Nursing
Leadership
Leadership skills develop over a lifetime, so I would like to publicly thank some of the important people in my life who gave me the support over the years to accomplish all that I have:

To my parents, Florence and Mickey Martin, their faith and unconditional love guided me toward success;

To my husband, Ron Feldman, you always challenge me to think in alternative ways;

To my mentors, especially Drs. Madeline Schwaid and June S. Rothberg, for gently showing me the way so I could grow as a professional and person.

—Harriet
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Editors’ Bios

Harriet R. Feldman, PhD, RN, FAAN, is professor and Dean of the Lienhard School of Nursing at Pace University (1993–Present) and Interim Dean of the Pace University School of Education (2006–2008). Dr. Feldman has held administrative, teaching, and clinical positions for more than 40 years. She was also editor of two nursing journals; Scholarly Inquiry for Nursing Practice: An International Journal and Nursing Leadership Forum. Three of her books have received American Journal of Nursing Book of the Year Awards: 2001 (Nurses in the Political Arena: The Public Face of Nursing, co-authored with Dr. Sandra B. Lewenson), 2005 (Educating Nurses for Leadership, co-edited with Dr. Martha J. Greenberg), and 2007 (Teaching and Learning Evidence-Based Practice: A Guide for Educators, co-edited with Dr. Rona F. Levin). Other books by Dr. Feldman include Strategies for Nursing Leadership (2001), Nursing Leaders Speak Out (2001), and The Nursing Shortage: Strategies for Recruitment and Retention in Clinical Practice and Education (2003). She has more than 80 refereed journal articles and editorials to her credit. Dr. Feldman holds the following appointments: Chair (Vice Chair, 2007) of the Board of Commissioners of the Commission on Collegiate Nursing Education and member of the Health Advisory Committee to Representative Nita Lowey. She is a Fellow of the American Academy of Nursing and a Fellow of the New York Academy of Medicine.

Marilyn Jaffe-Ruiz, EdD, RN, is professor of nursing at the Lienhard School of Nursing, Pace University, New York City, New York. Her areas
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Margaret L. McClure, RN, EdD, FAAN, is a professor at New York University, where she holds appointments in both the School of Medicine and the College of Nursing. For almost 20 years, she was the chief nursing officer at New York University Medical Center, where she also served as the chief operating officer and hospital administrator. A prolific writer and lecturer, Dr. McClure is internationally recognized as a nursing leader. Her best-known contribution to the literature is *Magnet Hospitals: Attraction and Retention of Professional Nurses*, which she coauthored under the auspices of the American Academy of Nursing. In 2002, she completed a compilation of all the work that has been done to date regarding this subject, titled *Magnet Hospitals Revisited*.

Martha J. Greenberg, PhD, RN, is Associate Professor at the Lienhard School of Nursing at Pace University in Pleasantville, New York. She has served in leadership roles as chairperson of the 4-year Baccalaureate Nursing Program from 1995 to 2000 and 2007–Present. She teaches didactic and clinical nursing leadership and management courses in the undergraduate nursing programs and complementary healing and holistic nursing courses in both the undergraduate and graduate programs. Dr. Greenberg maintains a clinical practice in medical-surgical nursing and serves on a variety of community boards and task forces in Westchester County, New York. Her areas of research interest are humor and complementary health and healing practices.

Thomas D. Smith, MS, RN, CNAA, BC, is Chief Nursing Officer and Senior Vice President, Patient Care Services at Cambridge Health Alliance, which
is a public, academic integrated delivery system serving Cambridge and Somerville, Massachusetts, as well as seven adjacent communities in the metro-north region of Boston. From 1996 to 2005, he was Senior Vice President for Nursing at The Mount Sinai Hospital in New York City, the first full-service hospital in Manhattan to receive the Magnet Award for nursing excellence. In addition, he currently serves as Senior Advisor at the New York University College of Nursing. Mr. Smith is the recipient of numerous awards, including the Grace E. Davidson Award for contributions to the education of nursing students at New York University College of Nursing and the Anne Kibrick Award for excellence in nursing leadership at the University of Massachusetts, Boston. He is a member of the Board of Trustees of the Foundation of the National Student Nurses Association, and he is currently serving as a member of the Commission on Collegiate Nursing Education (CCNE).

