The Advanced Nursing Practice Role of Nurse Administrators

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History of the Role

- Florence Nightingale
  - Early persistence in the 1800’s of learning basic care and methods of instruction, led to her being appointed superintendent of Upper Harley Street Hospital in England
  - She used per political influence to travel to Crimea War to care for sick and wounded soldiers
  - Used principals of statistics to document her treatment of wounded and decreased mortality rates
  - Laid the foundation for evidence-based practice
  - After her return to England, developed Nightingale School of Nursing in London to educate professional nurses (focused on proper education)
History continued...

- **Civil War nurse influences**
  - These were “volunteer nurses” who laid a foundation for professional nurses in the United States. A few examples:
    - **Dorothea Dix** (1802-1887)-superintendent of Union Army nurses during the war. She was a teacher and reformer of mental hospitals.
    - **Clara Barton** (1821-1912)-volunteer nurse who served in the battlefield hospitals and prisoner of war camps. After the war, she founded and became first president of the American Red Cross.
    - After the war, these ladies along with many others influenced the development of professional nursing schools and training in the U.S.
History continued...

- **Mid-1930’s**
  - Hospital and public health nursing administration were identified as areas of graduate study for nurses.
  - It was acknowledged that nursing administration required a specialized set of knowledge and skills.

- **1950’s**
  - W.K. Kellogg Foundation funded 13 universities to establish graduate nursing programs that prepared nurses for hospital nursing administration.

- **1970’s**
  - Nursing administration increasingly recognized as a practice area and certification for the specialty of nursing administration was established.
1970-1980’s

With the increase emphasis on clinical specialization in nursing, had a decrease number of nurses enrolling in nursing administration programs.

Today

Nursing administration is recognized as an advanced nursing practice role requiring graduate education to adequately prepare nurses to lead in complex health care practices and educational settings.

Description of the Role

Nurse administrator broadly defined:

- Can be in many forms and at various levels: nurse executive, director, manager, etc.
- Organizes and influences the work of others to enhance the shared vision of an organization or institution.
- Global qualities include: advocacy, leadership, shared vision, knowledge of business practices and processes, mentorship, and dedication to the profession.
- Deal with issues on the employee or student level and address issues that affect delivery of services to their consumers.
- Help define the values of the organization, facility, or team; foster collaboration, communication, and goal-setting; and strive for excellence among and across the continuum of care and the populations they work with or affect.

American Nurses Association (2009). *Nursing Administration: Scope and Standards of Practice*. 
Key Competencies of the Role

COMMUNICATION AND RELATIONSHIP BUILDING

- **Effective Communication**
  - Facilitate group discussions, skill in interpersonal communication, oral presentations

- **Relationship Management**
  - Build collaborative relationships, effective conflict resolution skills, create trusting environment (follow through on promises and commitments, engage others in decision-making)

- **Influencing Behaviors**
  - Create a shared vision, facilitate consensus building, manage undesired behaviors

- **Diversity**
  - Establish cultural competence in the workforce, incorporate cultural beliefs into care delivery

- **Community Involvement**
  - Serve as resource to the community, represent nursing to the media, represent the community perspective in decision-making process within the organization/system
Key Competencies continued...

- **Medical/Staff Relationships**
  - Build credibility with physicians as a champion for patient care, quality, and the professional practice; confront and address inappropriate or disruptive behavior towards patients and staff; represent nursing at medical executive committee.

- **Academic Relationships**
  - Determine current and future supply and demand for nurses to meet the care delivery needs, identify educational needs of existing nursing staff, serve on academic advisory boards, collaborate in nursing research and translate into evidenced-based practice
Key competencies continued...

**KNOWLEDGE OF THE HEALTH CARE ENVIRONMENT**

- **Clinical Practice Knowledge**
  - Demonstrate knowledge of current nursing practice, communicate patient care standards as established by accreditation, regulatory and quality agencies, ensure compliance with state practice acts and State Board of Nursing, ensure organizational polices and procedures

- **Delivery Models/Work Design**
  - Assess the effectiveness of delivery models, develop new models, participate in the design of facilities

- **Health Care Economics and Policy**
  - Understand the regulation and payment issues that affect an organization’s finances, use knowledge of federal and state laws and regulations that affect the provision of patient care (ex. tort reform, malpractice, reimbursement), educate patient care team members on the legislative/regulatory process and methods for influencing both
Key competencies continued...

