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Leadership: The Clinical Nurse Leader

One Hospital's Experience

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Abstract

Hartford Hospital in Hartford, Connecticut made some important changes in redesigning its patient care delivery system with the development of a new role the RN Clinical Leader. The role provides for RN role accountabilities such as mentoring, data management, evidence based practice and shared governance. This manuscript summarizes the RN Clinical Leader and the education provided to nurses in this role. An evaluation process is underway to capture the impact of this new RN role. The RN Clinical Leader is not part of a career ladder in the typical sense. It does, however, recognize nurses who possess additional competencies and want to take on greater responsibility to provide leadership while retaining their role at the bedside.

Key Words

RN Clinical Leader

Mentoring

Data management

Evidence based practice

Shared governance

Career ladder

Leadership: The Clinical Nurse Leader

One Hospital's Experience

Hartford Hospital is an 876-licensed bed tertiary acute care hospital located in the Northeast. This Level I Trauma Center provides a full spectrum of services including the Institute of Living, Hartford Hospital's mental health network; MidState Medical Center, a community hospital in Meriden, Connecticut; Jefferson House, a skilled nursing/intermediate care facility; Connecticut's Children's Medical Center, located on Hartford Hospital's campus, and Hartford Medical Group providing five walk-in centers through the greater Hartford area. As a teaching hospital, Hartford Hospital is a primary affiliate of the University of Connecticut School of Medicine and Dentistry for both graduate and undergraduate medical education. The Hospital also has a school of Allied Health and is a major resource for area colleges for nursing education.

During the winter of FY 2000 Hartford Hospital embarked on a redesign of its patient care services with the goal of enabling the Hospital to continue to provide high quality, cost effective care but improve its ability to compete in the market place. New nursing role accountabilities (RN and RN Advanced also termed RN Clinical Leader) and other nursing staff roles (Patient Care Assistant, Patient Service Associate, and Patient Administrative Assistant) were major initiatives of the redesign of the Patient Care Model (Delivery System). In keeping with our Shared Governance structure, nursing staff from all key roles were on the design and implementation teams and their work spanned over a two-year period. RN roles at the bedside were enhanced as allowed by law and standardized across all patient specialties. The redesign of the Patient Care Model also called for enhanced unit operations with many process improvements, but these will not be covered in any detail in this narrative. This article will focus

exclusively on the development and implementation of Clinical (Nurse) Leader role, an outcome of the redesign effort. This role depicts advanced nursing practice and clinical nursing leadership at the point of patient care.

Identifying the need for Clinical Nurse Leadership

Just prior to Hartford Hospital's latest redesign of the Model for Patient Care Services (2000), there was a movement towards Nurse Managers covering more than one patient care unit and there were three staff RN role accountabilities - each describing the role of the nurse based on the complexity of patient care needs. While the former promoted continuity of managerial leadership for a set of population specific units (Cardiology, Women's Health etc.), staff verbalized the need to have someone in a leadership position available to them on each unit. Concurrent with the new redesign of patient care delivery, there was the need for a unit-based change agent for the improvement of hospital-wide processes such as bed management, census balancing, PYXIS charging, and discharge planning. Additionally, the need to have someone negotiate for resources for a specific unit and work out the issues related to adequate staffing and supplies led to the redesign team recommending the re-introduction of the unit-based Nurse Manager. Initially this position was designed as a working manager who also assumed responsibility for direct patient care (50% of their scheduled time) on that unit. It was not long after the implementation of the newly designed manager position that the managerial accountabilities assigned to these unit-based nurse managers required them to dedicate full-time effort to meeting the unit operations. Therefore, the Nurse Manager's role, while still a standard-bear for clinical practice, fulfilled a critical role in the identification and procurement of resources needed for patient care at the unit-level. This realignment created a recognizable void in the patient care delivery system. This void was clearly related to the lack of a distinct nursing

clinical leader in practice who would serve to assist clinical staff at the bedside so that the experienced, as well as the inexperienced nurse could grow professionally and personally in their role as a direct patient care provider.

As a result of this evident gap, two RN role accountabilities (RN and RN Clinical Leader) held by nurses who provide direct patient care were developed beyond the vision of the Redesign Project. **These two RN role accountabilities provide a distinct contrast to the three RN role accountabilities formerly used by the hospital. In the three RN role structure (RN 1, RN 2; RN 3), nursing roles and accountabilities were distinguished by complexity of patient care needs in a novice to expert hierarchical approach.** In contrast to the three former RN roles – **differentiated** by complexity of patient care needs, the two newly redesigned role accountabilities recognize the need for higher staff competencies for hospitalized patient. This recognition elevates the bar of patient care expectations for all practicing nurses since all hospitalized patients have a right to high-level competent nursing care. The distinction between the **RN and RN Clinical Leader** role accountabilities, therefore extends beyond patient care complexity and with the latter **underscoring** the aptitude for clinical leadership.

