Draft Nursing Administration:
Scope and Standards of Practice, Second Edition
(01-30-15 for Public Comment)
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Scope of Practice of Nursing Administration

Function of the Scope Statement

The scope of practice statement (pages X-XX) describes the “who,” “what,” “where,” “when,” “why,” and “how” of nursing administration practice. Each of these questions must be sufficiently answered to provide a complete picture of the practice and its boundaries and membership. The depth and breadth in which individual registered nurses engage in the total scope of nursing practice is dependent upon education, experience, role, and the population served.

Introduction

Nursing administration has been a nursing specialty since the early part of the twentieth century. The American Nurses Association (ANA) first published the Scope and Standards for Nurse Administrators in 1995. These were revised in 2004 and 2009 to reflect the rapidly changing and evolving practice of the nurse administrator. The nurse administrator of today practices in many different settings and in a variety of roles with varying degrees of influence. However, the core role accountabilities, no matter the setting, role or title, remain the same. Those core role accountabilities span clinical care delivery; healthy work environment; resource management, including human, financial, material and technological; quality and safety; health outcomes; population health management; legal and regulatory compliance and advocacy.

The original Scope and Standards version discussed a conceptual division of nursing administration into two administrative levels, the nurse executive and the nurse manager. The 2004 version preferred to classify these divisions in administrative practice as spheres of influence rather than job titles. They defined four spheres of influence: Organization-wide Authority, Unit-based or Service-Line-based Authority, Program-focused Authority, and Project- or Specific Task-based Authority. This edition defines practice settings and span of influence in keeping with terminology used in the organizational and administrative management literature. The practice settings and span of influence are: System-wide influence, Organization-wide Influence, Service/Department/Program Influence, and Unit/Team-wide Influence.
The publication of *Nurse Administration: Scope and Standards of Practice. Second Edition*, is the culmination of a 13 month intense professional review and revision effort hosted by ANA. A dedicated and experienced workgroup met at least twice a month via telephone conference calls from November 2013 until December 2014 to review, discuss and revise the current document. The document was posted for public comment in February 2015. The comments and suggestions received during the public comment period were reviewed and many incorporated into the final document that was sent to the ANA Board of Directors for review and approval.

**Definitions**

Nursing administration is an advanced specialty practice devoted to the design, facilitation, supervision and evaluation of systems that educate and/or employ nurses. As an advanced specialty practice, nursing administration requires graduate-degree preparation that develops expertise in nursing practice, implementation science, innovation and improvement processes, strategic planning, communication, financial management, and resource allocation. The nurse administrator is a registered nurse who engages in the specialty practice of nursing administration. The nurse administrator is a strategic thinker with administrative accountability for all professional nursing practice in a healthcare setting. The nurse administrator leads, influences, and governs professional nurses and allied staff to foster a culture of clinical excellence, innovation, and transformation.

Nursing administration is both an art and science that engages leadership practices and values to influence the future, oversee healthcare service delivery, inspire clinical practitioners, and promote the health and safety of individuals, significant others, populations, and communities. Nursing administration as an art promotes positive outcomes by fostering healthy work environments, ensuring adequate resources, leading effective change, partnering and collaborating with key stakeholders, building trust and accountability, and investing in the professional growth of others. Nursing
administration as a science uses concepts from the basic sciences, leadership and business, the humanities and public policy to advance optimal, sustainable outcomes for educational and healthcare delivery systems as well as individuals, significant others, populations, and communities.

**Evolution of Practice**

The evolution of nursing administration practice can be traced back to the mid-1850s when Florence Nightingale implemented massive changes in nursing through the use of astute observation and the collection and analysis of patient outcome data. In 1854 she organized 38 nurses into a team that went to care for British soldiers injured in the Crimean war. Through her efforts the death rate fell by two thirds. She subsequently fought for reform of military hospitals and medical care. After the war, Nightingale returned to England where she continued to collect data and study the health of the British army. Her book, *Notes on Hospitals* (1859), laid the foundation for the development of civilian hospitals.

**Rise of Hospitals**

During the 1930s nursing administration was first identified as a specialized field. Post WW II, the rise of hospitals and the continued development of a hierarchical structure in health care advanced the development of nursing administration practice. By 1970 nurse administrators were leading in many different healthcare settings. Nursing administration evolved beyond the oversight of clinical service delivery in the 1980s as reimbursement and quality improvement models emerged. This ushered in the need for developing new business and financial skills, as well as promoting nurse autonomy through shared governance models of nursing practice whereby nurses could control professional practice.

In the 20th century health care shifted from primarily occurring in the hospital to a growing range of services in the community. Nursing administration roles evolved in public health and in the military. Expansion of nursing services outside of hospitals...
affected nursing administrative practice. In public health, nurses were coordinators of care in their communities. The military promoted the development of a hierarchical structure for healthcare delivery enabling nurse administrators to be in charge not only of the delivery of care but also the structure and processes of care. In the late 20th century, as the need to cut cost and improve patient outcomes intensified, nurse administrators had to evaluate care models to work within growing financial constraints. Nursing, most often the largest budgetary item in a healthcare system, saw significant changes in staffing models and care delivery organization. These models often left nurses feeling overworked and devalued.

**Magnet Recognition Program®**

Responding to the need to quantify the value of nursing and foster standards for healthy nursing environments, the American Academy of Nursing (AAN) created a taskforce to identify the attributes of healthcare facilities that exemplified greater capacity to attract and retain nurses. Based on a study of 163 institutions, the taskforce found common elements that promoted exceptional care and retained well qualified nurses in 41 of those hospitals.

The key nursing administration factors identified were management style, quality of nursing leadership, educational preparation of directors and managers, the organizational structure of nursing, staff participation in governance through committees, and support provided by the institution for nurses. Fourteen characteristics, called “Forces of Magnetism,” were identified and formed the framework used to evaluate and recognize organizations meeting the designated criteria. The Magnet Recognition Program® was the first evidence-based program to acknowledge organizations led by nurse administrators who were creating and sustaining work environments that attracted and retained registered nurses.

In 2008, a new Magnet model was introduced that grouped the 14 Forces into 5 key components: transformational leadership, structural empowerment, exemplary professional practice, new knowledge and innovations, and empirical outcomes.
The role of the chief nursing officer (CNO) in organizational governance is critical to achieving Magnet designation. Evidence must be presented about the CNO’s influence and ability to allocate resources that support the attraction and retention of nursing. Data on the empirical outcomes from nursing practice and comparison of the institution’s results against national benchmarks are a part of the evaluation process. Magnet facilities must allow nurses to have control over nursing practice; evidence decentralized administrative structure; and support the CNO in assuring nursing participation in decision making. Magnet designated organizations have adopted and utilize the current edition of the American Nurses Association’s *Nursing Administration: Scope and Standards of Practice*.

