

## NURSING LEADERSHIP: INSPIRING AND INFLUENCING CHANGE IN HEALTHCARE

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### Abstract

The nursing profession is at a critical crossroads. A perfect storm of factors has converged that requires nursing to step forward as leaders and directly influence how society responds to and manages healthcare complexities. Many external forces are shaping the future of nursing, as well as healthcare overall. These same forces are providing an impetus for global healthcare reconsideration and reform. During this time of uncertainty, questions must be asked regarding the very role of nursing and the profession's involvement in shaping the future. As the largest component of the healthcare workforce, nurses have a profound collective voice that must be heard and considered. Contemporary nursing leadership is challenged to move beyond the status quo. Transformational leadership is needed that embraces innovation and creativity in conceptualizing how nursing and patient care will exist in the future (J Mette, 2015). Collectively, throughout history, professions have taken a stand during times of great change, actively shaping their individual destinies. Professions have a strong vested interest in controlling and shaping their future rather than simply reacting to change. With a collective voice, professions have the ability to shape societal perceptions and understanding of their role and value. It is through this collective voice that the profession of nursing can impact the future of healthcare (Sanocki, 2017). As the future of health services is envisioned, a profound question must be asked: what will nursing's role be in this newly conceived future?

### 1.2 Keywords

Nursing leadership, change, influence, inspire, mentorship

### 1.3 1. Introduction to Nursing Leadership

#### Nursing Leadership

Nursing leadership is a prevalent subject in the health care profession today. But the question arises, what is nursing leadership? According to a study by (Williams, 2017), nurse leadership is facilitating others to find their passion in nursing and then nurturing it to grow. Although everyone cannot be a leader, those who are leaders must inspire passion in others. This leadership ability is difficult to describe but easily identifiable when present in someone. Many nurses are in staff development roles but are not leaders. Leaders are in a constant struggle to meet the obligations of a nursing leader while being pulled away by unessential tasks that do not promote the passion of nursing in others. Leadership contains more than just directing a plan of action. Good leaders help others find their own passion and then cultivate it. If there is a passion for something, it will grow. The nature of nursing requires leaders to possess certain characteristics, or else chaos will ensue.

Nursing leadership is necessary for the survival of the profession. Because of difficult economic times, a large number of experienced nurses are leaving the profession, many without retirement. New graduates are entering the field, but many lack the experience to mentor others. These two challenges have created the "perfect storm." The profession of nursing is in peril, and without

strong, passionate nursing leaders, it will succumb to extinction. Nurturing leadership in others is a challenge, but it is imperative that the challenge is met. An effective leader can encourage teamwork in a way that transforms a group of individuals into a cohesive team focused on a singular goal. Team communication is essential to collaborating on issues to identify the ideal plan of care with positive patient outcomes.

### *1.1. Defining Nursing Leadership*

Nursing leadership is defined as facilitating others to find their passion in nursing and then nurturing that passion to grow. This means that a good nurse leader will take a new or struggling nurse under their wing, take the time to get to know them, and encourage them to find out what part of nursing excites them and brings them joy (Williams, 2017). Once that passion has been nurtured, the leader will help create a pathway for continued growth in that area. The basic definition of leadership is to direct a plan of action, but it contains so much more. In order for any discipline to grow and thrive, there must be leaders to guide that growth. Nursing leadership is essential in cultivating strong, passionate nurses who will provide high-quality patient care. Nursing leadership is complicated because nurses typically demonstrate their leadership abilities with the same peers they graduated with. Therefore, in order for a nurse to be considered a leader, they must possess certain qualities that inspire their peers to follow.

### *1.2. Importance of Nursing Leadership in Healthcare*

There is a broad spectrum of perspectives on leadership. The concept of leadership has attracted extensive examination and review from historians, sociologists, psychologists, and academics. The definition of leaders and leadership appears to be almost infinite. (Williams, 2017) argues that the simplest interpretation of a leader is someone who leads and displays leadership proficiency. To lead is to direct, guide, or motivate a person or group toward a goal or objective. defines leadership as bringing about change and establishing direction. relates management to planning and arranging, and considers it distinct from leadership.

In nursing, leadership is generally described as influential actions that aim to support, encourage, or persuade other nurses and health care workers to provide optimal care for patients.

## **1.4 2. Historical Perspectives on Nursing Leadership**

The ability to inspire and influence others towards the achievement of common goals is the essence of leadership. Nursing leadership has been defined as “nurses influencing, inspiring and motivating others to achieve common goals” (Williams, 2017). Every nurse is a leader; however, the level of leadership can differ from leading oneself, leading others to leading an organisational unit or service. Development of nurse leadership capability helps to build a nursing workforce for the future, ensuring that there are the right number of nurses with the right skills and competencies to provide high quality patient care. Strategic direction of nurse leadership capability development is meaningful when it is founded on an understanding of what nurse leadership is. There are many definitions of nurse leadership available in the literature, viewed through a number of different lenses including professional, philosophical, educational and sociological. Research conducted in six countries intends to contribute to the understanding of nurse leadership through analysis of nurses’ perceptions of what nurse leadership is and the conditions that influence its development. With changes in demographics, workforce resources and health needs the nursing profession and nursing services require broad structural changes. Nursing leadership is needed to inspire and influence the necessary changes. As a profession nurses need to take up the challenge of leadership, in various roles and levels to ensure the future of the profession, services and high quality patient care. In the beginning of the 21st century there was an awareness of a need to revisit and reshape the strategic direction for the development of nursing leadership across the countries

