

What could be worse than being blind? That would be seeing and having no vision. —Helen Keller

CHAPTER OBJECTIVES

Upon completion of this chapter, the reader will be able to do the following:

- » Understand the requirements of linking and integrating leader learning in a way that can be effectively applied.
- » Define the basic elements of leadership and translate them into situations and scenarios that require leadership application.
- » Enumerate the components of a leadership challenge or problem and the steps and processes associated with its resolution.
- » Outline the approaches to issue identification and selection of appropriate strategies to reflect on the issue and to construct mechanisms for its resolution.
- » List at least five major components of each chapter's leadership focus and explain the impact that focus has on the role of clinical leadership.
- » State personal leadership growth and developmental needs that define the individual journey and trajectory of leadership and create a guide for personal leadership development.

Integrating Learning: Applying the Practices of Leadership

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Chapter

1

This chapter serves as an introduction to the work of this text and a preview to the foundational leadership concepts that will inform the reader's leadership practices. Think of this as a prequel to the text and a chapter that provides the context, vision, and themes that will guide the interpretation of the text. The ability to use tools to express leadership capacity and to apply principles is the best indicator of leadership success. Keep in mind that this work is directed to the emerging clinical leader who may not become a manager but who still needs the insights and tools necessary to express real leadership in the clinical environment. Fewer than 1% of all graduates with bachelor of science degrees in nursing will become managers, but most will aspire to excellence in practice and clinical leadership. How well the clinical leader achieves this goal is completely dependent on his or her ability to synthesize the capacities of leadership and apply them successfully to the practice problems and human relationships that serve as the foundation of clinical practice.



CRITICAL THOUGHT

The leader always stays in the question. The leader constantly recognizes that he or she does not own other people's problems and that the leader's role is to help others own their problems and develop the skills for resolving them.

In the Era of Health Transformation

As health care evolves and adapts to changing demographics, technology, and disease, the leader must not only anticipate and predict future expectations but also translate and communicate them to other members of the healthcare team. We are emerging from one of the worst health crises and pandemics in history, civil justice reform is at a precipice, and misinformation runs rampant in our communities. Leaders have a complicated journey ahead to navigate competing demands to lead the needed change in healthcare systems. Nothing is more important than helping the staff to anticipate change and translating that change into a language that colleagues can understand and, more importantly, actively engage in. These insights about the direction of the work journey are critical because they encompass people's hopes and desires to improve or make things better, and they demonstrate a capacity to make a difference that can be sustained over time.

At the same time, it is important for the leader to exemplify for the team the ability to own the changes that lead to the realization of these opportunities in ways that will enhance both the work experience and the patient experience. Life is not static: If it is not positively pressed forward, it inevitably falls backward, diminishing opportunities and growth in ways that create conditions ripe for decline and contraction of the organization. The worst outcome for the leader of today, is to fall backwards, resorting to previous dogmas and unsuccessful practices in order to solve for the problems of now.

The leader essentially provides a beacon on the pathway to the future that illuminates the path itself and enlightens fellow travelers as to what they will find and what it will require of them to continue their own personal journey.

Change and Innovation

Nothing ever stays the same! Learning how to thrive in the presence of continual change requires both art and science in the healthcare environment. Nurses need to understand their own attitudes, competencies, and values specific to change

REFLECTIVE QUESTION



In the 1800s, nurses like Florence Nightingale and Clara Barton believed nurses no longer wanted to accept things the way they were; instead, they wanted to learn from past mistakes and improve the future of nursing. Do you think this is the overall feeling of nurses today? Why or why not? Describe facilitators and/or barriers to your rationale.

and innovation as a primary requisite for participating in change work. In an environment filled with both obstacles to and facilitators of change and innovation, there is no escaping the reality of change.

High-performing organizations are competent in two types of change: innovation and performance improvement. Leaders must be competent in knowing how these two types of change create desired outcomes. Leaders must also understand that it is not a question of “either/or” but of “and.” Innovation AND performance improvement are needed in high-performing organizations. They create a dynamic that allows for novelty and refinement. In a value-based system, this dynamic is the engine by which organizations will become and remain sustainable.

As individuals become comfortable with the notion of embracing change and innovation, it is equally important to recognize that not all change is urgent or value laden. Some good ideas do not need to be implemented—unless there is evidence and rationale for making the change.