**Institute of Medicine Report**

The Institute of Medicine has produced several reports that influenced nursing administration; however, the landmark study, *The Future of Nursing, Leading Change, Advancing Health* (2010), has significantly promoted the role of nurses in leading change to advance health. CNOs are essential to the implementation of the study recommendations to:

1. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. CNOs provide structured programs to prepare the nursing workforce to lead at all levels.
2. Support the launch and continuous operations of nurse residency programs to transition nurses into practice.
3. Implement policies to support academic progression in nursing, providing resources to encourage nurses obtain baccalaureate and master’s degrees in nursing.

This report has become a framework to unite and evolve nursing across the country. Nurse administrators are at the forefront of this transformation.

Nursing administration has transitioned from insular oversight of nursing to the coordination and leadership of strategic, interprofessional teams responsible for
developing the structures and processes to both operate and innovate healthcare delivery and educational systems. Nurse administrators often have responsibility for multimillion dollar budgets and the majority of the organization’s healthcare employees. The nurse administrator incorporates standards of practice based on evidence not only from nursing, but from multiple entities, such as the National Quality Forum and Institute of Medicine. Today’s healthcare environment promotes the value of nursing and nurses as partners in the quest to achieve the triple aim: provide safe, quality, effective, efficient, equitable care; assure care is provided that exceeds the patient/family expectations; and deliver healthcare services that reduce the total cost of care across the continuum. Nurse executives remain leaders in the business of health care and keepers of the core value that drives the profession - human caring.

Practice Settings and Span of Influence

Nursing administration practice occurs in an array of private and public academic and healthcare settings. Nurse administrators may direct nurse managed clinics and other entrepreneurial entities forming in response to the Affordable Care Act. These leaders practice in governmental agencies, corporations, and integrated delivery systems. Nursing administration is a part of the full continuum of care including home care, clinics, outpatient sites, hospital systems, short and long-term treatment, and residential facilities. These practice settings use an array of nurse leaders to oversee many levels of administrative responsibility. Regardless of the setting, nurse administrators co-create a culture of excellence, innovation, and transformation with professional nurses and allied staff. Nurse administrators assure that nurses are allowed to practice within their full scope, foster healthy work environments, and advance professional autonomy, clinical competence, and safe, ethical and high quality nursing care. Although the main goal of nursing administrative practice is to assure the alignment of nursing’s goals, activities, and practices with the values and mission of the organization, governing boards, and constituencies, nurse administrators are no longer restricted to just the oversight of nursing as many direct all aspects of the clinical or educational enterprise.
In this edition of the *Nursing Administration: Scope and Standards of Practice*, roles are discussed by examining the range or span of influence the position has within the organization. Common roles and titles found within varied practice settings are identified, although it is impossible to capture them all. As healthcare delivery and educational systems continuously evolve to improve the health of the population, nursing administration practice and span of influence is evolving too.

**System-Wide Influence**

Nurse administrators with system-wide authority have roles that influence and often extend beyond nursing. These leaders have the unique opportunity to bring together all stakeholders to contribute to the mission of the organization while honoring the distinctive perspective of nursing. As a licensed healthcare provider, the nurse administrator is uniquely able to foster partnership and collaboration that is respectful, transparent, trustworthy, and committed to excellence. System-wide influence offers a matchless opportunity to assure effective patient-centered care that is seamless across every transition. Nurse administrators in these roles may be chief executive officers, chief operating officers, chief program officers, chief informatics officers, division heads, public health analysts, chancellors, provosts, and presidents. These nursing administrators represent nursing in corporate, academic, public, and governmental settings, and serve on governing and philanthropic boards. Nurse leaders with this span of influence may be members of the legislature, executive directors of professional associations, regulatory agencies, and even national academies, such as the Institute of Medicine and the Royal Society of Medicine.

**Organization-Wide Influence**

Nurse administrators with organization-wide authority have the ultimate accountability for ensuring exemplary, safe, and cost-effective nursing practice across the organization and/or integrated delivery system. These nurse administrators transform organizational and professional values into daily operations that assure a healthy and caring work environment. Spanning the organization’s delivery systems and care continuum, this nurse administrator serves as a catalyst and role model for patient and family-centered
care, nourishes the organization’s values and mission, and exemplifies nursing’s core values. Nurse leaders in these roles often have titles such as Chief Nursing Officer (CNO), Vice President of Nursing or Patient Care Services, Dean, Director of Nursing Services, Director of Patient Care Services, or Bureau Chief.

Service/Department/Program Influence

Authority over a service/product - line, department or program is a common nursing administrative role across all healthcare delivery and educational settings. These nurse administrators are charged with handling the daily operation of multiple units or departments clustered around specific clinical or academic areas and usually have 24-hour accountability for those specific areas of responsibility. Typically, this nurse administrator is supported by unit managers or departmental coordinators, who may or may not be nurses, and who execute daily operations within defined areas. This nurse administrator’s efforts are directed toward program management, which includes developing program-specific goals, objectives, and the achievement of quality outcomes within an organization. In this role, nurses also have the unique skill set to mobilize internal and external stakeholders to ensure programmatic goals and objectives are met. These nurse administrators often have titles such as administrator, nursing supervisor, or patient care director. Other leadership titles include, shift supervisor, associate or assistant Dean, program director, and chairperson. Some nurse administrators serving in these roles may function outside of the realm of the traditional nursing departments associated with direct patient care services. Instead, the nurse administrator focuses attention on various processes within the organization. Examples of other roles with unit or program-wide influence include Quality Improvement Director, Public Health Analyst, Education Director, and Recruiter. They are usually accountable to another nurse administrator at the organizational level.

Unit/Team-Wide Influence

Nurse administrators with this level of influence most often direct a single defined area requiring distinct clinical or academic expertise. Depending on the size of the unit or team, the availability of staffing, and the demands of their management duties, these
nurse leaders may also continue to have teaching or direct patient care responsibilities. These nurse administrators often have titles such as nurse manager or unit manager. Academic leadership titles with this span of influence include course coordinator, concentration director, and team leader.

**Role Accountabilities**

While nurse administrators practice in many different settings and roles with varying degrees of influence, core accountabilities remain the same. Accountability denotes being answerable to oneself and others for one’s actions and the impact they have on individuals, organizations, and communities.

Core accountabilities of the nurse administrator include: 1) safety, quality and risk management, 2) patient and population health advocacy 3) clinical care delivery and optimal patient outcomes, 4) healthy work environments, 5) strategic, financial, and human resource management, 6) legal and regulatory compliance, and 7) networking, partnering, and collaborating. The nurse administrator works with an interprofessional team to assure achievement of optimal outcomes for patients, populations and communities as well as the organizations that deliver care, promote health, and prepare clinicians.