of Nordic and Baltic region, grouping them within EU context, but also taking into consideration local cultural and historical characteristics. Considering the historical perspectives of nursing leadership development it can be said, that since the second half of the 20th century many different initiatives have been implemented addressing the need for nursing leadership development at various levels, but still the challenge remains to be addressed at a more strategic level.

### *2.1. Key Figures in Nursing Leadership History*

Over the past two centuries, nursing has developed from a vocation to a profession, and nursing leadership has evolved since the establishment of formal nursing education in the late 19th century. The role of nurse leaders, such as nurse managers, nurse executives, clinical nurse leaders, and nurse educators, is essential in shaping the future of the nursing profession. Some efforts have been made to identify various historical figures in nursing leadership, including influential leaders in paths to nursing education, research, and policy. The nursing profession has met many challenges over its development and is now facing even more challenges due to a rapidly changing healthcare environment. Nevertheless, nursing is one of the most globally vital professions, and frontline nurses who provide direct care hold the key to its future. On the one hand, the current global nursing shortage could deplete over the availability of nurses by the year 2030. However, on the other hand, the proportion of nurses holding baccalaureate degrees or higher might increase globally from 42% to 69% during the same period (Williams, 2017).

To best prepare current nursing students and novice nurses to become leaders in the profession and what to pursue in future leadership roles, it is critical to gain insights into the historical context of nursing leadership and key figures in its development. Although many historical accounts have been published from various perspectives, an overview of key historical figures in the development of nursing leadership is limited and could provide a useful starting point for consideration. Historically, nursing has been led and shaped mostly by women, and the focus is on key female figures in nursing leadership throughout its history. However, nursing is a diverse profession globally, and currently, over 80 men serve as the chief nursing officers in 193 WHO member states and territories. Therefore, a chapter summarizing also some key male figures, when appropriate, might be considered.

### *2.2. Evolution of Nursing Leadership Roles*

As the health care system continues to evolve, so do the opportunities and challenges for nurses in leadership roles. Addressing complex issues such as patient population changes, emerging technology, care delivery transitions, and regulatory adjustments will require a collective nursing voice in the top-level discussions that shape the future of health care (J Mette, 2015). In fact, there may be no greater opportunity for nurses to fill the leadership void being left by the impending retirements of many baby boomer administrators. To ensure nurses seize these opportunities, nursing education must begin preparing graduates to be proactive leaders who influence tomorrow's health care decisions rather than passive bystanders who merely deal with the consequences of those decisions. Historically, nurses have successfully overcome challenges to their practice and professional advancement, often by forming coalitions and working collectively in organizations and associations. Nurses must now do so again to promote their leadership role in shaping health care. Strategically planning and collectively working to push the nursing profession into the forefront of shaping health care for the future is critical (Williams, 2017). Doing so will not only better position nursing leaders to influence delivery systems but also ensure the ongoing viability of nursing as a profession.

### 1.5 3. Theoretical Frameworks for Nursing Leadership

This section reviews theoretical frameworks for nursing leadership that are grounded in enabling nurses to inspire and influence change within healthcare settings. Four distinct nursing leadership frameworks will be reviewed alongside the relevant literature. The frameworks include: nursing leadership as a unitary caring paradigm; nursing leadership as transformational, ethical, and resonant; nursing leadership as a disposition to take charge; and nursing leadership as a movement for change and social justice. The purpose of these frameworks is to inspire and influence the development of nursing leadership as integral to healthcare in the 21st century. Each framework offers new insights into nursing leadership from different perspectives and contexts in which nursing leadership will flourish. Gathering scholarly works on nursing leadership provides a foundation of thoughts on how nursing leadership can develop and flourish. This is a foundation for inspired and influential education, research, scholarly inquiry, and practice in nursing leadership within and outside of a transnational nursing perspective (Williams, 2017).

#### 3.1. Transformational Leadership Theory

Transformational leadership has been identified as the ability of a leader to inspire followers in changing expectations and perceptions and creating motivation that drives staff to work toward common goals (J Mette, 2015). A transformational leader can make this change through exemplar, articulation of a vision, and the creation of goals that are challenging and actionable. A transformational leader raises the level of moral and ethical values in the followers. A follower experiencing transformational leadership becomes motivated to exceed expectations. To assess the motivation and performance of staff experiencing this leadership model, the Multifactor Leadership Questionnaire was developed. Influenced by this work, a model of exemplary leadership was further developed and described five leadership practices: Inspired shared vision, challenging the process, encouraging the heart, enabling others to act, and modeling the way. It was found that leaders who emulate these behaviors experience extraordinary outcomes.