The Centrality of Accountability— Becoming a Professional Nurse

Perhaps there is no greater challenge to professional performance and impact than the personal expression of accountability. Accountability is the cornerstone of professional expression (Tilley, 2008). Some scholars suggest that it is the essential foundation of professional practice, such that one cannot be a professional without it. There is little doubt that accountability is the best indicator of whether professional behaviors are at work in the clinical environment.

Accountability is not as amorphous and ambiguous a notion as many are led to believe. In fact, accountability is a very precise notion with particular characteristics that mark it as a unique expression of human action (Connors, Smith, & Hickman, 2004). Three essential characteristics dictate the content of accountability and are essential to its definition—autonomy, authority, and competence.



CRITICAL THOUGHT

There is no accountability if there is no autonomy to decide and to act, if there is no power to act, or if there is no competence to knowledgeably exercise accountability.



CRITICAL THOUGHT

The further away a decision is made from the place it is exercised, the higher the cost, the greater the risk, and the lower the sustainability of the outcome related to it.

Autonomy comprises the right to make decisions and take action. A person cannot be accountable for something over which he or she has no right to decide and to act. Having a right to decide and to act is critical to accountability: No matter where a decision might be made, if accountability does not exist in that place, the right to decide and to act does not exist either, and any decisions and actions that occur there cannot be fully realized and the outcome cannot be sustainably achieved.

Authority as related to accountability addresses the assurance that the necessary power to decide and to act is located in the place where the right (autonomy) to decide and to act is located. Accountability has no value if it has no power. Not only does it need expressive power, but that power must also be expressed by those who have the right to decide. In short, power must be located in the same place as the right to exercise it.

The third component in the definition of accountability is *competence* to decide and to act. While anyone can be given both the autonomy and the authority to act, there is no guarantee that an individual will do so competently. This notion of competent decision-making and implementation of decisions is a critical component of successful decisions and actions. Having the capacity to make good decisions and to set the table where those decisions can be planned and acted upon is foundational to the action of accountability.

Some other elements of accountability are also essential to its exercise:

- Accountability cannot be delegated. It is internally generated and embedded in the professional role. While responsibility for tasks and functions can be delegated, the accountability for their fulfillment and

the impact they create is held by the professional who is accountable for the results.

- Accountability is invested in individuals, not groups. It is a personal expression and attends to the action of the person, and it is in individuals that accountability is expressed and in those same individuals that its obligations are embedded.
- Accountability is about the products of work, not the processes of work. Accountability is demonstrated in what is achieved, not what is done. The action of work and how well it is accomplished demonstrate the fulfillment of responsibility. The impact of work and the difference it makes serve as the expression and evidence of accountability.
- Accountability implies change. Its positive impact suggests that a positive and desirable change has resulted and that the fulfillment of the goal to make change has been satisfied. There is no accountability if a change has not occurred, because a positive change is the only demonstration of the action of accountability.
- There is no accountability without consequence. Specifically, two consequences imply the action of accountability: negative and positive. Accountable professionals are continuously asking the questions of accountability. What happens with the expression of accountability and what difference is made? What happens if the accountability is not achieved?

Accountability is the cornerstone of professional action. It is the essential core of the expression of the role of the professional and is demonstrated by its positive performance and the achievement of desired outcomes. Without accountability, there is no promise to perform on the part of the profession and no commitment to advance the trust and interests of those served. It is essentially a part of the role of each professional and provides the best evidence of the value professionals have and the difference they make.

Structure, Organizations, and Professionals: Creating the Context for Practice

Professional practice is as strongly supported by sound organizational structure as it is by standards of excellence. A poor organization and supporting infrastructure for practice can create a negative framework for the practitioner and ultimately diminish the kind and quality of care they provide.

Professional knowledge workers need a very specific organizational context to facilitate good practice and positive outcomes (Porter-O'Grady, 2009). To date, organizational structure and professional practice models have not been extensively addressed in terms of the influence they have on creating a professional practice environment. The question as to whether nursing is a profession is best answered by the organizations that demonstrate their commitment to professional practice by providing a different way of doing business that best represents what both professional practice and professionals need.

Knowledge workers are intrinsically motivated. For them, their work is more than simply a job. Professional knowledge workers are generally licensed by the state and, therefore, are its agents in the performance of work that reflects a competency base and a particular kind of academic preparation. Society then entrusts these specially designated individuals with requisites for managing essential life processes in a way that acts in the best interests of society. Registered nurses are considered one of these groups.