**Safety, Quality and Risk Management**

No accountability of the nurse administrator is greater than culpability for safety, quality and risk management. Nurse administrators, as representatives of nursing and also stewards for the organization, must leverage critical thinking, problem-solving, and collaboration skills to design systems that assure safety, promote quality, and minimize risk. Consideration must be given to all stakeholders when planning and implementing strategies to accomplish these goals. A primary challenge for the nurse administrator is creating an environment where the ethical and social obligations of nurses to deliver safe, quality services are balanced with simultaneously protecting the organization and its employees from failure and liability.
Nurse administrators as leaders are responsible for creating a culture of quality and safety, and operationalizing strategies to attain performance excellence and risk management (Duquette, 2012). To be effective, the science of complex systems must be considered in the management and continuous improvement of organizations (Duquette, 2012). Nurse administrators need to assure that quality is a priority and is interwoven within the organizational fabric. The Institute of Medicine (2001), the Joint Commission on Accreditation of Healthcare Organizations (2003), and other authorities encourage healthcare leaders to take responsibility in developing a strong safety culture to prevent or minimize medical error. The nurse executive, as one of the chief executives must make this a commitment and top priority (Leape & Berwick, 2005).

Creating a system of quality and safety also requires creating an entire culture of safety. Effective nurse administrators promote a process of mistake or error mitigation, recognizing errors are most often the result of system breakdowns rather than the failures of individuals. Such a culture focuses on investigation of the root cause of an incident, addresses necessary system(s) modification, and reserves punitive action only for reckless behavior. The system promotes reporting and quality outcomes, which ultimately can reduce cost, promote transparency and public trust, and make nurses accountable for their practice. Three reports from the Institute of Medicine provide insight and rationale to aide nurse administrators in improving safety and quality: To Err Is Human: Building a Safer Health System (1999), Patient Safety: Achieving a New Standard of Care (2003), and Keeping Patients Safe: Transforming the Work Environment of Nurses (2003). These reports brought significant attention to the idea of treating errors as systems failures. One model for error prevention and mitigation is the just culture approach, a process garnering increased interest in healthcare settings because of its focus on fixing error-prone systems by supporting error reporting, error reduction, and patient safety (Asiton & Chou, 2005).

Nurse administrators in all practice settings are responsible for creating and supporting a quality management philosophy within their organizations. The terms quality
management (QM), quality improvement (QI), performance improvement (PI), total quality management (TQM), and continuous quality improvement (CQI) are often used interchangeably in health care (Folse, 2011). Quality management refers to a philosophy that defines a healthcare culture that emphasizes customer satisfaction, innovation, and employee involvement (Folse, 2011). Quality improvement refers to an ongoing process of innovation, error prevention, and staff development that is used by institutions that adopt the quality management philosophy (Folse, 2011). Organizational effectiveness aims to combine the knowledge of management and quality to understand and improve the organization (Kelly, 2011).

The responsibility for ensuring quality and safe outcomes for patients, customers, stakeholders, and employees lies with those who determine how and what organizational objectives are set; how human, fiscal, material, and intellectual resources are secured, allocated, used, and preserved; and how activities in the organization are designed, carried out, coordinated, and improved (Kelly, 2011). The nurse administrator in collaboration with the strategic team is a key contributor to this responsibility.

Efforts to promote quality and assure safety contribute to the elimination of risk and sentinel events in health systems. Today, healthcare professionals are implementing the latest information technologies, monitoring identified quality indicators from field experts, developing and implementing standards of practice, and participating in education and training to minimize preventable errors (Watson, 2010). Quality care begins with commitment to a culture of safety that becomes embedded in all aspects of patient care (Watson, 2010).

Risk management (RM) for healthcare entities can be defined as “an organized effort to identify, assess and reduce, where appropriate, risk to patients, visitors, staff and organizational assets” (Kavaler & Spiegel, 1997, p.3). The goal of RM in any organization is to protect patients from harm and the organization from financial losses (White, 2012). Risk management and quality management are closely related as both are keenly interested in maintaining or exceeding the applicable standard of care.
(White, 2012). The nurse administrator works in collaboration with other members of the leadership team to identify internal and external dangers to the organization and to ensure an effective risk management approach is in place. All members of the workforce are responsible for identifying, reporting, and documenting risk management and potential quality of care problems that can influence patient safety (Beaudin & Pelletier, 2012). The nurse administrator must lead this effort implementing and evaluating strategies for proactively reducing errors, promoting quality, ensuring patient safety, and minimizing risk (Beaudin & Pelletier, 2012).

**Patient and Population Health Advocacy**

The nurse administrator advocates for the protection and rights of individuals, significant others, communities, populations, healthcare providers, nursing, and other professions, institutions and organizations, especially related to health and safety (ANCC, Magnet Standard 16 Advocacy, pg. 44). The nurse administrator supports the involvement of individuals in their own care and decision making and believes the patient should be the person most prominent in guiding care.

To assure patient advocacy the nurse administrator works with all healthcare professionals to ensure education is provided on patient advocacy and that staff help patients who require additional assistance to identify a person who can advocate on their behalf. The nurse administrator encourages health information that is clear, accessible and adequate for patients, providers and caregivers. The nurse administrator ensures that patient advocacy is integrated into the design, implementation, and evaluation of policies, programs and services, and systems.

Nurse administrators demonstrate skill in advocating before providers, public representatives, policy decision-makers, and other stakeholders. The nurse administrator exhibits fiscal responsibility and integrity in policy development and advocacy activities, and strives to resolve conflicting expectations among populations, providers, and other stakeholders. The nurse administrator promotes safety, guards nursing and patient interests, and preserves the individual rights of the consumer of
healthcare throughout all settings. The nurse administrator serves as advocate for peers, populations, providers, and other stakeholders in promoting and implementing health policies which reflect best practice and improve access.

Clinical Care Delivery and Optimal Patient Outcomes

The nurse administrator has the responsibility for implementing and maintaining the scope and standards of nursing practice within a model of care. The nurse administrator must be a role model, mentor, innovator, and advocate of the professional nurse to ensure nursing practice is effective in achieving clinical outcomes. Nurse administrators hold the professional nurse accountable for adhering to Standards of Practice when delivering care and assure that the ANA (2010) five characteristics of nursing practice continue:

- Nursing practice is individualized
- Nurses coordinate care by establishing partnerships
- Caring is central to the practice of the registered nurse
- Registered nurses use the nursing process to plan and provide individualized care to their healthcare consumers
- A strong link exists between the professional work environment and the registered nurse’s ability to provide quality health care and achieve optimal outcomes

The nurse administrator is accountable for supporting the most appropriate model of care within the delivery system such as tertiary care systems, Accountable Care Organizations, nursing centers, public health systems, and medical homes. To that end, the nurse administrator must be a designer, innovator and evaluator of care delivery models and systems.