Using case studies, five common management practices associated with preparing transformational nursing leaders were articulated. These practices include balancing the tension between production and reliability, creating and sustaining trust, actively managing the change process, involving workers in decision making, and using knowledge management practices. It was described how leaders that perform within these practices could achieve collective goals and create a culture of patient safety.

#### 3.2. Servant Leadership Theory

Servant leadership is a timeless, increasingly relevant leadership approach that resonates with contemporary nursing practice. As the nursing profession continues to evolve in complexity, servant leadership is a natural fit. Rooted in Christ's servant model, servant leadership emphasizes listening, empathy, healing communities, persuasion, stewardship, commitment to growth, and building community (Kim, 2016). Coined by Greenleaf in 1970, servant leadership describes individuals who choose to serve first and lead second. This practice involves sharing power, being servant-dominated, prioritizing followers' needs, and fostering their development. By empowering followers, servant leaders build a culture of trust, collaboration, and innovation (Worku Demeke et al., 2024). Servant leaders create organizational environments that develop employees' emotional wellbeing, resilience, learning capacity, professional satisfaction, autonomy, adaptability, collaborative intent, and creativity.

Servant leadership stands in contrast to authoritative leadership, emphasizing service over control, resulting in interdependent and participatory organizational cultures. Within nursing, servant leadership promotes collaboration, empowerment, and professional development. Modern

healthcare organizations face immense challenges that threaten their effectiveness. To address these concerns, organizations must cultivate leadership practices that prioritize employees' emotional and social common good. By highlighting the importance of nursing leadership, servant leadership enhances healthcare quality and safety while fostering a nurturing and fulfilling workplace.

#### 1.6 4. Essential Skills and Qualities for Nursing Leaders

In the ever-evolving landscape of healthcare, the role of nursing leadership is pivotal in shaping and nurturing the future of nursing practice, education, and research. With the responsibility of overseeing and addressing the essential components of professional nursing practice, institutional culture, and clinical environments, nursing leaders helm the journey of provision and passion in nursing care for patients, families, and communities. However, the enormity of such responsibilities can often overshadow the joy, passion, and uniqueness that nursing brings. Therefore, the vision of nursing leaders should be future-focused, aiming to unveil the richness and vibrancy of nursing practice and care, rather than allowing it to fade into the background amid the overwhelming challenges (Williams, 2017).

The deliberate nurturing of future nursing leaders is essential not only for the preservation of nursing knowledge, practice, and pedagogy but also for the advancement of healthcare through the ongoing evolution and growth of nursing. Nursing leadership is defined as a passionate commitment to care, with the ability to inspire and influence others to care, discover their passion for nursing, and actively pursue it. Inspired individuals naturally engage in caring activities, creating a ripple effect as they influence others to embrace care and passion in their lives. Nursing leadership goes beyond the delivery of precise action plans; it involves a holistic and compassionate approach to inspire individuals to discover their unique passions and ways of caring.

##### 4.1. *Effective Communication Skills*

Nursing leadership from the bedside to the boardroom is crucial to improving the effectiveness of health care systems worldwide. In a time of overwhelming change and pressure on health systems, it is imperative that nursing leaders be involved in designing and influencing health care policy. Change is an ongoing issue within the nursing profession and is influenced by a myriad of factors, including global and national policy changes, health care reform initiatives, workforce change, new models of care, and emerging technologies. However, the use of research and evidence to influence policy change within nursing is less well known (Steckler, 2012). The goal of this research is to promote nursing policy change with reference to a pilot project that examined tools that enabled nurses to design, implement, and evaluate local change using evidence and research. Focus groups with nurses and nursing leaders considered both the drivers of change and the barriers to change, as well as tools to assist in the design, implementation, and evaluation of local change.

Nursing leadership also involves a strong commitment to professional development, lifelong learning, and mentoring roles that support the development of others. However, the culture of health care and nursing makes this development difficult. Research showed that the majority of nurses in the local study facility had little understanding of the meaning of research or the terms “audit” and “evaluation.” Although nurses had some knowledge of the importance of evidence-based practice, they had no knowledge of how to translate this into practice. Furthermore, the results indicated that the culture of nursing was hierarchical, and change was often viewed as a burden rather than an opportunity. Most participants felt that they did not have the time to initiate new ideas or developments because they were often just “firefighting.” This subsection discusses



the key themes of effective communication skills, understanding the policy context, and the development of evidence-based resources, frameworks, and toolkits to promote change in local nursing practice.

#### *4.2. Critical Thinking and Problem-Solving*

Nurse leaders face an array of complex problems. Many times, the critical thinking and problem-solving skills that brought nurses to their leadership positions may not be enough. Complex problems require complex solutions. The tendency is to try to solve complex problems with technical solutions only to discover that the problem persists (Kay A. Thornhill & Wafer, 1995). In the clinical setting, complex problems can be elusive, unrecognizable, or morphing. They are often not “visible” problems in the sense that they are not observed directly. Only symptoms may be observed. Efforts at problem-solving may treat only the symptoms and not the underlying problem. At first glance, they appear simple or straightforward; yet, complexity often reveals itself only over time as attempts to resolve the problem lead to unforeseen complications or create new problems.