- **Governance**
  - Use knowledge of the role of governing body of the organization in the areas of credentialing, performance management; represent patient care issues to the governing body; participate in strategic planning and quality initiatives with the governing body; represent nursing at the organization’s board meetings.

- **Evidence-Based Practice/Outcome measurement and Research**
  - Use data and other sources of evidence to inform decision making; use evidence for establishment of standards, practices and patient care models in the organization; design and interpret outcome measures; allocate nursing resources based on measurement of patient acuity/care needed.

- **Patient Safety**
  - Support the development of an organization-wide patient safety program; support a Just Culture (non-punitive) reporting environment, supporting a reward system for identifying unsafe practices.
Key Competencies continued...

- **Performance Improvement/Metrics**
  - Use evidence-based metrics to align patient outcomes with the organization’s goals and objectives, apply high reliability concepts for the organization

- **Risk Management**
  - Identify areas of risk/reliability, facilitate staff education on risk management and compliance issues, ensure compliance by staff with all required standards

**LEADERSHIP**

- **Foundational Thinking Skills**
  - Address ideas, beliefs or viewpoints that should be given serious consideration; apply critical analysis to organizational issues after a review of evidence; provide visionary thinking on issues that impact the health care organization
Key Competencies continued...

- **Personal Journey Disciplines**
  - Learn from setbacks and failures as well as successes

- **Systems Thinking**
  - Use knowledge of classic and contemporary systems thinking in problem solving and decision making; provide visionary thinking on issues that impact the healthcare organization; consider the impact of nursing decisions on the healthcare organization as a whole; use resources from other paradigms

- **Succession Planning**
  - Develop a leadership succession plan; mentor current and future nurse leaders

- **Change Management**
  - Adapt leadership style to situation needs; use change theory to implement change
Key Competencies continued...

PROFESSIONALISM

- Personal and Professional Accountability
  - Hold self and others accountable for mutual professional expectations and outcomes; participate in and contribute to professional organizations; promote professional certification for staff; promote lifelong leader and staff learning and educational achievement

- Career Planning
  - Coach others in developing their own career plans; develop a personal and professional career plan and measure progress; solicit feedback about personal strengths and weaknesses and act on the feedback

- Ethics
  - Uphold ethical principles and corporate compliance standards; discuss and resolve/learn from ethical dilemmas

- Advocacy
  - Involve nurses and other staff in decisions that affect their practice; represent the perspective of patients and families; advocate for optimal health care in the community
Key Competencies continued...

BUSINESS SKILLS

- Financial Management
  - Develop and manage an annual operating budget and long-term capital expenditure plan; interpret financial statements; manage financial resources; educate patient care team members on financial implications of patient care decisions; participate in the negotiation and monitoring of contract compliance (e.g., physicians, service providers)

- Human Resource Management
  - Participate in workforce planning and employment decisions; use corrective discipline to mitigate workforce behavior problems; evaluate the results of employment satisfaction surveys; support reward and recognition programs to enhance work-life balance; promote healthful work environments; develop and implement emergency preparedness plans; contribute to the development of compensation programs; develop and evaluate recruitment, onboarding, and retention strategies
Strategic Management

- Defend the business case for nursing; use the balanced scorecard analysis to manage change; identify marketing opportunities; promote the image of nursing and organization through effective media relations

Information Management and Technology

- Use technology to support improvement of clinical and financial performance; use data management systems for decision making; demonstrate skills in assessing data integrity and quality; provide leadership for the adoption and implementation of information systems

Clinical Situation that Exemplifies the Role

Case Scenario:

Our network is currently contracted with an ambulance company that continues to have long delays in transporting patients from the hospital to facilities such as nursing homes or home when discharged and between hospitals for other tests or procedures. This has been an ongoing issue that has seemed to have gotten worse over the past year. The company can not simply handle the increased volume of transporting patients. There have been multiple times the company will schedule a pick up time of a patient and then call back and say they will not be there for another 2 or 4 hours. They have also delayed pick-ups to nursing homes for patients to very late at night (even as late as 11:00 pm and 1:00 am). This has caused several upset families, facilities, and physicians.