The Affordable Care Act of 2014 has identified the professional nurse as a critical provider for achieving positive clinical outcomes and managing cost in current and future healthcare systems. It is important that the nurse administrator collaborates with other administration members, nursing staff, and interdisciplinary colleagues to design,
implement, and evaluate models of care that support nursing practice and assure quality and cost outcomes can be achieved. Nurse leaders create innovative care delivery systems that foster a healthy practice environment for nurses, patients, visitors and other healthcare disciplines.

Safety and quality problems occur when professional staff are not supported nor prepared to achieve optimal quality care (ANA, 2010; IOM, 2004). Changes within the nursing culture that foster an environment of professionalism must be supported and maintained for quality to be achieved. Nurse administrators have the responsibility to achieve these changes by supporting and guiding staff to both create a safe work environment and promote quality relationships and interactions while developing healing environments (Roussel, 2009). It is within this culture that collaborative decision-making and positive staff and patient outcomes will flourish.

Healthy Work Environment

Healthy work environments promote positive patient care environments and contribute to safety and quality. Nurse administrators develop healthy work environments using evidence-based management practices (Roussel, 2009). The American Nurses Association (ANA) defines a healthy work environment as: ‘one that is safe, empowering, and satisfying. Parallel to the World Health Organization definition of health, it is not merely the absence of real and perceived threats to health, but a place of “physical, mental, and social well-being,” supporting optimal health and safety. A culture of safety is paramount, in which all leaders, managers, health care workers, and ancillary staff have a responsibility as part of the patient centered team to perform with a sense of professionalism, accountability, transparency, involvement, efficiency, and effectiveness. All must be mindful of the health and safety for both the patient and the health care worker in any setting providing health care, providing a sense of safety, respect, and empowerment to and for all persons.’ (ANA, 2014, available at http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/default.aspx)
Some principles and elements in achieving this environment include respect for diversity; assurance of open, transparent communication; promotion of work/home life balance; and advocacy for nursing practice, shared decision making and continuous professional growth. The ultimate goal of nursing administration is positive health outcomes for patients, staff, and communities.

The American Association of Critical-Care Nurses, supported by ANA (2010) has identified six standards for establishing and maintaining healthy work environments (ANA, 2010 pp. 5-6 & AACN, 2005):

- Skilled Communication
- True Collaboration
- Effective Decision Making
- Appropriate Staffing
- Meaningful Recognition
- Authentic Leadership

Nurse administrators can impact positive work environments though (ANA, 2010):

- Transformational leadership and evidence–based management
- Maximizing workforce capability
- Creating and sustaining a culture of safety and research
- Work space design and redesign to prevent and mitigate error
- Effective use of telecommunications and biomedical device interoperability

**Strategic, Financial, and Human Resource Management**

As members of the leadership team, nurse administrators, regardless of role, have a responsibility to contribute to the strategic, financial and human resource management in the organizations where they work. This responsibility includes planning, allocating, monitoring, analyzing and contributing to the overall fiscal well-being of the healthcare enterprise.
Nurse administrators actively participate in developing the strategic direction of the organization, including initial and ongoing system and environmental assessments and analyses. Strategic planning is a process of defining the organization's vision and mission, setting goals and objectives, and identifying key stakeholders and tactics (Huber, 2006). The strategic planning process is proactive, vision-directed, action-oriented, creative, innovative, and oriented toward positive change (Clyne, 2011). Strategic management is the implementation and evaluation of the plan (Huber, 2006; Lexa, 2008). The organization’s hierarchical structure will influence the nurse administrator’s scope of responsibility and accountability in setting and implementing strategic goals. Nurse administrators may play a role and have accountability in strategic activities at the microsystem, mesosystem, exo-system and/or macro-system. Regardless of their organizational position, nurse administrators must understand how the strategic focus of an organization affects patient care activities, health outcomes, quality and safety, resources allocation, and the financial sustainability of the agency.

Nurse administrators have responsibility and accountability for communicating, implementing, and evaluating strategic plans and initiatives (Sollenberger, 2006). They must make sure staff members have the skill sets needed to develop and design care delivery models that support the organization’s strategic aspirations. The outcome of strategic planning is development of broad internal and external organizational goals. Nurses are instrumental in designing, planning, and executing new strategies for the future; thus, influencing the direction of health care (Clyne, 2011). The primary responsibility of the nurse administrator is to ensure the nursing strategic agenda aligns with the organization’s plan, and that nursing has a voice at the planning table.

Recent developments in healthcare financing provide nursing with an opportunity to move from the traditional model of being an expense and cost center to a progressive model where nursing contributes to the preservation of revenues through evidence-based practice. Nursing services plays a key role in reimbursement, risk reduction and revenue generation. Current administrative practices require shifting from a focus on
staffing numbers to an emphasis on the efficient use of all resources, as well as efforts that reduce negative patient outcomes and discharge delays. Of particular concern are nursing sensitive indicators that reflect the quality of care given to patients by nurses. The nurse administrator is expected to lead in integrating and balancing the financial needs of patient care, clinical enterprises, innovation, facility planning, and employee development to influence healthcare outcomes for patients, populations and the community. Nurse administrators must learn how to navigate the financial environment to assure resources are available to support patient care, delivery models and human capital needs. The nurse administrator must articulate and justify the impact that nursing services have on patient outcomes, cost, and the long-term financial viability of the organization.

Nurse administrators must understand sources of healthcare financing: government, insurance, self-pay, private and philanthropic gifts. In addition, these administrators must partner with others to assess and evaluate providers’ payment systems, negotiate rate structures, and control spending through creating new delivery and payment models. The nurse administrator will be called upon to help justify expanding services, providing new services, and building new facilities to house different services. A strong working relationship between the nursing department and the fiscal department is essential in this new healthcare environment. The nurse administrator should work to create a financial model within an interprofessional practice environment promoting the need for a true partnership between nursing and fiscal management.

Consideration of the ethical implications of financial decisions and collectively managing the cost-care dilemma are imperative for cost-conscious nursing practice (Stafford, 2011). Such financial thinking skills are the cornerstone of cost-conscious nursing practice and are essential for all nurses (Stafford, 2011). The nurse administrator must be the organizational role model in the financial management area and empower nursing staff to develop financial thinking skills. Stafford (2011) summarizes some strategies for cost-conscious nursing practice which include:

- Understanding what is required to remain financially sound
Knowing costs and reimbursement practices
Capturing all possible charges in a timely fashion
Using time effectively
Discussing the costs of care with patients
Meeting patient, rather than provider, needs
Evaluating cost-effectiveness of new technologies
Predicting and using nursing resources efficiently
Using research to evaluate standard nursing practice

One of the greatest financial costs nurse administrators manage is the nursing workforce. Healthcare delivery systems accomplish most of the services they offer through people, particularly nurses. Nurse administrators must have an understanding of traditional human resources (HR) processes and strategic human resource management (SHRM). The nurse administrator must understand the legal framework of HR, employee relationships, compensation practices, talent acquisition and development, labor relations, and performance management.