A complex problem may be recognized by some or all of the following criteria: The situation has many interrelated parts that are difficult to separate. Attempts to resolve the problem lead to unforeseen complications. Efforts to explain the problem often lead to confusion and disagreement. The problem is not visible directly but is recognized only by its symptoms. There is a history of prior failed attempts to resolve the problem. Simple, straightforward solutions have been tried without success.

#### **1.7 5. Ethical and Legal Considerations in Nursing Leadership**

Various national and state organizations have developed scope and standards of practice documents for the nurse. Nevertheless, each nurse should develop a personal philosophy of nursing. Elements of a nursing philosophy typically include epistemology, ethics, aesthetics, and personal knowledge (Downs et al., 2022). It is important that the nurse leader succinctly write their philosophy of nursing. One tenet and supporting commentary might read: The nurse is ethically accountable for the patient as well as the professional practice of nursing. Professional nursing is based upon a social contract which specifies the purpose, values, and commitments of the profession to society. This contract may be honored and fulfilled through the attainment of nursing credentials licensure, certification, education, and skills by the nurse. The profession of nursing has a duty to provide safe, competent, and ethical care. Each nurse is ethically accountable to fulfill this contract by providing safe, competent, and ethical care. Each nurse must embrace the ethical obligations of the profession as specified in the Code of Ethics for Nurses with Interpretive Statements.

There is an ethical obligation to prepare to fulfill professional obligations through education, skill training, and ongoing professional development and experience. Nurses have a duty to advocate for practice environments which assure the provision of safe, competent, and ethical care. Professional nursing education is a prerequisite for professional nursing practice. Consequently, it is an ethical obligation of each nurse to provide a mentoring environment supportive of newly licensed nurses. An individual’s ethical obligations are magnified when in a position of authority. Nurse leaders have a duty to recognize and proactively address situations which threaten the provision of safe, competent, and ethical care.

#### *5.1. Ethical Decision-Making in Healthcare*

Ethical decision-making is one of the foremost complicated and sublime obligations in health care procedures and methods. Globally, judges, lactation specialists, cardiology repairers, dermatology repairers, neurology repairers, nurse detectives, midwives, and other health care professionals rely

on nursing ethics to discover resolution procedures to health care related predicaments by making ethical choices. Nursing ethics is a branch of philosophy and comprises normative principles and theoretical frameworks which help critically think about, discuss, and create knowledge regarding moral issues in nursing care (Kaposy & Petropanagos, 2022). In addition, it is widely recognized that health care procedures and methods should embody ethical principles and that there is a need for moral deliberation when creating, managing, and adopting health care procedures and methods. Therefore, nursing ethics should be deliberated to a greater extent in the management and adoption of health care procedures and methods. However, it remains vague how to deliberate nursing ethics in the management and adoption of health care procedures and methods.

The aim is to fill this gap by considering knowledge gained in previously accomplished research (Downs et al., 2022). An approach to deliberating nursing ethics in the decision-making and management of health care procedures and methods is illustrated. First, the importance of deliberating nursing ethics in the decision-making and management of health care procedures and methods is discussed. Second, dilemmas regarding the adoption, creation, and management of health care procedures and methods are contemplated. Finally, an approach for deliberating nursing ethics in the procedure and method of health care management is illustrated. This deliberation is directed towards health care managers, method developers, procedure designers, and health care researchers.

### *5.2. Legal Responsibilities of Nursing Leaders*

To effectively deliver on these expectations nursing leaders need to develop a thorough understanding of legal issues relevant to their practice. Legal principles and legislation at state and federal level influence the way health care services are provided and the accountability of nursing leaders. Standards of care guide the provision of nursing care for patients/clients and the decisions made by nurses as leaders and managers. A failure to meet required standards may lead to legal liability for nurses as individuals, as well as for their employers and agencies (Williams, 2017). Each state has a Nurse Practice Act that defines the legal scope of nursing practice within that state. All registered nurses must be able to demonstrate their practice within the defined scope of their state practice act. Failure to do so may result in disciplinary action by the state board of nursing.

In addition to the Nurse Practice Acts, nurses need to be cognizant of legislation at federal level, including the Health Insurance Portability and Accountability Act (HIPAA), which protects the privacy of a patient/client's health information, and the Emergency Medical Treatment and Labor Act (EMTALA), which requires health care facilities to provide a medical screening examination to any individual who presents for treatment, regardless of their ability to pay. Violations of HIPAA can lead to civil and/or criminal penalties, as well as disciplinary action by the nursing board, while EMTALA violations can lead to civil monetary penalties against both the facility and the nurse involved.