Being a professional does not guarantee that individuals will behave that way. Without an expressed code of ethics and standards of membership and performance, there would be no indicators related to the unique trust society has for these individuals. These codes of conduct and performance standards outline the particular expectations established for the professional. Members of a profession express mutual accountability for their membership and demonstrate that quality by adhering to the theory that underlies their discipline.

Professionals also govern themselves differently from other work groups. Professionals have a level of self-direction and shared governance that obligates them to manage the work of the profession, the relationships of professionals with one another, and their interactions with the people whom they serve (Styer, 2007). Because of the unique character of professional work and the charter bestowed upon professionals by society, they generally create a structure that affirms their unique obligation and empowers them with exclusive control over the work, its quality, and the competence necessary to do it to the level of satisfaction the peers would define and require of their members.



REFLECTIVE QUESTION

What distinguishes knowledge workers from other employee work groups—that is, what requires the relationship between them and the organization to be structured differently? How does professional governance create the structure for framing this relationship between professionals and the system?

This structure, in turn, creates the context for sustaining a high level of competent professional practice. The historical context for the work of nursing did not have this enabling structure, and the advancement of the professional and professional practice suffered as a result. Research over the past two decades has revealed that both a context and standards reflecting staff ownership of professional practice work in concert to create the conditions that advance and sustain the work of the profession and lay the groundwork for performance excellence and high levels of provider and patient satisfaction.

Some well-validated essentials evidence a good fit between the supporting infrastructure and the capacity for sustainable professional practice:

- Professionals organize around decisions, not positions. Hierarchy means little to professions, and a structure that enables and supports horizontal relationships and interactions is an essential foundation for establishing professional practice. Decisions should always be generated by those who own them. Decisions should be made by the right person, in the right place, at the right time, for the right purpose.
- Decisions are driven from the point of service, such that 90% of decisions are made at the heart of the organization where professional services are provided. Thus most content-based decisions are made by the practicing staff, and the design of the structure indicates the locus of control for content decisions that are in their hands.
- A grid of accountability shows the locus of control for all decisions in the system and clearly identifies where decisions should be made and by whom. This clear enumeration of decisions in the structure acknowledges the content of decisions and their legitimate owners, and provides a structural framework to ensure those decisions are made where they belong and by those who are accountable for their exercise.
- Clarification and distinction of decisions that are a priori management driven and owned and those that are staff owned are important distinctions of accountability in professional organizations. The professions own exclusive accountability for decisions regarding practice, quality, and the competencies required to do the work of the profession. Management accountabilities relate to the management of the human, fiscal, material, support, and systems resources that provide the context for the work of the profession. Each cannot do the work of the other, but both work in concert to support the

mission of the organization, exercise stewardship over its resources, and fulfill the requirement and expectations of the professional service and care provided. This mutuality forges a bond between the profession and the organization and is the strongest demonstration of their partnership in meeting the healthcare needs of their community.

The integration of the social requirement to transform health care, resolve the conflicts that challenge this obligation in the day-to-day work of organizations and professionals, express the accountability to make a difference in the health and lives of the community, and advance the work of the profession is critical to building the profession and making a sustainable difference. Together, these conditions and activities demonstrate the potential and commitment of the professional nurse to ensuring the advancement of truly sustainable health (Institute of Medicine, 2010). The emerging leader must see them as the foundations of the work of the leader, work to advance them as a part of personal clinical leadership capacity, and demonstrate them within his or her own practice every day. Leadership is a dynamic work in progress and is a never-ending exemplar of the commitment to excellence and to making a difference in the world.

The Management of Conflict

Principles of conflict management are essential to navigating the landscape of transformation and change, if only for confronting the divergent views among stakeholders that have a genuine and positive commitment to advancing



CRITICAL THOUGHT

The central principle of shared decision-making is ensuring that the right decision is made by the right person, in the right place, at the right time, for the right purpose. Structuring for professionals is built around this centerpiece.



CRITICAL THOUGHT

America has the best doctors, the best nurses, the best hospitals, the best medical technology, the best medical breakthrough medicines in the world. There is absolutely no reason we should not have in this country the best health care in the world. —Bill Frist

CRITICAL THOUGHT



It is critical to synthesize all of the knowledge, skills, and abilities of nursing into an integrated whole that moves nurses from task completers to an overall demonstration of compassion and caring.