The complexity of healthcare systems demands that nurse administrators use a strategic approach to HR management when creating a healthy work environment; designing succession plans; forecasting an adequate, equipped workforce; and developing staff to support the strategic aspirations of the organization (Fred & Fottler, 2011; Hernandez & O’Connor, 2010). Workforce planning requires the nurse administrator’s involvement at the institutional, local, state, regional, national and international level. Workforce effectiveness requires predicting supply and demand needs, conducting market surveillance, increasing diversity, improving data collection and analysis, and deploying human resources. Nurse administrators should support and be familiar with the National Nursing Workforce Minimum Dataset.

Nurse administrators in academia and practice must “think outside the box” and create innovative recruitment and retention models to increase the size and diversity of the nursing workforce. Nurse administrators must take a leadership role and become early
adopters in leading change, removing barriers, challenging the status quo, and creating innovative solutions to address nursing workforce issues that will contribute to the health of America. For example, recruitment efforts should address second-degree students, military personnel, early retirees from non-health related industries, and a recruitment focus on elementary and junior high school students. Nurse administrators should work with industries that are downsizing to include outsourcing and financial support for affected employees to pursue careers in nursing. Nurse administrators may have to rethink nursing education at four-year schools to include an extended program of study beyond the two-plus-two model to accommodate mature adults with other family responsibilities and to ease the burden on clinical practice.

The Patient Protection and Affordable Care Act (ACA, 2010) established the National Health Care Workforce Commission. This multi-stakeholder commission is charged with developing workforce strategies extending to state and regional centers addressing healthcare workforce needs and development. Each nurse administrator should be aware of workforce activities at the local, state, regional, national and international levels to influence advisory groups, advocate for statutory changes, and assure equitable allocation of monetary resources. Nurse administrators should participate with and serve as chairs of workforce boards including local, regional, state and national agencies, and public, private, and nonprofit entities.

**Legal & Regulatory Compliance**

Healthcare organizations fall under the umbrella of many different regulatory entities, including state, federal, and accrediting agencies. Nurse administrators must understand and abide by local, state, and federal laws and regulations related to their span of influence. Upholding nurse practice acts, verifying and tracking licensure and credentialing of applicable staff, abiding by nurses’ rights, and complying with regulatory and professional standards are duties of the nurse administrator at any level in all practice settings. Federal and state law may also dictate quality and practice standards.
The nurse administrator promotes quality of care and preserves patient safety using evidence-based quality measures. The nurse administrator will collaborate with other organizational leaders and play an active role in developing an efficient, positive, and productive work environment that will support all applicable legal standards to promote safe, quality, healthcare delivery systems. This may require addressing human resource, equal employment opportunity (EEO), Family and Medical Leave Act (FMLA), Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), corporate e-discovery, and whistleblower protection.

The nurse administrator will offer input regarding the development, education, implementation, and evaluation of the organization’s compliance program. The nurse administrator is responsible, along with the other organizational leaders, for managing the day to day operations within the organization and measuring the effectiveness of the compliance program. The Board of Directors should be advised if ineffectiveness in the compliance program is identified.

A critical dimension of legal and regulatory compliance is health information management. This is the process through which healthcare organizations gather, manage, store, and disseminate patient and corporate information essential to providing patient care and measuring quality health outcomes. Health information is vital information that is used to record the patient’s encounters across the continuum of care. Moreover, health information management is essential to obtaining reimbursement for healthcare delivery, as well as measuring the organization’s performance in quality outcomes, performance improvement, and utilization management. The nurse administrator must develop a clear understanding of the environment and hone the ability to function effectively within it to ensure nursing acquires what it needs for quality patient care (Simpson, 2007).

The nurse administrator is accountable for ensuring the organization has a health information management system with adequate resources to effectively manage patient information and provide an organized method for measuring and improving patient care.
The nurse administrator is responsible for ensuring that nursing staff under their purview provide accurate and timely documentation in accordance with organizational policies as well as in compliance with state and federal regulatory guidelines. The nurse administrator actively supports access by individuals to their own personal health information and develops awareness of how that information may be used and accessed by others. Nurse administrators advise, direct, and influence the technology nurses use (Simpson, 2007). Additionally, the nurse administrator evaluates factors related to privacy, security, and confidentiality in the use and handling of health information and works with other organizational leaders to ensure health information security. The nurse administrator also assures nursing professionals receive ongoing education in privacy, security, and the legalities of a complete and accurate medical record.

Networking, Partnering and Collaborating

Today’s nurse administrators are expected to be multi-talented and have a wide span of professional and social influence. These nurse leaders navigate the creation of large networks of care as the industry morphs, consolidates, and strives to address healthcare disparity, cost, and access issues. One of the complex tasks facing nurse administrators is building community partnerships with a vast group of stakeholders to assure population health and safe transition across the care continuum. These partnerships include academic-practice partnerships for innovation and smooth transitions, as well as outreach to patient advocacy groups, non-profit agencies, payers, and political leaders. The nurse administrator must be able to communicate and advocate for the vision and programmatic direction of nursing to a diverse group of constituents and consumers. The ability to collaborate and influence both internal executives and external community leaders is important relative to workforce development, financial viability, and improving health outcomes. Attention to issues associated with marketing, organizational reputation and brand recognition, and an organizational and professional presence in social media, have become integral practice components for the nurse administrator.
The shift to a more involved community is a new paradigm of health care. As the American healthcare system begins to embrace a wellness model, nurse administrators must prepare for a different type of leadership role and an inclusive preventive and maintenance practice framework aimed at advancing population health. An emerging community role for nurse administrators is that of philanthropic development at the domestic and global level to promote and support the mission, vision, and corporate values of their profession and the organization where they work.

**Role Qualifications**

With the passage of the Patient Protection and Affordable Care Act, nurse administrators have greater influence in providing and promoting quality health care in complex and resource stressed health systems. To meet these challenges and expectations of leadership, it is important to define the licensure, education, and experience required for this role. Nurse administrators at all levels and within all settings must at a minimum be prepared at the baccalaureate level and hold an active registered nurse license and meet the requirements in the state in which they practice.

**Education**

Various respected nursing leadership and educational groups have explored and debated the educational requirements necessary for effective and efficient nursing administration. The Council on Graduate Education for Administration in Nursing (CGEAN), the American Association of Colleges of Nursing (AACN), and the American Organization of Nurse Executives (AONE) stress that advanced education and continuing competence is needed for nurse administrators to have the skills required to merge business operations and decision-making with clinical practice and outcomes improvement. There is agreement that a Bachelor of Science in Nursing is the minimum requirement for nurse managers, although the acquisition of core administrative competencies requires a Master’s degree. Nurse leaders who are responsible for organizational and system leadership roles are practicing at an advanced level beyond the nurse manager role and should have a Master’s degree as a minimum requirement. Therefore, a nurse administrator should have a graduate-level degree in a relevant area focusing on management, nursing leadership, policy, and administration. A practice or research
level doctoral degree is highly encouraged and recommended for those leaders with system and/or organization-wide influence.