M. Janice Nelson, EdD, RN, is professor and dean emerita of the College of Nursing, Upstate Medical University of the State University of New York at Syracuse. She currently serves as a trustee on the Board of Directors of the Foundation of the New York State Nurses, Inc. In addition to teaching and administrative roles, over the past 25 years Dr. Nelson served as president and board member of the Central Counties Professional Nurses Association and president and board member of Nurses Educational Funds, Inc. She was active on the Board of Directors of the Central New York Visiting Nurse Association as well as the Syracuse Home Association—a multilevel retirement community. Nelson is recipient of a number of awards including induction into the Nursing Hall of Fame at Teachers College, Columbia University, and recognition for Distinguished Achievement in Nursing Education from the Nursing Education Alumni Association of Teachers College, Columbia University; she was recognized as a Distinguished Alumna from Daeman College in Buffalo, New York.

Angela Barron McBride, PhD, RN, FAAN, is Distinguished Professor-University Dean Emerita at Indiana University School of Nursing. She is on the board of Clarian Health, the largest hospital network in Indiana and chairs their Committee on Quality and Patient Safety. Known for her contributions to women’s mental health, she served as president of Sigma Theta Tau International (1987–1989) during the building of their International Center for Nursing Scholarship, and of the American Academy of Nursing (1993–1995). Elected in 1995 to the Institute of Medicine, Dr. McBride was named a “Living Legend” by the American Academy of Nursing in 2006.
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G. Rumay Alexander, EdD, RN, is associate professor and the Director of the Office of Multicultural Affairs in the School of Nursing at the University of North Carolina-Chapel Hill, and has over 25 years of experience in the areas of cultural diversity, public policy, advocacy, strategic planning, and workforce issues. At a national level, she has served as a Commissioner on the American Hospital Association’s Workforce Commission, the Board of the American Organization of Nurse Executives, the National Quality Forum Nursing Care Performance Measures’ Steering Committee, and the American Hospital Association’s Leadership Circle of Eliminating Racial and Ethnic Disparities in Health Care.
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Foreword

Tomorrow’s leaders will be those with a taste for paradox, a talent for organizational ambiguity, and the capacity to hold new and dissimilar ideas comfortably in their minds. They will lead by conviction, not by power.

(Harlan Cleveland)

Today’s health care leaders are sorely challenged by increasing consumer demands, contradictory priorities, rapidly shifting incentives, insufficient resources, and a dysfunctional health care system. By contrast, health care leaders have been blessed by increasing consumer involvement, technological possibilities, a passionate engagement by students entering health care, and a national awakening to the idea that health care must be a priority. Although these blessings are also challenges, they provide the impetus for transforming our current health care system into one that is truly driven by the needs of patients and families; health care must be holistic, personalized, convenient, effective, and efficient.

Being a leader in health care today is often about taking people on a journey on which nobody wants to go. It involves change, replacement, loss, and growth. It is also about engaging people on a journey that can be co-created as we go along. No one has to have all of the answers; we just
Leadership in this environment requires three things:

- An understanding of the context in which health care is delivered
- A compelling vision, or perhaps merely an idea, of how things “could be better”
- An ability to connect with others and move from “here” to “there”

Leaders are those who are able to tolerate ambiguity and paradox while maintaining a clear focus on the goal and creating positive spaces for all to participate.

_Nursing Leadership: A Concise Encyclopedia_ is an important reference for all leaders and future leaders in health care. The 150+ entries, written by acknowledged luminaries in the nursing field who have both experience in and wisdom about health care, are organized around nine themes. Five of the themes embrace the most salient theories of management and leadership, including the characteristics and skills required of leaders in today’s complex health care system. Entries are varied and are based on the assumption that nurse clinicians, academics, and researchers share many of the same challenges but also have to adapt their leadership styles and visions to suit the unique challenges demanded by different roles and institutional missions. The nursing shortage, which is acute and different from all others in its intensity, has been greatly affecting practice and academia dramatically. Thus, consideration of what is required by leaders and managers in both settings is timely.