RN Clinical Leader Role Accountability

The RN Clinical Leader role accountability is designed to include leadership in mentoring, assisting nursing staff gain proficiency in data management including computer skills, employment of cost effective utilization of resources beyond self, role modeling the use of evidence-based practice, and assuming active roles in shared governance councils. This model supports a close, collaborative and working partnership between the RN Clinical Leaders elected on patient care units and their unit-based Nurse Managers. This collaborative partnership

supports the RN Clinical Leaders' opportunity to address additional accountabilities for the advancement of patient care outcomes and associated clinical development of nursing staff.

Qualifications of RN Clinical Leaders. The nurse who assumes the RN Clinical Leader role must hold a full-time position and have a baccalaureate degree in Nursing. The role description emphasizes that this professional nurse, in addition to clinical expertise in their specialty, must also demonstrate core competencies in leadership, resource management, evidence-based practice and technology. Commensurate with the added responsibilities and accountabilities, the RN Clinical Leader role maintains a higher-pay scale. As this new role was standardized through out the Hospital, each patient care unit was budgeted for 4 RN Clinical Leader positions with the presence of this role across all shifts.

Selection of RN Clinical Leaders. Candidates were nominated to apply for RN Clinical Leader positions through various means including self, peer and leadership nomination. Following HH standard promotion application processes, nurses were selected to this role through leadership and Shared Governance peer review/selection process on their respective units or services. As per HH standards, an Annual Performance Management System reveals effectiveness in achieving role accountability as well as professional and unit-specific goal accomplishment.

In summary, the RN Clinical Leader role accountability is a contrast to a career ladder in the typical sense of ladder programs that focus on the attributes of the nurse. It does, however, recognize the nurse who is motivated to achieve additional competencies, take on greater responsibility and provide leadership for unit operations while continuing to positively influence patient care, nursing staff and peers as a valued clinical expert and direct caregiver.

Actualization of the RN Clinical Leader role

Cook (2001) describes the “most influential people, in terms of improving direct care provision are those that directly deliver nursing care”. He further emphasizes that it is “nurses directly involved in providing clinical care who continuously improve care and influence others” (p. 33). At Hartford Hospital this valued group of professional nurses were recognized and promoted into this new clinical leadership role. In order to actualize the RN Clinical Leader role in a consistent and comprehensive manner, however, definitions, goals and benefits to the role, derived from the work and vision of the Redesign team, were disseminated to Nurse Managers and Nurse Directors for review and approval (see Table 1.). This was followed by the presentation of key accountabilities in light of educational needs assessment for newly appointed RN Clinical Leaders.

Key accountabilities for the RN Clinical Leader were highlighted through the role description and competencies and ultimately linked to the corresponding HH Nursing Shared Governance Councils. Linking to the HH Nursing Shared Governance Councils resulted in two benefits. Primarily, these preliminary associations, set up as modules, provided an initial framework to house the content to be provided within the curriculum. The topics for this initial series of classes included: Clinical leadership (Operations module); Evidence-based Practice (Practice and Research module); Mentoring (Education module) and Quality care through Data management (Performance Improvement) (see Table 2). Secondly, the shared governance connection presented a structure, in which to accommodate future opportunities for role development associated with patient care initiatives as well as professional growth and development of self and staff. (See Table 3.)

With structure and accountabilities outlined, an assessment and exploration of resources necessary to facilitate the achievement of these key accountabilities in a clinical leadership role

evolved. A core curriculum with prerequisite requirements was developed along with critical content derived from designated accountabilities. Emphasis on prerequisite requirements focused on the crucial process of communication in a practical, effective and efficient manner within a large health care setting including resource accessibility through computer technology and Groupwise communication

As introductory classes for each module were developed, a special approach was incorporated into the development of class objectives that not only enhanced awareness of each specific topic (leadership, evidence-based practice, mentoring and data management), but also sought to enhance practical leadership skills and behaviors (as a thread) for nurses providing direct patient care. For as compared to traditional academic courses, knowledge presented in a clinical environment must emphasize practical, applicable and work-based outcomes (Cunningham & Kitson, 2000). Therefore, the format used within each class incorporated objectives that reflected “knowing” (theoretical components of the topic) and “enacting” (practical components of topic). Particular attention was paid to unique clinical leadership characteristics and behaviors that would distinguish the RN Clinical Leader from other nursing roles within each service.