**Certification**

In addition to formal academic education, nurse administrators are expected to seek professional certification and education in nursing administration or other relevant management or specialty areas to develop competencies in nursing leadership. Professional certification enables nurses to demonstrate their specialty expertise and validate their knowledge to colleagues, employers, healthcare consumers, and others. This proxy for competence provides official recognition for a designated time period for those who have met defined requirements most often associated with specific practice experience, academic and continuing education preparation, and completion of a qualifying examination. Nurse administrators have diverse opportunities for recognition through certification provided by nursing and other pertinent credentialing programs.

The following examples do not reflect an exhaustive list:

<table>
<thead>
<tr>
<th>Certification</th>
<th>Website Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Associate in Project Management (CAPM)</td>
<td><a href="http://www.pmi.org/Certification/Which-PMI-Certification-is-Right-for-You.aspx">http://www.pmi.org/Certification/Which-PMI-Certification-is-Right-for-You.aspx</a></td>
</tr>
<tr>
<td>Certified in Executive Nursing Practice (CENP)</td>
<td><a href="http://www.aone.org/education/CENP.shtml#nurseexeccomp.">http://www.aone.org/education/CENP.shtml#nurseexeccomp.</a></td>
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<tr>
<td>Certified Nurse Educator (CNE)</td>
<td><a href="http://www.nln.org/certification/index.htm">www.nln.org/certification/index.htm</a></td>
</tr>
<tr>
<td>Certified Nurse Manager and Leader (CNML)</td>
<td><a href="http://www.aone.org/education/CNML.shtml#CNMLSAE.">http://www.aone.org/education/CNML.shtml#CNMLSAE.</a></td>
</tr>
<tr>
<td>Certified Professional in Healthcare Quality (CPHQ)</td>
<td><a href="http://www.nahq.org/certify/content/index.html">http://www.nahq.org/certify/content/index.html</a></td>
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<tr>
<td>Certified Quality Manager (CQM)</td>
<td><a href="http://cert.asq.org/certification/control/right-for-you">http://cert.asq.org/certification/control/right-for-you</a></td>
</tr>
<tr>
<td>Fellow of the</td>
<td><a href="http://www.ache.org/mbership/credentialing/requirements.cfm">http://www.ache.org/mbership/credentialing/requirements.cfm</a></td>
</tr>
<tr>
<td>Professional Certification</td>
<td>Website Link</td>
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<tr>
<td>American College of Healthcare Executives (FACHE)</td>
<td></td>
</tr>
<tr>
<td>Lean Six Sigma Certification (LSS)</td>
<td><a href="http://cert.asq.org/certification/control/right-for-you">http://cert.asq.org/certification/control/right-for-you</a></td>
</tr>
<tr>
<td>Nurse Executive Certification (NE-BC)</td>
<td><a href="http://www.nursecredentialing.org.">www.nursecredentialing.org.</a></td>
</tr>
<tr>
<td>Nurse Executive, Advanced Certification (NEA-BC)</td>
<td><a href="http://www.nursecredentialing.org.">www.nursecredentialing.org.</a></td>
</tr>
<tr>
<td>Nursing Professional Development (RN-BC)</td>
<td><a href="http://www.nursecredentialing.org.">www.nursecredentialing.org.</a></td>
</tr>
<tr>
<td>Program Management Professional (PgMP)</td>
<td><a href="http://www.pmi.org/Certification/Which-PMI-Certification-is-Right-for-You.aspx">http://www.pmi.org/Certification/Which-PMI-Certification-is-Right-for-You.aspx</a></td>
</tr>
<tr>
<td>Six Sigma Certification (CSS)</td>
<td><a href="http://cert.asq.org/certification/control/right-for-you">http://cert.asq.org/certification/control/right-for-you</a></td>
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<tr>
<td>Wharton Advanced Management Program (AMP)</td>
<td><a href="http://executiveeducation.wharton.upenn.edu/for-individuals/all-programs/advanced-management-program">http://executiveeducation.wharton.upenn.edu/for-individuals/all-programs/advanced-management-program</a></td>
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</table>

**Competencies**

The literature is flooded with various definitions and criteria of professional leadership competencies, but consistency or conformity is challenging, especially in the nursing profession. Nursing leaders have attempted to overcome this confusion by developing
clear documentation of what is believed to be appropriate behavior, knowledge, and 
skills required for competently practicing nurse administrators.

Various organizations and authors have developed and highlighted competencies to 
guide healthcare leaders. Dye and Garman (2006) outlined a leadership model based 
on a review of competencies identified by numerous administrative boards and 
executives and through surveying leader consultants. The results indicated that for 
successful executive leadership the following skills were required: a well-cultivated self-
awareness, compelling vision, a real way with people, and masterful style of execution.

The Healthcare Leadership Alliance (HLA) which is comprised of 6 healthcare 
professional associations in the U.S. including: American College of Healthcare 
Executives, American College of Physician Executives, American Organization of Nurse 
Executives, Healthcare Financial Management Association, Healthcare Information and 
Management Systems Society, and Medical Group Management Association developed 
a model in 2004 to illustrate the main competencies required for effective leadership. 
The HLA Competency model developed a directory of administrative skills which 
included: communication and relationship management; professionalism; business 
knowledge and skills; and knowledge of healthcare environment.

The Quality and Safety Education for Nurses Institute (QSEN) suggested that patient-
centered care, teamwork and collaboration, evidence based practice, quality 
 improvement, safety, and informatics were critical components to include in nursing 
curriculum. These skills were essential to prepare nurse executives with the knowledge, 
skills, and attitudes necessary to continuously improve the quality and safety of the 
healthcare systems within which they work.

The American Organization of Nurse Executives (AONE) competencies highlighted as 
most appropriate for successful nurse executives were: communication and 
relationship-building, knowledge of the healthcare environment, leadership skills, 
professionalism, and business skills (2011).
Knowledge, Skills, and Abilities

No one document or organization addresses all required competencies for nurse executives, but many share the same themes and attributes. The AONE 2011 document was chosen to illustrate the important overarching competencies required for nurse executives in today’s challenging healthcare environment. Much of the terminology and language mirrors what has been provided or utilized by other organizations. The AONE document is used by many healthcare organizations as an exemplary model for health executives, is relatively current, has undergone peer-reviewed revisions, and represents the core competencies with detailed objectives for achieving and establishing the competencies. The competencies are arranged under the following domains: 1) communication and relationship-building; 2) knowledge of the health care environment; 3) leadership; 4) professionalism; and 5) business skills. While all nursing leaders share these competency domains, the emphasis on particular competencies will be different depending on the leader’s specific position in the organization.