Thinking of nursing first as a job of caring and making a difference, as well as the work of giving medications on time, checking an X-ray to see if the doctor needs to be called, or taking an admission at 2:00 a.m. with a smile, reminds us of the synthesized whole of nursing work.

health care. These differences must be managed in a way that moves individuals and groups toward consensus and agreement that will inform and guide subsequent action. **Conflict** is a normative dynamic, and one that serves as a centerpiece in the leadership armamentarium. At every corner of the system and in almost every work process, the leader confronts differences that must be addressed and conflicting notions and processes that must be resolved. Applying the principles of good conflict management will be an essential skill set that will often make the difference between positive movement and stagnating immobility.

A few principles of sound conflict management to keep in mind are as follows:

- A good conflict management process identifies conflict in its earliest stages. The sooner conflicts can be addressed, the easier they will be to resolve. Conflicts ignored or left unattended too long can become intransigent and waste untold resources in their negative effect and in the work required to mitigate them.
- Conflict resolution is a dynamic process that has methods and techniques attached to it that must be addressed and utilized in a systematic and progressive manner. Through many years of application and research, the critical stages of conflict resolution and the activities associated with its success have been developed. Faithfulness to this process and consistency with its application will promote positive results and help the mediator ensure successful resolution.
- Human behavior can vary widely and sometimes be unpredictable, especially under conditions of duress or stress. The conflict leader must always be prepared for the potential of behavioral extremes and

emotional drama in the mediation of conflicts. Emotion is a legitimate component of real problems; when ignored, it can have a devastating effect on progress and resolution. The mediator must develop both comfort and skill with addressing emotional expression as a part of the resolution process so that the positive work of mediation can bear the fruit of resolution.

- Resolution means the achievement of a mutual solution that meets the needs of all the parties to a conflict. It is no accident that the mediator role is often referred to as “neutral.” The mediator has no agenda other than meeting the participants’ needs and discovering a mutually derived solution. As soon as the mediator takes a position, he or she becomes a part of the conflict, in which case the effectiveness of this role dissipates and the conflict never really gets resolved.
- Conflict resolution and mediation are learned and developed skills that evolve with practice and application. A good mediator deals honestly with his or her own uncertainty and difficulty with conflict, working to resolve whatever personal barriers might exist in effectively handling other people’s conflicts. Good mentorship and practice can improve the comfort and skills of the mediator in ways that ensure a meaningful and valuable experience for those experiencing conflict and who are working to resolve issues that keep them from mutually meeting their own needs and the needs of the patient.

Problem solving skills are critical when embracing conflict. The vast majority of organizational problems are relational or interactional in nature. A leader who is able to confidently confront these issues with a high level of skill is an asset to people and organizations beyond ordinary value. Furthermore, the effectiveness in managing conflict translates into so many other leadership skills that its utility is invaluable. Conflict is a lucrative source of innovation.

Ethical Behaviors

The challenges of doing the right thing in health care cannot be overestimated. Multiple factors are continually interacting, changing, and impacting the processes of patient care. Perhaps the single most challenging issue is figuring out what the value of each participant in the discussion is and how the various participants will impact the decision. While it is believed that the values of the patient drive the decisions, this is not always the case. Further exploration is necessary whenever doubt arises about whether the patient’s wishes and values are truly

driving decisions. The importance of truth telling becomes paramount in getting to the best resolution of ethical dilemmas.

Also important are ethical issues specific to healthcare professionals who are involved in errors. No longer is punishment following an error the expected action. Rather, the goal is to understand human fallibility and the influences of complex systems on practice breakdown. Remediation is always the goal when there is absence of intentional wrongdoing or a pattern of negligent behaviors. Ethical dilemmas create an emotional toll on individuals and teams. With more focus on caregiver burnout and suicide, the need to address ethical issues early has never been greater.

Moral courage is a critical professional competency that needs to be continually strengthened and modeled. The inherent risks in speaking up, challenging unethical decisions, and standing one's ground are significant and require collaboration and support for moral courage to be a reality.