## **1.8 6. Leading Change in Healthcare Organizations**

A fundamental component of change is the capacity to lead. For executives and managers in healthcare organizations, the ability to lead change is in the context of their position power. For some individuals it is possible to assume a leadership role for change without having the formal authority. This is especially true with nursing leaders at all levels. The clinical care and operational oversight of nursing population services in acute care hospitals is traditionally the responsibility of individuals licensed as registered nurses with an increasing level of formal education. Regardless of position, nurses provide the greatest number of individuals responsible for patient

care in acute care hospitals. Therefore, nurses are in a unique position to influence change concerning how care is delivered, and that is best accomplished through leadership.

Change is a constant in healthcare organizations. Internal and external forces drive some change while other changes are intentional and initiated by the organization. With the change comes challenge, and the capacity to meet the challenge rests with the organization's human resources. Individuals employed by the organization, their knowledge, skill, and commitment determine whether a change is successful or not (J Mette, 2015). Organizations are comprised of interdependent work teams or groups. A work team is a group of individuals who are collectively responsible and accountable for achieving a common goal. Typically, a work team approaches its goal with a specific focus that is delineated by the organization's executive leadership. Work teams are fluid and transform over time in response to organizational needs, challenges, and change. In healthcare organizations, the predominant change agent is its executive leadership team and primary change framework is strategic planning. Work teams also initiate change in response to internal or external forces. However, transformational change driven by an organization's work team is rare.

### *6.1. Change Management Models*

Change management refers to a best practice which is concerned with actions to manage a change process effectively. In the healthcare context, change management denotes measures to continually adapt and transform healthcare services in response to changes in the environment. Widely used and discussed change management models include Lewin's three-phase model, bounded rationality and incrementalism, and the dilemma model. Lewin's three-phase model contains the phases of unfreezing, changing, and refreezing. In the healthcare context, this model suggests that the current state is unfrozen by creating a readiness for change and a motivation to support the change process. Change initiatives are then implemented, and changes are internalized. The bounded rationality and incrementalism model assumes that decision-makers develop a mental image of real situations based on adequate information and a rational understanding of goals. In the healthcare context, this means that decision-makers may consider external changes, but since they can act only on a limited basis, they cannot identify all consequences. In healthcare, this implies that only obvious changes are decided on and implemented. The dilemma model postulates that care organizations try to balance contradictions, including conflicting interests and multiple goals. In the healthcare context, this means that decision-makers perceive a change only when it is large enough to necessitate a change in structure or operations. Empirically observing and analyzing how changes are managed, and how middle nurse managers promote changes, can fill this gap in the healthcare context (Kodama & Fukahori, 2017).

### *6.2. Innovations in Healthcare*

Healthcare systems across the United States and globally are actively exploring innovations in how care is delivered. Healthcare systems, academic medical centers, and payers are working to design and implement new models of care delivery, seeking to improve the quality of service provided, enhance patient and provider satisfaction, and identify opportunities to reduce cost (Bardach et al., 2022). While the pandemic has created unprecedented challenges, many organizations are also seeing an opportunity to accelerate the redesigning of healthcare delivery as they emerge from the pandemic. However, there are challenges healthcare systems may face in redesigning how care is delivered, or in other words, care delivery innovations. This text offers insights from a recently launched healthcare delivery innovation program focused on care delivery innovations in the healthcare systems. It highlights both barriers to and approaches to promote efforts to redesign how care is delivered within healthcare systems.



Nine healthcare systems across the country participated in the program, including Academic Medical Centers, health systems of various sizes, and diverse geographic locations, and offered primary, specialty, and safety net care. Teams worked on different redesign efforts, including expanding telehealth services, redesigning a continuum of care for heart failure patients, and developing an integrated team-based approach to outpatient care for complex patients. These innovations are highly desirable, but also daunting. This text shares lessons learned about what may help systems take care delivery innovations from concept to successful implementation, particularly in the early stages of the effort. At the end of the first project year, deliverables focus on the key considerations in care delivery innovations and offer illustrations from the healthcare systems participating in the program.

### 1.9 7. Building and Sustaining a Positive Organizational Culture

Organizational culture is described as the shared values, beliefs, or perceptions held by employees within an organization. The organizational culture acts as a social glue that bonds employees together and fosters commitment to the organization. A well-designed organizational culture can enhance employees' job satisfaction and organizational performance as employees develop a shared understanding of how the organization works. Furthermore, understanding the organization's core values and philosophies can prevent possible internal conflict and misunderstanding. Conflicts or differences often arise when individuals from different organizations interact and assume that shared values exist between the two organizations (Tsai, 2011). However, the pervasiveness of organizational culture requires that management recognize its underpinning dimensions and the impact culture has on employee-related variables, such as job satisfaction and performance.

The organization consists of the staff, with the behavior of its individual members affecting outcomes. Hence, it is necessary for management to understand how culture influences the behavior of the staff and in turn how the behavior of the staff influences the organizational outcome. "Leadership" is defined as "the ability to influence others to achieve a common goal." Leadership implies authority and is based on objective factors, such as managerial ability, and more subjective characteristics that include personal qualities of the leaders (Owens et al., 2017). Good leaders can help in "turnaround" situations, such as clinical care attrition. Within a hospital, nurse administrators usually have a dual role as both leaders and managers, and the leadership skills of nurse administrators can contribute to the success of their organization.