The AONE Nurse Executive Competencies published in 2011
http://www.aone.org/resources/leadership%20tools/nursecomp.shtml

<table>
<thead>
<tr>
<th>Communication and relationship-building</th>
<th>Knowledge of the health care environment</th>
<th>Leadership skills</th>
<th>Professionalism</th>
<th>Business skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Effective communication</td>
<td>• Clinical practice knowledge</td>
<td>• Foundational thinking skills</td>
<td>• Personal and professional accountability</td>
<td>• Understanding of health care financing</td>
</tr>
<tr>
<td>• Relationship management</td>
<td>• Patient care delivery models and work design knowledge</td>
<td>• Personal journey disciplines</td>
<td>• Career planning</td>
<td>• Human resource management and development</td>
</tr>
<tr>
<td>• Influence of behaviors</td>
<td>• Health care economics knowledge</td>
<td>• The ability to use systems thinking</td>
<td>• Ethics</td>
<td>• Strategic management</td>
</tr>
<tr>
<td>• Ability to work with diversity</td>
<td>• Health care</td>
<td>• Succession planning</td>
<td>• Evidence-based clinical and management practice</td>
<td>• Marketing</td>
</tr>
<tr>
<td>• Shared decision-making</td>
<td></td>
<td>• Change</td>
<td>• Advocacy for the clinical</td>
<td>• Information management and</td>
</tr>
<tr>
<td>• Community</td>
<td></td>
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<table>
<thead>
<tr>
<th>involvement</th>
<th>policy knowledge</th>
<th>management</th>
<th>enterprise and for nursing practice</th>
<th>technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medical staff relationships</td>
<td>• Understanding of governance • Understanding of evidence-based practice • Outcome measurement • Knowledge of, and dedication to patient safety • Understanding of utilization/case management • Knowledge of quality improvement and metrics • Knowledge of risk management</td>
<td></td>
<td>• Active membership in professional organizations</td>
<td></td>
</tr>
</tbody>
</table>

**Ethics in Nursing Administration**

Nurse administrators make choices every day that involve ethical issues and are regularly called upon to help resolve ethical situations that affect not only the organization but the community as well. Nurse administrators must lead and contribute to discussions on an organizational and community level, as well as contribute to national discussions about ethical expectations and absolutes that impact all levels of healthcare decision making.

Ethical decision making for nurse administrators involves nursing practice issues surrounding patient care, resources, personnel, and administrative practices. Patient care choices involve the ethical principles of autonomy, beneficence, maleficence, fidelity, veracity, privacy and security of information, quality and safety, cost, access, and issues involving changing models of care. These nurse leaders address questions of justice and obligation for the common good.
Leadership responsibilities extend beyond ethical decision making to modeling values of the nursing profession, the employer, and society. Nurse administrators have an obligation to model character and transparency, and to conduct business in a truthful and open manner. This involves not only their personal obligation, but defining standards and setting policies and procedures for employee behavior and conduct. The Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) provides a framework for identifying nurse administrators’ professional values and serves as a guide for ethical decision making and best resolution of difficult issues. The following content presents examples of how the 2015 Code of Ethics for Nurses With Interpretive Statements informs and guides nursing administration practice.

Provision 1: “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.”

The nurse administrator cultivates a moral community that assures respect for all individuals in the healthcare setting. The nurse administrator sets expectations of the nursing community by modeling compassion and respect in all professional relationships. These behaviors lead to the preservation of dignity and rights of patients and healthcare providers. The nurse administrator assists nurses to know and understand the moral and legal rights of patients, and holds nurses accountable for upholding these rights through development and implementation of policies that support nurses in the protection of patient dignity and autonomy.

The nurse administrator also fosters a culture of civility. These interactions involve establishing and modeling professional, respectful, and caring relationships, while preserving professional integrity and supporting intra- and interprofessional collaboration.

Provision 2: “The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.”
The nurse administrator serves a principle role in maintaining nursing’s primary commitment to the safety and well-being of the patient. This commitment is demonstrated through effective collaboration and mindful, patient-centered decision making and is facilitated by transparency, shared-decision making, and open communication with all who share responsibility for health outcomes. The nurse administrator upholds patients’ interests by influencing and managing those who provide direct care and fostering positive team approaches to facilitate safe, quality care.

The nurse administrator successfully balances workplace loyalties while maintaining the patient as central priority. Competing loyalties may conflict with the nurse administrator’s obligation to patient interests and, at times, the nurse administrator may be required to make decisions which serve the greatest good. In these circumstances, the nurse administrator makes decisions that preserve the safety and quality of patient care in the most fiscally responsible manner.

Provision 3: “The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.”
Administrators develop and assure that systems are in place to monitor, develop, and sustain the privacy and confidentiality of individuals and their personal and health information. These systems satisfy regulatory requirements and safeguard communications that enhance the well-being of patients and others.

Nurse administrators seek to ensure that nurses have the required knowledge, skills and abilities to perform clinical, administrative, and leadership responsibilities. Administrators support professional nurses exhibiting responsible, accountable, and professional practice.

The nurse administrator creates an environment that safeguards the individual’s health and safety through imposition of ethical and clinical standards, safety and quality principles, continuous quality improvement, and institutional processes and policies that
ensure organizational transparency. The nurse administrator supports organizational values and systems that facilitate identification and correction of processes and behaviors that contribute to unsafe practice.

The nurse administrator adheres to relevant federal, state, local laws and regulations, and is responsible for the employing organization’s policies and procedures. Appropriate systems are established and supported to address responsible reporting about situations that are perceived as unethical, incompetent, illegal, or impaired. As an organizational leader, the nurse administrator has a responsibility to protect the practice of nurses formally reporting their concerns about quality of care.

The nurse administrator is responsible for setting policies of the employing organization that are consistent with guidelines outlined by the profession and relevant laws to assist colleagues whose job performance may be adversely affected by mental or physical illness or by personal circumstances. The nurse administrator advocates in instances of impairment for appropriate assistance, treatment, and access to fair institutional and legal processes.

Provision 4: “The nurse has authority, accountability, and responsibility for nursing practice, makes decisions, and takes action consistent with the obligation to promote health and provide optimal care.”

The nurse administrator is the nurse leader of the organization and sets expectations for nursing staff adherence to the scope and standards of nursing practice, relevant state laws and regulations governing nursing practice, and institutional policies and procedures that guide safe nursing practice. The nurse administrator supports individual nurses in being accountable for their judgments, decision and actions in accepting responsibilities, seeking consultation, and assigning activities to others who provide nursing care. For example, nurse administrators allow nurses to accept or reject specific role demands and assignments based upon their education, knowledge, competence, experience, and assessment of patient safety. Nurses in administration share responsibility for the care provided by those whom they supervise. Nurse
administrators are responsible for ensuring that nurses have access to the appropriate resources that affect the quality and the safety of the patients they serve. In addition, the nurse administrator has the responsibility to put procedures in place that monitor and evaluate individual nurse competence, organizational nursing activities and overall health care delivery of the organization or system.