The movement of the health care system toward greater accountability to the public it serves is reflected in the remaining four themes: professional standards, health care delivery standards and health policy, quality outcomes, and informatics and technology. All of the most important professional organizations in health care are described in this text, and readers will find that these organizations play a key role in determining how best to define successful outcomes, while protecting the public from adverse consequences of care. Novices will find these listings particularly helpful, because many organizations have overlapping aims and share similar missions. Leaders in nursing today experience the impact of professional organizations, and it is important that they be involved in all aspects of the discussion leading to new regulations. Active participation in health policy is not a choice for nurse leaders; it is a mandate.
We are delighted to introduce this text to a new generation of readers. The challenges in nursing, as well as in health care, have never been greater. The need for resources such as this text is profound.

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Preface

*Nursing Leadership: A Concise Encyclopedia* grew out of a long-standing and enduring commitment to describe and define the concept and field of nursing leadership. In a number of past publications, including articles, editorials, and books, as well as in presentations around the world, I have tried to share that commitment. The Encyclopedia presents another venue to provide students, faculty, nurse managers, executives, and others with a concise resource for information about the range of knowledge and roles encompassed by the term nursing leadership. Included are descriptions of the contributions of key nursing leaders, the knowledge base and traits of leadership, skills and models on which leadership is based, the regulatory environment of health care, the range of practice settings and roles, and the design of quality outcomes. Nine themes were developed, around which the entries were organized: Characteristics of Leaders; Management and Executive Skills; Theories and Models of Management and Leadership; Major Leaders in Nursing; Professional Standards; Health Care Delivery Standards and Health Policy; Leadership in Practice, Education, and Research; Quality Outcomes; and Informatics and Technology. The associate editors and I hope that you will use this reference guide and the practical skills and references of each entry to further develop your understanding of what leaders and aspiring leaders need to know to be successful. Along with the seven associate editors, Dr. Marilyn Jaffe-Ruiz, Dr. Margaret McClure, Dr. Martha J. Greenberg, Mr. Thomas Smith, Dr. M. Janice Nelson, Dr. Angela Barron McBride, and Dr. Rumay Alexander, there were many contributors who were invited to write entries because of their expertise in one or more areas. So we have
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the benefit in the Encyclopedia of the experience and expertise of dozens of nursing leaders. Assembling this wonderful group is just part of the story. The staff at Springer Publishing Company, with whom I have been associated for more than 20 years, and especially Sally Barhydt, provided great support to the publication.

In the 2005 fable, “Our Iceberg is Melting,” by John Kotter and Holger Rathgeber, a penguin colony is faced with a dilemma—the melting iceberg, which threatens their home. They need to find a solution quickly, and the fable takes the reader through the change process to guide us in a “world that just keeps moving faster and faster.” Informal and formal leaders teach us important lessons about the art and science of leadership, for example, working effectively in groups, persuading others, communicating and advancing one’s vision, dealing with naysayers, and celebrating success. Similar to the penguins, who in the process of solving their dilemma learned to think and feel differently, I am confident that the many topics and resources of the Encyclopedia will enhance your leadership skills and opportunities to be successful.

Harriet R. Feldman, PhD, RN, FAAN
Editor-in-Chief
Aademic Leadership is an anomaly, and should be. Academic leadership is most like leadership of an orchestra rather than a corporation, and should be. Academic leaders, colleagues among colleagues, lead by persuasion rather than mandate. Academic leadership focuses on building excellence, and rewards competition for excellence rather than rewarding competition for personal gratification or pleasing the leader. Academic leadership shows by vision and example that individual differences and personality quirks can be accommodated and even embraced so long as productivity and quest for excellence is maintained.

