important to realize that, unfortunately, not all managers are leaders (Ellis & Abbott, 2013). Managers can be leaders, but oftentimes make many missteps to achieving what it means to be an effective leader while keeping with the managerial roles. One of the biggest of those is communication. Communication is a key influencer of outcomes, especially if an organization is hoping to achieve change (Formosa, 2015). However, if a manager is not communicating effectively, cooperation likely will not occur (Formosa, 2015).

The second misstep in ineffective management is not having a well-developed sense of oneself (Ellis & Abbott, 2013). Self-reflection is important because a manager as an effective

leader needs to be aware of what she believes in. If a leader knows and is able to show that, it allows the leader to share it with others, so they can see the leader for who she is and be more accepting of the leader and her ideas. In the same sense, the manager also needs to know the personalities and abilities of those being led (Ellis & Abbott, 2013). This will promote appropriate and effective management of others.

Application

My best application of leadership, power, influence, and management comes from researching this assignment and reading *The Servant*. Within my mind prior, I categorized leadership and management into one, feeling and thinking they were the same. However, I now have a clear sense of the two, realizing that anyone can be a leader and does not have to be in a managerial position to do so. Likewise, not all managers are leaders. Leaders, I feel, are influential and can have power, but it is used appropriately. On the other hand, some managers lack influence and instead chose to abuse the power they have been given, or they feel they have with their title or position.

I was once told that a good manager will not do the work for you, but will be there to provide the resources that are needed to do so. I did not fully grasp that concept until observing that way of leading compared with a way of managing. I return to a prior application in which I discussed having a manager who gave the unit I work for a strong voice and advocated for the needs of her employees. She was the leader that perhaps was not always present and did not do the actual work, but she was instead laying the groundwork for us to do the best work we could accomplish. As discussed in *The Servant*, she was giving us what we needed and not what we necessarily wanted. I worked for her and in the same unit I am in now, and I can honestly say, the unit ran like a well-oiled machine. Before her, the unit was literally known as the wicked

stepchild of the hospital. Under her, it had evolved into a unit that won five star ratings two years running for quality in patient care, and one that people were proud to work in and enjoyed, with it even starting to earn respect from other units within the hospital.

This past July, that changed as the unit changed hands in regards to management, another individual being given the reigns to lead the unit. Unfortunately, nothing of what she has done could fit the true meaning of leadership, and instead, she has chosen to manage using a hands off approach. Our staff is very independent as we have to be working an observation unit, but with her approach, we have lost our voice and identity. Since July, the new manager has made no effort to get to know the nursing staff, and actually has still not introduced herself to some of the night staff. She is unaware of anyone's goals and or what we want to achieve as a unit. Additionally, some of what she has told us will occur, does not, causing staff to question her intent and integrity.

While I personally feel each of us continue to provide exceptional care and will again earn a five star rating, the reputation of the unit has reverted back to what it once was, and no one wants to work on the unit. A majority of staff is seeking other options, and morale is low. This clearly shows that without strong leadership, influence and appropriate power, staff become disengaged and uninterested in following someone who is not displaying leadership characteristics nor making an effort to be a leader for the team.

Innovation, Systems Thinking, and Change Management

Literature Synthesis

Healthcare has some of the biggest problems compared to other business sectors. None are simple nor clear cut, and as Reed (2006) discusses, being successful in bringing about solutions to these issues requires individuals to think differently and creatively about the

problems. System thinking is one way to accomplish this. Reed (2006) compares this concept to thinking about the human body, made up of various parts, but together, make up a system that can only function as a whole. While each part can be explored separately, putting it all together makes more practical sense (Reed, 2006). Therefore, as with every system, the parts can be looked at, but the behaviors and properties of the whole system must be explained to be aware of the overall purpose (Reed, 2006)

Unfortunately, most individuals are plagued by functional fixedness, which McCaffrey and Pearson (2015) explain is a phenomenon in which a person is limited in seeing an object only in one way, specifically how it is used. Nurses possess an ability to overcome it better than most as every day they are challenged with having to come up with creative ways to troubleshoot a situation. As mentioned prior with controlling healthcare costs, Sherman (2012) noted how nurses are expected to do more with less, thus, making them more and more innovative in finding solutions. As a result, nurses are poised to be innovators within healthcare as most have overcome the concept of functional fixedness, a known enemy of innovation (McCaffrey & Pearson, 2015).