Staffing Effectiveness

Achieving staffing effectiveness 100% of the time is the desired goal for all healthcare leaders. Being aware of the foundational shifts in the healthcare workforce to more mobile, flexible, and on demand trends, leaders must rethink how they staff. Relying on the dogmas of past ages of work will not suffice. Critically questioning past practices that lack evidence such as 12-hour shifts, removing contingent labor options, and recruiting and retaining all possible full-time employees is essential to find the staffing patterns and practices of the future. Understanding staffing effectiveness measures and outcomes provides clear and objective guidelines for caregivers and leaders—but it also highlights the incredible challenges in achieving goals 100% of the time. Numerous strategies are available to inform staffing processes at various levels and times. Nurse–patient ratios, patient classification systems, legislative requirements, and different skill levels all enter into the equation for staffing effectiveness. Knowing that many professionals are attempting to reduce the staffing process to mathematical algorithms to simplify the process should be cause for serious concern. Mathematical forecasting addresses only a small segment of the overall picture of patient care needs and nurse qualifications; the art and humanity of juggling staffing assignments in real time based on events of the moment are still essential for staffing effectiveness and nurse satisfaction. Both the art and science of staffing and scheduling are essential elements in ensuring staffing effectiveness. It is also clear that interprofessional teams are better equipped to manage complex cases. Nursing leaders should be at the forefront of coordinating teams that address the complexity of care.



SCENARIO

As changes emerge based on healthcare policy changes, one must wonder if things will become better or worse: Will nursing be more humanitarian and respected as a profession, or will it become depersonalized in our attempts to provide healthcare access to all citizens and decrease costs?

Discussion Points

In a small group, think about a complex patient from your past. Describe the patient's complexity. Then create an ideal interprofessional team that might address the issues. List their professions, skill sets, and how you see them impacting outcomes. Also discuss how they might coordinate to build a seamless experience for the patient.

Resource Management in Health Care

Without people, physical settings, equipment, supplies, technology, and financial resources, the healthcare system would come to a halt. Ensuring that caregivers have the appropriate resources at the right time is complex and dynamic and requires proactive involvement from caregivers. Key issues specific to each of the categories of resources are highly interrelated within the system and are continually impacted by ethical challenges, professional role accountability, national and state legislation, and the evidence for increasing or decreasing resources. What is certain is that the allocation of resources is seldom a black-and-white decision; rather, it incorporates multiple considerations and exchanges of ideas to reach the best decision at a particular point in time. Nurses have direct control over the massive resources used in health care from how care is delegated to the supplies used to the frequency of intervention. Nurses should understand the ramifications of decisions on cost, quality, and speed of care delivery. Nurses have direct impact on reducing the cost of care while still increasing its quality and speed!

The Context of Healthcare Policy

Lack of interest in pursuing politics or being political has nothing to do with the need for professional nurses to be involved with policy. There are a host of reasons why every nurse needs to be aware of the implications of healthcare policy. Policies are made at the national, state, local, and individual healthcare

REFLECTIVE QUESTION

Work cannot provide meaning; instead, it demonstrates how meaning is present. How, then, does the leader help others discern the meaning that drives their work so they do not lose touch with it? Remember, motivation is intrinsic not extrinsic.



CRITICAL THOUGHT

What if nurses were paid for the impact they made, not the hours they worked? How would you quantify and qualify the impact of nursing on a given patient?



system levels; each impacts the direct caregiver in different ways. Pursuit of **health policy** is essential to influence social justice and health equity issues for individuals and populations. Policy drives health initiatives and thus health outcomes. Understanding the policy process at all levels as well as challenges and opportunities can help inform wise use of resources and inform healthcare decisions. Knowing when and how to engage with stakeholders and how to advocate for policy is imperative to advance health. It is who is at your table and how well you can work together that truly matters. Policy is a primary tool to transform a system from one that does not serve the country well to one that is effective.

A good leader recognizes the need for good policy and relevant direction (Hazy, Goldstein, & Lichtenstein, 2007). There must always be a good fit between the work of a system and its purpose. Indeed, when purpose is sacrificed on the altar of work, the work loses direction quickly and becomes devoid of the meaning that should be guiding it. The leader will constantly be bombarded with people who are addicted to the energy of activity—that is, who pursue activity just for the sake of activity—and will be unable to alter their vision or change their practice. Ritual and routine tend to inure people from both ownership and value, such that they descend into the morass of functionalism. Tasks and functions (job orientation) become their reason for being and subsume all their energy and creativity. We should not diminish the value of effort and work, but the leader does need to keep in mind that many who have entered into the ritual of work have surrendered their attachment to good judgment, critical reflection, and a search for real value. The leader must recognize these characteristics when they see them

and be prepared to identify and address them in ways that create sufficient change to make these traditional sanctuaries from accountability both untenable and unacceptable.