What does that quest for excellence include and how does the academic leader, essentially without the power of the corporate leader, achieve this? The academic leader “...may be judged by the extent to which she influences and supports the faculty in individual and school development....” The academic leader “must have sufficient ego strengths to recognize that building leaders and sharing leadership does not in any way diminish [her] prestige...” (Fagin, 2000). Reaching for excellence is not a finite process. But no part of it can be achieved without an atmosphere of openness and trust and rewarding excellence in the shared value system of the group. The academic leader moves the
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discipline forward and represents the institution in the best way possible. Faculty want their leader to represent them to the administration, help them achieve their full rights and respect, present the discipline in the most reputable way possible, and be able to engage in the broad campus and alumni arenas in a way that brings positive attention to nursing. The academic leader must be a superb role model of the values espoused, must be able to mentor others, must recognize instances of success, and may manipulate the organizational structure and resources to support goal achievement. Along the way, a certain degree of ambiguity is inevitable. For some leaders, that is an easy call; for others, it is more uncomfortable.

Ambiguity is a trait that some find difficult to accept; however, for the academic leader, ambiguity is not a negative. It has its place in that it gives the leader time to evaluate situations and to change one’s own opinions as experience dictates. The faculty member who finds ambiguity intolerable is one who needs to be encouraged to think creatively and to tolerate differences of opinion. Being unwilling to accept or to demonstrate ambiguity may result in rigidity, which is anathema to leadership in academia or anywhere. By contrast, academic leadership requires strength and fortitude as well as strategy to accomplish institutional goals, which may not be popular with all faculty. The academic leader’s ability to balance these traits is best demonstrated in the reverse by those with a rigid belief in “consensus,” which in some cases defies the entire notion of leadership.

“Teaching and research are the main missions of universities and a suitable system of governance should, therefore, make these activities as efficient as possible.” Rosovsky’s (1990) view of governance is crucial for academic leaders to understand fully. Students are the business of universities and need to be attended to with interest and dedication by faculty who are appointed to tenure holding positions. Although research is vital for advancement of the discipline, it is not an either/or situation. In the quest for new knowledge, the transfer of that knowledge to the next generation is the sine qua non of the fully credentialed faculty member. Attention to research alone is possible if one is employed by a research institute at which the staff may work with postdoctoral trainees and the like, but in an academic institution faculty research must be reconciled with dedication to building future leaders and practitioners. The academic leader must have the vision—defined here as an awareness of current trends and future needs of the profession and health care system—the strategic approach, and the personal skills to make this holistic role possible. In academia, students are the principal business that keeps an institution going and growing.

But in academia as well as other venues, there seems to be an absence of transformational leaders “who not only respond to their institutional challenges but also speak for their professions and for the
public they serve” (Fagin, 2000). The Institute of Medicine (2004) described transformational leadership as benefiting the leader and the led because it is a process by which both are stimulated to achieve their preferred future. Vision alone does not accomplish the vital tasks of leadership in academia or any other venue. The leader must have the ability to refine and refocus problems and pose a variety of scenarios and solutions. This component of leadership has been described by Foote and Cottrell (1955) as “interpersonal competence.” Interpersonal competence is the skill or set of abilities allowing an individual to shape the responses he gets from others. Clearly, this is a developmental ability because self-knowledge and experience are necessary to predict the impact of one’s own actions on another and having a large and varied repertoire of possible lines of action and appropriate tactics.

Peter Senge’s (1990) definition of a learning organization helps to focus the academic mission. “A learning organization… is continually expanding its capacity to create its future. For such an organization, it is not enough merely to survive. ‘Survival learning’… is important…. But for a learning organization… [it] must be joined by ‘generative learning,’ learning that enhances our capacity to create.” Leaders in academia are the resource for the future since their primary goals should be building the discipline and developing the next generation of leaders. Leaders can be made, not born.