Innovation in turn brings about change as it is essentially a way to change something. Gobble (2013) states it simply as “innovation management is change management” (p. 62) as innovation means to change the world in some way, big or small. A different way of doing a task or a new tool to make a task easier is created and putting that new way or tool into practice will require a level of commitment to changing how it was done previously.

Typically, if the change that occurs is easy to notice or has an immediate, positive impact, change will be embraced quicker. Whereas if it is going to take time to identify the good of the change, or it applies to a way that still worked well, staff will be more reluctant to make that

change. Like Reed (2006) writes, humans are better at creating a completely new system than changing the existing one. People are naturally resistant to change as change is uncertain and carries a risk (Gobble, 2013).

This reluctance may be related to the fact that when one thing is changed, it generally has a trickle-down effect in that other factors are involved or affected in a manner that is not always immediately known (Reed, 2006). Additionally, if the change is accepted, it sometimes does not always last (Gobble, 2013). Gobble (2013) explains that the first way in helping create a sustainable change is to involve leaders who will give the change a sense of urgency and assemble staff members who can be champions of the initiative by creating and communicating the vision for the change. Employees need to be empowered and motivated to overcome reluctance to a change (Gobble, 2013).

Application

Change and evidence-based practice was a topic of discussion this week for the clinical group I teach. The topic came up as, while we were setting up to start an IV on a patient, the patient started to slap her arms after the tourniquet was applied, telling the students that doing so would help. In post-clinical conference, I brought up this “old way” of thinking, how slapping of the arms and hands and making fist pumps no longer apply in practice and will not aid in helping to locate a vein to start an IV. One of the students asked why people still think that way and what determined that it is not a proper technique. I explained to her that, unfortunately, we see it used in media such as on television shows and movies and that some nurses still believe in using the technique. I also explained that through evidence-based research, it has been found to not be a useful technique and can actually cause a patient more pain. However, even with research, and

we ourselves discovering better, safer, and more efficient methods, change is hard to apply, especially when our own thinking fights against it.

During the conversation, other ways and techniques that have changed in nursing came up, and we discussed how some changes are embraced while others or not. An example I shared with my students was how at the facility I work, the way our Foley catheter trays are set up changed, bringing a slight modification to the steps of insertion. Each nurse was prepared for that change through educational sessions. These sessions included an explanation for why the change was occurring, how it would be of benefit to nursing and patient safety, and an actual demonstration and return demonstrations occurred. I was a primary SWAT nurse at the time those changes were rolled out, and I heard very few complaints about the change, and it was embraced overall quite well by staff.

On the contrary, I have also been through several major updates of our Epic EHR system, which were not well received by staff, and many were resistant to it. For these major updates, an announcement is made that the changes are coming and what to expect. Videos and education are provided through an online module, but usually are required to be completed weeks to months in advance of the updates. By the time the upgrade “goes live,” a majority of users have forgotten about the changes and how to navigate Epic afterwards. Super users are always available during these upgrades, but the frustration of not being properly trained prior to the changes is often too great for the first few days for many, and a strong dislike for the change results.

Interestingly enough, I shared with my students how I personally think about how many of us have no issue when our smartphones upgrade, which is actually very similar. Technology must upgrade to advance itself and continue to be useful in its fullest capacity. The technology

and systems that nurses use must also evolve and change, and like with embracing a new smartphone, that change needs to be given a chance to succeed. While nurses have the ways in which they have always practiced, they also need to be open and accepting of new ideas and changes. This is what ensures that nursing evolves, continuing to improve patient care so that the best and highest quality of care may be provided.

Compendium Summary

A common theme throughout this paper on leadership has been that it is imperative that staff is motivated and supported in order for performance to be of high quality. Engaged staff equals results. When staff is part of a positive environment, given the tools needed, and are encouraged by leadership, they will work harder to improve the system and be open to change so that better outcomes are achieved. This is especially important within healthcare.

There are various facets of being an effective leader. Each one of us can lead, and while it is not a skill we are born with, it is one that can be learned and continually improved upon. Leaders impact organizations in multiple ways. As discussed, leaders can influence the culture and climate of an organization, work to resolve conflict, be effective communicators while teaching others to do the same, promote change and innovation, and help nursing find ways to be fiscally responsible. A good leader will be one who does all of this to create positivity for employees, providing those with what they need to accomplish daily tasks while working to accomplish future goals. Like with nursing evolution, a leader also needs to evolve and adapt. This will encourage future growth of the person as a leader as well as the people being led.

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