#### 7.1. *Creating a Culture of Safety*

Safety is a critical yet often chaotic dimension of health care. The ever-narrowing margins of safety that pervade the modern world create profound competitive challenges. Uniquely interdependent yet fragmented, health care organizations must somehow deliver error-free performance. Currently, however, as complexity and risk grow, cultures, systems, and practices of safety are largely absent (Murray et al., 2018). Because of the medical, financial, social, and emotional vulnerability of patients and their families, safety must take precedence over all other goals in health care. So the contemporary challenge to health care is to nurture a culture of safety. Despite unparalleled investments of technology and money in avoiding errors and adverse events, national estimates of preventable deaths have recently risen dramatically from 98,000 to nearly 440,000 per year. Fostering an organizational culture of safety is paramount for all health care organizations that recognize safety as their first priority. Safety culture is defined as a shared pattern of behaviors and beliefs that shapes decisions and actions regarding safety. It becomes manifest in an organization's value system where safety is prioritized over all other production goals. Organizations with a safety culture view failures as systemic and complex rather than individual

and simplistic. Instead of blaming people, they investigate how organizational choices about work design, practices, and technologies create error traps. Good safety cultures foster openness in reporting errors, near misses, and unsafe conditions and invest in ongoing education and training.

### *7.2. Promoting Diversity and Inclusion*

Diversity is a core value of the profession and in health care practice. Canada's population is becoming increasingly diverse. Nursing leadership is key in promoting diversity and inclusion. Nursing leadership and policy have an important role in embedding and advancing inclusivity in health care organisations and settings. Inclusive health care practices ensure that everyone (including those from diverse backgrounds, lifestyles and capabilities) can access appropriate health care services, which are safe, respectful and responsive to individual needs. Health care settings should be inclusive in both service provision and research ( (Marjadi et al., 2023) ).

Diversity encompasses difference and includes a range of human characteristics and social attributes. This includes race, ethnicity, culture, spirituality, religion, gender, age, sexual orientation, education, socio-economic status, physical and mental ability. It can also include diverse knowledge systems or ways of thinking. Inclusion is being able to fully participate in all aspects of life. Inclusive practices promote an individual's sense of belonging and acceptance, ensuring their needs are understood and met. An inclusive environment is free from prejudice and discrimination. Adopting inclusive health care practices is critical for the delivery of appropriate health care services to individuals from diverse backgrounds. It is essential to minimise health care disparities and inequities in health status ( ).

#### **1.10 8. Collaborative Leadership in Interprofessional Healthcare Teams**

Effective nurses and allied health professionals demonstrate collaborative leadership in their teams. They take active responsibility for implementing change in their practice, involving others, and providing support. Leadership requires a high degree of motivation and commitment, particularly when the outcome is uncertain or difficult (Smith et al., 2018). Allied health professionals and nurses can feel isolated in their leadership roles, particularly in the current environment of change and uncertainty. Collaboration and inclusion provide encouragement and empowerment. Learning from shared experiences can build resilience and a greater sense of professional purpose. These are important factors in preventing burnout and allied health professionals leaving the profession. Team members speak positively about the sense of achievement and reinforcement their leadership role brings to them professionally and personally. The difference collaborative leadership makes to successful delivery of change is acknowledged and valued by team members. As a result of collaborative leadership, team members feel included in the process and therefore take ownership of it, which is important for ensuring that change and development are embedded in practice. Having shared leadership across the team means that skills and strengths can be utilized effectively, and the workload is shared, which helps to alleviate stress. Having the support of the whole team makes it easier to overcome difficulties. Importantly, collaborative leadership results in a greater emphasis on the quality of care being delivered to patients. This happens in two ways: firstly, the team regards patient care as being paramount and will do whatever is necessary to ensure improvements are made; secondly, involving patients and seeking their views on experience and outcomes has a positive impact on the quality of care delivered. Involving patients and seeking their views on experience and outcomes as a matter of course has significantly impacted the quality of care delivered.

### *8.1. Team Dynamics and Conflict Resolution*

Nursing Leadership: Inspiring and Influencing Change in Healthcare 8.1. Team Dynamics and Conflict Resolution

Nurses in leadership positions must effectively inspire and influence others to intervene to improve situations. There are different approaches to leadership, which shape the strategies nurses use to influence others. Locus of control is the degree to which a person believes they have control over their own life. Those with a higher internal locus of control believe they can control their life, whereas those with a higher external locus of control believe their life is controlled by outside factors. Leadership styles tend to fall on a continuum from passive / avoidant to transformational. Nurses with a higher internal locus of control generally exhibit more transformational leadership styles compared to those with an external locus of control. Education and training interventions can improve nurses' internal locus of control and transformational leadership characteristics (D. Wolfe et al., 2018).