CLaire M. Fagin

REFERENCES


Accreditation in Nursing Education

Accreditation in higher education is both general (as in regional accreditation) and specialized (as in nursing education, law, business, and other disciplines). General accreditation is under the purview of the Council for Higher Education Accreditation (CHEA). “A national advocate and institutional voice for self-regulation of academic quality through accreditation, CHEA is an association of 3,000 degree-granting colleges and universities and recognizes 60 institutional and programmatic accrediting organizations” (Council for Higher Education Accreditation, 2007). There are eight regional accrediting bodies for universities and colleges (Council for Higher Education Directories, 2007). Specialized accreditation in nursing education is a process by which the quality of educational programs is ensured (Bourke & Ihrke, 2005). Nursing education programs voluntarily choose to participate in the accreditation process as one means of publicly demonstrating that program outcomes meet educational standards that have been established by the profession. There are two major evaluative components to the accreditation process—an extensive self-study conducted by the faculty of the program and an accompanying peer review process conducted on-site by external reviewers.
Accreditation in Nursing Education

Although accreditation is considered to be a voluntary process, there are many benefits to nursing programs participating in the process. In addition to providing an opportunity to evaluate the quality of program outcomes and develop plans for continuous quality improvement, accreditation can be a recruiting factor in attracting qualified students and faculty, affect a program’s eligibility to receive external funding and students’ ability to receive financial aid, and also influence graduates’ ability to enroll in subsequent nursing education programs (Iwasiw, Goldenberg, & Andrusyszyn, 2003). For these reasons, most nursing programs choose to pursue accreditation.

Two national professional nursing organizations currently accredit nursing education programs. The National League for Nursing Accrediting Commission (NLNAC) accredits all nursing programs including licensed practical (vocational) nursing, diploma, Associate’s degree, baccalaureate, and Master’s degree programs. The Commission on Collegiate Nursing Education (CCNE) accredits baccalaureate, Master’s degree, and Doctor of Nursing Practice degree programs. Research-focused doctoral programs (PhD, EdD, DNS, DNSc) are not currently subject to accreditation by the professional nursing accrediting organizations. Educational programs can choose to be accredited by either organization; some programs choose to be accredited by both.

The accreditation process provides a thorough evaluative review of all components of the education program with an emphasis on program outcomes. Substantive program elements that are usually reviewed include outcomes related to: curriculum; institutional, and program governance; fiscal and institutional resources; instructional learning resources; student support services; qualifications of faculty and students; faculty and student accomplishments; and existence of a program evaluation plan that guides faculty decision making. It is important that faculty have a clear understanding of the accreditation standards that guide the implementation of their nursing program. The accreditation standards that have been established by NLNAC can be found at the following Web site: http://www.nlnac.org/home.htm. The accreditation standards that have been established by CCNE can be found at the following Web site: http://www.aacn.nche.edu/Accreditation/index.htm.

The process by which a nursing program achieves accreditation is similar for both NLNAC and CCNE. Before receiving an on-site visit from external reviewers, the program faculty prepare and the chief program officer (e.g., chair, dean) submit a written self-study report that addresses each accreditation standard. This self-study provides faculty with an opportunity to identify program strengths and areas for improvement, and to cite evidence that supports the faculty’s findings. After submission of the self-study report, the program receives an on-site visit from a team of peer reviewers, who validate the findings reported in the self-study
and review additional data provided by the program during the visit. Following the on-site visit, the team of reviewers prepares a report of their findings, which is submitted to the agency for a decision on the accreditation status of the program. It is not the responsibility of the external reviewers to make recommendations regarding the accreditation status of the program.

Programs that meet all standards receive accreditation for the full number of years (8 years for NLNAC, 5 years for first-time CCNE applicants, and 10 years continuing applicants for CCNE), after which they will need to seek reaccreditation. Programs that do not fully meet all standards may receive accreditation for a limited number of years before they must undergo another visit; it is also possible that a program will be denied accreditation. Programs that receive a limited accreditation term or are denied accreditation are given a report of the standards not met and the improvements that need to be made before the program will again be eligible to seek accreditation. The accreditation status of educational programs is publicly reported by the accrediting agency.

JUDITH A. HALSTEAD

REFERENCES