As a result of this approach to curriculum development, RN Clinical Leaders were given the opportunity to apply concepts and associated behaviors discussed in the classroom to their new leadership roles in their patient care settings. This approach was also beneficial to ensure that the accountabilities of the RN Clinical leader role could and would be represented in daily practice.

Recognizing Clinical Leadership among Nurses

The first series of introductory classes was comprised of 40+ nurses throughout the institution who were assuming the RN Clinical Leader role. (This impressive group of practitioners was chosen through shared governance peer selection process employed by our nursing staff.) The clinical expertise of these nurses, while varied in number of years and specialties, revealed practice behaviors that could be linked to general leadership principles upheld by other industries. Additionally, a direct relationship to leadership competencies of the clinical nurse leader role was also evident. Class content was structured to identify effective leadership behaviors nurses can effectively incorporate into their daily practice. One of the more successful approaches to identify these practice behaviors included round-table discussions concerning the nurses' perception of an instance or situation when they believed they demonstrated clinical leadership behavior. The following scenario depicts one example.

Exemplar:

As a designated RN Clinical Leader and facilitator to assigned unit's Practice & Research council (leadership) within an intensive care setting, AB was selected to participate in the roll-out of new equipment used to ventilate patients. AB attended special multidisciplinary planning meetings, attended preliminary in-services, participated in drafting best practice protocol (evidence-based practice) for patients receiving this intervention and subsequently cared for the first patient to use this machine (direct patient care). During AB's experience in caring for this patient, she implemented and collaborated with multidisciplinary care team regarding protocol of care and documented data regarding outcomes of the patient (data management). In a few weeks, another patient presented on the unit who could benefit from the new machine and rather than care for the patient as an individual nurse, AB enlisted another staff nurse to care for

the patient with her. This approach facilitated the growth of a nursing colleague to effectively care for a patient receiving this therapy (mentoring).

This type of experience was recalled often during the introductory series of classes to pay tribute to the behaviors of nurses who not only provide expert patient care, but also seek to develop nurses who have achieved the entry-level competence and are now seeking to advance patient/family care practice beyond basic level. Significant time within class was devoted to developing an awareness of the characteristics of leadership (Covey, 1991) as well as the attributes of highly effective leaders and applying them in the practice setting (Cook, 2001). The complementary roles (distinction and overlap) between primary accountabilities of leadership and management (Detmer, 1998) were discussed. The extreme importance of the relationship between clinical leaders and other expert nurses (Benner, 1984) employed on their units but not in the clinical leader role assisted in role clarification and development of strategies to assure all staff are recognized and valued for their level of expertise in patient care. Creating a vision of their practice settings, which espoused the full complement of nurse unit manager, nurse clinical leader and staff nurses in various stages of role development were presented and defined as having a synergistic effect on patient care and work environment, supporting the work of clinical leaders while enhancing the value of all nursing staff.

Enhancing Opportunities for Clinical Leadership among Nurses

RN Clinical Leaders throughout the hospital attended introductory classes on their new role accountabilities facilitated by a doctorally-prepared nurse educator who provided extensive leadership for the development and roll out of this new clinical leadership role in nursing. The gathering of expert nurses from a variety of services (Behavioral Health, Perioperative Services, Women's Health, Medical Surgical Nursing etc.) provided valuable opportunities for dialogue,

interaction, and collaboration among nurses providing direct patient care across diverse patient care populations. General enthusiasm for the value and demonstration of clinical leadership behaviors on their nursing units emerged as the classes progressed. Inherent in this enthusiasm was the recognition and appreciation of continuous learning (patient care and personal growth) for self and others as a value espoused by Hartford Hospital. The Performance Development Center (PDC) of Hartford Hospital was identified as one resource to promote and enhance continual learning in performance and leadership development. In-house and outside programs offered by reputable professional organizations and health care associates were strongly recommended for these newly appointed clinical leaders. Commensurate with their new leadership role accountabilities, however, they were expected to collaborate with unit managers, nursing directors, clinical leader colleagues and nursing staff to present, demonstrate and actively role-model the concepts gained through attending these seminars.

Based on the positive feedback from these participants, the opportunity to reconvene on a quarterly basis was established. These RN Quarterly Meetings are set and hosted by RN Clinical Leaders of designated patient care service. The intention of the meetings is to address important patient/nursing issues through the role accountabilities of the RN Clinical Leader. To date, such meetings addressed:

- Peer Review tool development for RN, Advanced (RN Clinical Leader);
- Evidence-based practice: Implementing a change
- The FISH philosophy A Great Way to Boost Morale and Improve patient and staff satisfaction (www.fishphilosophy.com) (a training video used to get staff to imagine a workplace where everyone chooses to bring energy, passion and a positive attitude.)