Conflicts arise due to individual perceptions, priorities, and goals. Leadership styles influence how conflict is managed. Nurses in leadership roles working to affect change must understand team dynamics to gauge group responses to change. There are five phases of team development: forming, storming, norming, performing, and adjourning. Each team member reacts differently to change depending on where they fall in these stages. Resistance to change is common, as people generally prefer routine and familiarity. Teams often experience conflict when team members perceive their goals are incompatible. There are five approaches to handling conflict: avoiding, accommodating, competing, compromising, and collaborating. Avoiding and accommodating minimize personal involvement in the conflict. Competing seeks to satisfy one's own needs at the expense of others. Compromising seeks to find a middle ground. Collaborating looks for solutions which fully satisfy the needs of all parties involved.

### 1.11 9. Measuring and Evaluating Nursing Leadership Effectiveness

Leadership is essential to the holistic structure of a nurse-managed center. The presence of nursing leadership drives patient safety, access to and quality of care, efficiency in operations, and financial stability (C. Wright, 2019). Leadership is a primary tenant for sustaining and growing the center services. Nurses, who have forged a bond and relationship with patients and the community, hold the foundation of the nursing leadership plan. Leadership development opportunities should be in addition to service growth. Community access, screening, and outreach services can be considered initial activities to expand service delivery. Evaluation is integral to the development and ongoing sustainability of the nursing leadership plan. Evaluation and measurement strategies with timeline considerations are recommended to assess the progress and impact of each nursing leadership component. The evaluation strategies have been divided by component into measurable metrics and program evaluations. Consideration of the evaluation strategies at the planning stage is expected to enhance the impact of nursing leadership (E. Proud, 2018). Nursing leadership is integral to the foundation of a nurse-managed center (NMC). The democratic and participatory governance structure defines the NMC as a practice site for innovative nursing leadership development opportunities. The vision, goals, and key activities that need to be implemented to realize the NMC nursing leadership plan are discussed. The aim is to measurably enhance nursing leadership in multiple capacities by developing a center for nursing leadership opportunities and responsibilities, integrating nursing leadership in education programs, creating nursing leadership mentoring initiatives, and measuring and evaluating nursing leadership effectiveness.

#### 9.1. Key Performance Indicators for Nursing Leaders

Leadership is critical to meeting healthcare challenges (C. Wright, 2019). The Long term Plan aims to leverage the knowledge and skills of frontline health and care staff, with a particular emphasis on ensuring that nurses can exercise their professional leadership potential and fulfill

their leadership obligations to patients and people receiving care. Trust data indicates that by June 2021, 84% of the eligible nursing workforce possessed Professional Registered Nurse status, with 3% unregistered and 13% in trainee roles. Of the estimated 368,238 registered nurses, 262,183 had an additional specialty. Despite 56% of frontline staff working in triaged, treatment, or inpatient care roles, only 31% were in leadership posts that influenced the direction of services. The evolving leadership role of nurses is critical in addressing current and future service delivery challenges, with an expectation of greater influence over local service and clinical pathway redesign. conducted an exploratory, mixed methods, case study design with a convergent approach, collecting qualitative and quantitative data from multiple sources over 20 months across three services. Quantitative data focused on contextual services and key performance indicators associated with nurse-led changes, while qualitative data captured stakeholder perceptions of nursing leadership, internal, contextual enablers, and barriers. In July 2021, KPIs and 47 interviews with 56 stakeholders were analyzed. Service redesigns were driven by Nurses in Charge co-designing and delivering changes to care pathways, acuity, staffing skill mix, post qualifications, and roles. The changes met nine quantitative KPIs, and eight were exceeded, while 32 qualitative KPIs influenced. The findings inform and augment current leadership frameworks and postgraduate curricula with practical considerations for ensuring nursing leadership's key role in shaping future health services.

### 1.12 10. Future Trends and Innovations in Nursing Leadership

With healthcare continuing to evolve, new trends and innovations will impact nursing leadership. These trends will include an increased focus on diversity, equity, and inclusion, technological advancements, value-based care, interprofessional collaboration, and an emphasis on mental health and well-being for both patients and healthcare workers. Cultural humility and representation are paramount in the evolution of nursing leadership. As healthcare becomes more diverse, nursing leadership must reflect that diversity, creating an inclusive atmosphere that welcomes input and participation from all staff members (Williams, 2017). Equity in healthcare is vital, requiring nursing leaders to advocate for policies and practices ensuring fair care access and addressing social determinants of health.

Technological change is another expected trend in nursing leadership. Technology can improve care quality while also posing challenges addressing staff resistance and navigating the digital divide. Nursing leadership plays a crucial role in implementing new technology and ensuring equitable technology access for all staff members. With the transition to value-based care, nursing leaders will need to integrate value-based services into day-to-day operations through education, collaboration, and transparency about quality of care. Social injustice, implicit bias, and discrimination have recently come to the forefront, highlighting the vital role nursing leaders have in creating a safe workplace that encourages open and honest communication among staff members at all levels to avoid patient safety events and damage to care integrity.