Action of the Nurse Administrator:

The nurse administrator of our hospital met with the network executive board and decided they would have nursing do an audit of how many times this ambulance rescheduled pickup times for patients and how long the delays were. They also had nursing put in an incident report into our tracking system, Midas. After about a month, the nurse administrators gathered this information and presented it to the ambulance company. The ambulance company and the administrators developed an action plan/timeline how the business would be conducted from this point and came up with alternate solutions for the company to call additional ambulance companies if they could not meet our expectations of appropriate pick-up times for patients.
Results

After trying the new plan set with the current ambulance company, it was noted that the pick-up times of patients was not getting any better. The nursing administrators decided to end the current contract with the ambulance company early for the quality and effectiveness of patient care and patient and family satisfaction. Our network has invested in our own ambulance fleet with multiple vehicles that will transport all of our patients in between hospitals, facilities, and/or home.

Key competency met by Nursing Administrator

- Standard of Professional Performance: Quality of Care and Administrative Practice
  - The nurse administrator lead the development, implementation, and improvement of a care delivery model and service that will meet and exceed customer expectations

How a Nurse Administrator Interacts with Patients/Families

- Research evidence highlights a connection between supportive leadership approaches and positive patient safety outcomes (ex. lower medication errors, nosocomial infections, and prevents mortality), and higher patient satisfaction ("Connecting Nursing Leadership," 2015).

- Ethical Issues
  - The nurse administrator advocates on behalf of the patients and family
  - The nurse administrator maintains privacy, confidentiality, and security of patients/client/resident, staff and organizational data
  - The nurse administrator deals with and follows up on patient/family complaints

American Nurses Association (2009). Nursing Administration: Scope and Standards of Practice
How a Nurse Administrator Interacts with Physicians

**Collaboration**
- The nurse administrator builds credibility with physicians as a champion for patient care, quality, and the professional nursing practice
- Confronts and addresses inappropriate or disruptive behavior towards patients and staff
- Serves on medical executive committee
- Collaborates with physicians in determining needed patient care service lines
- Collaborates with physicians to develop patient care protocols, policies, and procedures
- Uses medical staff mechanisms to address physician clinical performance issues
- Creates opportunities for physicians and nurses to engage in professional dialogue

How Nurse Administrators Influence the System Where They Work

- Research findings have suggested that a leader’s knowledge and value of patient care requirements, the quality of their communication skills, promotion of healthy working environments, and the inspiration to nursing staff by being engaged promotes higher levels of performance and can predict improved patient outcomes ("Connecting Nursing Leadership," 2015).

- Nurse administrators who lead an organization with a complexity science-based model allow leaders of the organization to build relationships with all of the stakeholders and bring about effective change in a supportive environment (Joel, 2013).

- Administrators can propose structures and processes needed for quality and quality improvement (Joel, 2013).

- Research
  - Supports research that promotes evidence-based, clinically effective and efficient, nurse-sensitive patient/client/resident outcomes and other healthcare outcomes
  - Facilitates the dissemination of research findings and the integration of evidence-based guidelines and practices into healthcare

Strategies Used to Measure the Effectiveness of the Nurse Administrator

- Metrics used to determine the success of a nurse administrator:
  - Employee satisfaction
  - Successful recruitment and retention efforts
  - Quality outcomes
  - Elevation of the image of nursing practice
  - Direct feedback from staff

- Performance Appraisal:
  - Engages in self-assessment of role accountabilities on a regular basis, identifying areas of strength as well as areas for professional and practice development
  - Evaluates the accomplishment of the strategic plan and the vision for nursing
  - Seeks constructive feedback regarding one’s own practice
  - Peer reviews as appropriate