- Pain Primer: What nurses need to provide excellent care

In addition to the RN Clinical Leader quarterly meetings, numerous opportunities for growth, development and role recognition exist within Hartford Hospital for these nurses and other members of the staff. The Hospital is a member of the Capital Area Alliance for Research and Research Utilization (*Alliance* - www.harthosp.org/nursing/research) that hosts two annual Research Roundtables in spring and fall of each year. Nurses perfect their skills in conducting literature reviews and applying evidence based knowledge in the practice setting. The *Alliance* sponsors 3 to 4 Author Talks where by nurse authors from the network informal share their publication success with prospective nurse authors and nursing staff who are seeking new knowledge on their published topic. These sessions are offered close to the nurse's work setting to afford the nurse the opportunity to attend. Annually, Hartford Hospital and the Institute for Health Care Education (a foundation of the former Hartford Hospital School of Nursing) sponsor an annual Research Conference. This conference enables the RN Clinical Leader and other nurses/nursing students to develop skills in research and research utilization and provides a forum for nurses locally and nationally to present their scholarly activities.

Evaluating Clinical Leadership among Nurses

Currently, the Hartford Hospital RN Clinical leader Role is under evaluation. Measurement of the Clinical Leader role's unique contributions to patient care and the Hospital's goals will be assessed and evaluated in two ways. From a unit perspective, impact of the new role will be viewed through Hartford Hospital's Annual Performance Management System. RN Clinical Leaders set their professional and unit-specific goals with their Nurse Manager in conjunction with the goals set forth in each Clinical Service's by its Collaborative Management

Team. These goals will be reviewed in light of achievement as well as improving unit operations.

The design of the second evaluation will be a survey completed by RN Clinical Leaders, their managers and their nurse colleagues with whom they work. RNs on unit that do not have the allocation of 3-4 RN Clinical Leader positions or have these roles in place for less than three years will also be surveyed for comparison of the responses gained from units and staff that have worked with nurses in the new Clinical Leader role. Survey questions are aimed at determining to what extent RN Clinical leaders perform role specific activities (championing shared governance on their unit, demonstrating computer skills, role modeling and providing expert clinical patient care and critical thinking skills, promoting the use of evidence based practice, promoting the growth and development of themselves and others, and assisting the deployment of data management on their unit). The survey will also solicit responses from the Clinical Leader, RN colleagues and Nurse Managers on what impact if any has the clinical leader role had on the unit as they performed these new role accountabilities.

It is anticipated that there will be a rich amount of data on how the RN Clinical Leader role is evolving and what impact this role is having on development of this professional nurse and her/his nurse colleagues at the bedside along with measurable outcomes on patient care (i.e.: skin prevalence); patient/staff satisfaction (i.e.: Press-Ganey); specific clinical outcomes on each population specific report card (i.e.: pain management) and other nurse sensitive outcomes (patient falls, ANA Report Card).

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TABLE 1. RN Clinical Leader Overview

Definition of RN Clinical Leader:

Designated patient care clinical experts who demonstrate the essence of professional nursing in the front-line of patient care through role-modeling and clinical leadership

Overall Goal:

Facilitate the growth and development of clinical nursing staff resulting in improved patient care outcomes.

Benefit:

A designated, distinguished and rewarding path for nurses to follow in the front-line of patient care.

TABLE 2. RN Clinical Leaders Key Accountability with Associated Shared Governance Council Module

Shared Governance Module	Key Accountability
Operations	Leadership in Shared Governance Councils
	Cost-effective utilization of resources
Practice and Research	Evidence-Based Practice
Education	Mentoring
Performance Improvement	Data Management

TABLE 3. Core Curriculum Classes and Future Educational Topics with Associated Shared Governance Council Module

RN Clinical Leader Curriculum	
Prerequisites	<ul style="list-style-type: none"> • Communication Resources • Basic Computer Skills (Windows) • Groupwise (Hospital Email) • Intranet and Internet Competencies
Core Classes within Shared Governance Structure	<ul style="list-style-type: none"> • Clinical leadership (Operations) • Evidence Based Practice (Practice and Research) • Mentoring (Education) • Quality /Process Improvement (Performance Improvement)
Ongoing and Future Educational Topics	<ul style="list-style-type: none"> • Peer Review, Cost Effective Care (Operations) • Patient Plan of Care, Family/Community Resources (Practice and Research) • Development of Self, Teaching Critical Thinking Skills (Education) • Patient Satisfaction, Change Process (Performance Improvement)