Several drivers in healthcare policy are changing the landscape of health care and require the leader to reconfigure both work and roles in the health system:

- Value drivers mean that impacts and outcomes are more important to good and sustainable healthcare service than are good processes and tasks. Process and task focus on the work; value focuses on outcome and impact. For the leader, much of the theory in this script addresses the challenge of helping colleagues deconstruct function and work as well as replace it with an understanding of what making a difference looks like and what it will take to get there.
- User-driven healthcare service means that the patient is the driver and that providers are respondents to that equation. In essence, providers must surrender ownership of health decisions to users; they must help users become competent in making the decisions they now own and guide them in making effective healthcare choices.
- Digital technology is now the predominant means of communicating and interacting with patients. It is no longer optional for a provider to claim technological incompetence in the course of their practice. It is simply impossible to practice and to prepare for the future of practice without sufficient technological competence to drive the digital clinical journey.
- In professional practice, collective wisdom is infinitely more valuable than unilateral action. If any practitioner sacrifices the products of collective wisdom on the altar of individuated practice, they are simply proclaiming to peers and patients that the practitioner's personal judgment about standards of practice and the protocols that express them is more valid and appropriate than those established through the collective mind of the profession as a whole.
- Anything effective in healthcare policy will be constructed and will be the product of the work that addresses an inadequacy or limitation in practice. Practice relevance will reflect the goodness of fit between what is considered normative behavior and what lies at the periphery of human behavior. Indeed, it may serve as a catalyst for changing

CRITICAL THOUGHT



Value always has as one of its components the reduction of inputs driving the maximization of output.

the health priorities when a lack of goodness of fit becomes glaringly apparent.

- Any successful healthcare policy must address affordability, access to care, quality, and the patient experience. Not addressing one of these aims will leave the system vulnerable to failure and fragmentation.

Healthcare policy change, it should be apparent, serves as a stimulus for rethinking and reconfiguring health care in a way that reflects real value for achieving objective measures of health and advancing the level of health of whole categories of health resource users (Berwick, Nolan, & Whittington, 2008).

Delegation

No individual can do everything for everyone. Complex patient care requires multiple levels of caregivers at different times to provide the necessary services, including surgical interventions, treatments, medications, therapy, nutrition, housekeeping, record management, and a host of other services. From the chief executive officer level to the patient, multiple caregivers interact with one another and oversee and direct different levels of care. Nurses, for example, collaborate with medical providers, therapists, pharmacists, and nutritionists and oversee licensed practical nurses, nurse assistants, clerical staff, and often housekeepers. The importance of effective delegation cannot be overestimated. Effective delegation ideally distributes the workload equitably and effectively.

Career Management

A career in nursing provides incredible opportunities to continually advance into numerous avenues and job roles. Proactively understanding and managing one's career requires not only a current license, but also continuing competence, participation in professional organizations, and mentoring nurse colleagues as they advance in their work. No individual should ever put their career on autopilot, expecting that little will change over time and that reentry into the workplace will not require updating and skill confirmation. A nursing career is both an incredible asset and an incredible obligation to the public.



CRITICAL THOUGHT

There is no medicine like hope, no incentive so great, and no tonic so powerful as expectation of something better tomorrow. —Orison Swett Marden

Remember that nursing provides a wealth of opportunity to impact the world. Do not feel locked into a certain trajectory. Do not take positions that do not bring out your best professional self. In many cases, the most successful and fulfilled nurses create their own paths. You can do the same.

Launching into Leadership

Learning and challenging our assumptions of the past is never-ending and sometimes overwhelming, but it is mostly energizing in that this work is a reflection of our vitality and abilities to create a better future and influence how that future evolves. The scenarios in the appendices of this chapter are intended to challenge your thinking, be outrageously creative, and push the walls of what we currently know and do in very special ways. The future will depend on nursing professionals continuing to learn creatively and take rational risks in pushing new ideas, projects, and initiatives forward quickly and effectively. The contemporary professional nurse is not afraid of failure—rather, when an idea or project or initiative does not work as intended, the work of course correction has already begun! The successful nurse leader is one who does not wait for a seat at the table, but rather brings a chair. Nursing has long waited for its chance to influence change and drive a better healthcare system, there is no more waiting. Our profession must step up and emerge from the COVID-19 pandemic as innovators, leaders, and rule challengers. The problems of today cannot be solved with the solutions of the past, a leader looks only forward and co-creates the solutions with their teams. The healthcare world desperately needs your energy, wisdom, and passion for excellence in patient care.

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