#### 10.1. Technology in Nursing Leadership

The role of technology in healthcare delivery has increased dramatically over the last three decades. The effectiveness of technological systems widely adopted by healthcare organizations depends largely on the attitudes of system users. The integration of patient care technologies into the delivery of care has redefined how nurses work, interact, and communicate. It is imperative to understand how nurses evaluate these technologies to improve care quality, compliance, productivity, and performance. Empirical evidence is building around how nurse leaders are instilling a culture of thoughtful evaluation of patient care technologies. This is crucial for ensuring that technology enhances rather than detracts from care quality and safety (Williams, 2017). For

healthcare systems, patient care technologies are essential for delivering safe, high-quality patient care. However, poorly designed systems can negatively impact workflow, disable communication, and misrepresent patient status. Even well-designed systems require constant monitoring of data integrity and flow. Therefore, nurse leaders must be vigilant in evaluating systems and data to identify potential errors, breakdowns, or safety zones (J Mette, 2015). The evaluation of patient care technologies is a complex process mediated by continuous systemic, social, and individual change and adaptation. Desktop and handheld technologies are rapidly implemented in a system of care. Each new technological device restructures the nature of care delivery and the competencies, skills, and performance required of caregivers.

### 1.13 11. Conclusion and Call to Action

Leadership is essential at all levels of the nursing workforce, from staff nurses to the C-Suite. Yet currently, there is a critical shortage of nurses in leadership roles and a lack of incentive to develop in those roles. Facing unprecedented challenges with workforce and funding shortages, population migration, and increasing chronic illness, health systems must strategically focus on and prioritize nurse leadership development (C. Wright, 2019). Health systems should partner with academic institutions to identify and implement innovative, evidence-based solutions to current and future healthcare challenges. Bold solutions that transform the conventional approach to care delivery will emerge from these collaborations. To be competitive in partnering with academic institutions, health systems must prioritize the commitment of financial resources to nursing leadership development.

With accountability for patient populations in the acute care hospital setting, nurse leaders are key individuals for the success of change in healthcare (J Mette, 2015). They must be visionary in identifying where change is needed and how to create desired outcomes for patients and the workplace. As healthcare continues to evolve and change dramatically, the very access and delivery processes for care are shifting. Currently, and for the foreseeable future, healthcare organizations face the challenges of dramatically increased access to care while operating with dwindling fiscal resources. The passage of the Patient Protection and Affordable Care Act is driving providers to find new ways to deliver services. With expanded eligibility for Medicaid, thousands of new patients are accessing care, creating an unprecedented demand on an already stressed system. Inpatient services tend to be the most efficient and least costly, so it follows that most organizations would prefer to expand those services rather than develop new outpatient services. As a result, there is an increased demand for nursing leaders in acute care settings. However, contemporary nursing leadership development programs are stagnant and ineffective.

#### 11.1. Summary of Key Points

Nursing leadership is a critical component in formulating and implementing strategies that shape the future of healthcare. Current nursing leaders must adopt a multifaceted approach to leadership, transcending organizational boundaries to ensure the sustainability of the nursing profession amidst significant workforce and educational changes. A plenary session during the 2018 Quad State Nursing Conference emphasized the importance of emerging and novice nursing leaders in addressing changes and challenges impacting nursing's future. Panelists from various healthcare settings shared their leadership journeys and insights, prompting audience reflection on their own leadership vision and direction. This chapter summarizes panelists' comments and responses to selected questions, with the aim of fostering further discussion on nursing leadership development and involvement.

Effective nurse leadership is acknowledged as essential for achieving optimal patient outcomes and workplace enhancement (J Mette, 2015). Over the last two decades, research on nursing



leadership has focused on the conceptual theory of transformational leadership. This framework has provided insight into various leader characteristics, offering persuasive evidence of the model's effectiveness. However, nurse leaders struggle to be transformational in today's complex healthcare environment (C. Wright, 2019). Many organizations are not investing resources in the development of current and future leaders. This chapter addresses the impact of changes and challenges on nursing and healthcare, exploring the role of nursing leadership's vision in navigating these transformations.

### *11.2. Inspiring Change in Nursing Practice*

Twenty-first century healthcare challenges are dramatically shifting access and delivery processes for care. The Patient Protection and Affordable Care Act (J Mette, 2015) is driving providers to find new ways to deliver services regardless of setting, diversity of populations, cost restraints, and consumer demand for safety and consistency. Key individuals essential for successful change in healthcare are nursing leaders responsible for patient populations. Contemporary nurse leaders must be visionary in identifying where change is needed. Traditional management solutions have limited the innovation needed to adapt to a new model that could better address healthcare challenges. Flexibility is critical to the successful adaptation of these changes. Without understanding these emerging realities in the healthcare setting, outcomes will be ineffective in attempting change. Effective nurse leadership is acknowledged as essential for achieving optimal patient outcomes and workplace enhancement. Research on nursing leadership has been dominated by the conceptual theory of transformational leadership. Nurse leaders struggle to be transformational in today's complex healthcare environment. Many organizations are not investing resources in the development of current and future leaders. Nursing leadership's greatest challenge is guiding team members to develop consistently high performing work teams.

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