Provision 5: “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.”

The nurse administrator creates a healthy work environment where nurses can flourish personally and professionally. The nurse administrator sets the tone for an ethical environment in the healthcare setting by modeling integrity and transparency in action. This can be challenging in times of rapid change in the healthcare system, such as the current environment of health care delivery and finance reform. Such changes may cause moral distress for both the nurse administrator and the nursing staff. The nurse administrator must support a milieu in which nurses at all levels can deal openly with moral and ethical questions and intra- and interprofessional quality and safety concerns.

The nurse administrator also supports continued professional growth of the nurses. He or she does this by providing time allocation and financial support for continuing education, certification, and furthering educational degrees.

Provision 6: “The nurse, through individual and collective action, establishes, maintains, and improves the moral environment of the work setting and conditions of employment that are conducive to safe, quality health care.”

The nurse administrator works to establish a truthful and moral environment in the workplace. Each employee is treated justly. Transparent decision making is valued. Staffing levels support safe patient care and nurse safety. The administrator is aware of and supports national initiatives on preventing fatigue and safe patient handling (http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-
Environment/Work-Environment/NurseFatigue,
http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-
Environment/SafePatient). Among the other system leaders, the nurse administrator is
the voice of nursing responsible for ensuring an ethical environment for those who care
for clients and patients.

The nurse administrator supports an active ethics committee. He or she serves on or
delegates another nurse leader to sit on the committee. If no committee exists, he or
she ensures that the staff has access to a professionally trained ethicist. The nurse
administrator uses the ethics committee to assist in working through problems that
challenge the ethical work environment.

Provision 7: “The nurse, in all roles and settings, advances the profession
through research and scholarly inquiry, professional standards development, and
generation of nursing and health policy.”

The nurse administrator engages in scholarly inquiry as an individual professional and
organizational leader, and models lifelong learning and knowledge acquisition. Nurse
administrators utilize their leadership role to establish an organizational culture and
processes that promote research and scholarship set health policy, pursue clinical or
educational innovation, and promote the wellbeing of patients, researchers and
research participants.

The nurse administrator assures employment conditions that facilitate the nurse
practicing to the fullest extent of their education without violating scope of practice
regulations. These activities improve patient care as well as foster research utilization.
Nurse administrators facilitate opportunities for nurses to lead and serve on policy and
practice committees, as well as participate in local, national, global health initiatives.
**Provisions 8:** "The nurse collaborates with other health professionals and the public to protect and promote health diplomacy, and reduce health disparities."

The nurse administrator stays abreast of health issues and disseminates information about such issues to the nursing staff, other healthcare professionals, and the public. Although the nurse administrator must be aware of local, regional, national, and global health issues, the nurse administrator has a particular responsibility to disseminate information about existing and potential health issues that affect the community. When fulfilling this duty, the nurse administrator fosters an institutional commitment to the promotion of optimal health and well-being of the community. The nurse administrator specifically recognizes the importance of providing culturally congruent care when meeting the community’s health needs and works to ensure that healthcare workers provide care that affirms human dignity and demonstrates respect for diverse cultural values and practices.

When evidence of health issues arise, the nurse administrator, either individually or in collaboration with other healthcare professionals, responds by supporting public policies consistent with nursing values and best practices. This may include developing community partnerships with agencies that promote universal access to quality health services.

**Provision 9:** "The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy."

The nurse administrator acts in solidarity with the nursing profession and in accordance with professional values. He or she contributes to the efforts of professional nursing organizations to articulate and promote the shared values of the nursing profession. The nurse administrator collaborates with other health administration professional organizations for improvement of healthcare organizations, health administration, health
policy, patient care quality and nursing excellence at local, state, national and international levels.

Trends, Issues, and Opportunities

The potential for nurse leaders to impact policy, practice, and education is unprecedented in today’s ever-changing marketplace. Convergence of reimbursement changes, patient safety initiatives, and landmark reports call for nurse leaders to advance utilization of the full scope of nursing practice, innovate and restructure service delivery to optimize outcomes and reimbursement, and move from leading a singular service to addressing the continuum of healthcare transitions (IOM, 2013, 1999-2014). Population health, patient and family-centered, value-based care, and emergent nursing science must be carefully orchestrated by nurse administrators to mobilize the full capacity of nurses across the globe. Rapidly evolving structures and processes that address the Triple Aim (IHI, 2013) provide nurse administrators with a significant opportunity to showcase the ability of nurses to improve the patient care experience, advance the health of populations, and reduce the cost of healthcare.

Improving the Patient Care Experience

Central to improved patient care experiences is advancement of nursing education and research, effective management of nursing care delivery systems, and consistent inclusion of patients and families in care decisions. Supported by the 2013 IOM Report on the Future of Nursing, nurse administrators promote and reward advancement of nurses through seamless academic progression. The nurse administrator is committed to the advancement of education for frontline staff and nurse managers, facilitates educational progression through innovative collaborations with academic partners, and promotes an environment which supports lifelong learning. Healthcare service organizations and academic institutions need to collaborate to advance nursing science and prepare the nursing workforce for tomorrow. Nurse administrators in both settings need a mutual understanding of challenges and demands placed by regulatory agencies and accrediting bodies, in addition to an updated perspective of the
competencies essential to a high-performing nurse. Affiliation agreements that foster collaborative research and practice opportunities, along with collaborative educational arrangements such as simulation labs, will allow for continually updated knowledge, skills, and abilities in a rapidly changing environment.

Nurse administrators must balance the entry of new workforce members with the aging and retirement of more experienced nurses, assuring adequate mentorship, retention of wisdom in the workplace, and the prevention of rapid and frequent turnover of nursing staff. Increasingly demanding and complex work also necessitates continued diligence in providing nurse residency and transition programs by nurse administrators, as well as avenues for renewal and relief of moral distress and exhaustion. Thus, the nurse administrator maintains current knowledge of professional workforce data, including projections, forecasts, patterns, and trends. This information informs executive decision making related to nursing resource management, role delineation, collaboration and cohesion, and succession planning. The nurse administrator’s demonstrated expertise incorporates the requisite knowledge and skills to maximize clinical delineation of roles for frontline and advanced practice registered nurses in innovative and creative, healthy work environments.

Endorsement of evidence-based practice, clinical research, and interprofessional collaboration and teams is critical for improved patient safety and quality outcomes. The nurse administrator must foster work environments conducive to civility, patient inclusion in decision-making, and implementation science. Additionally, integration and advancement of evolving technologies such as genomics, electronic health record systems, and remote patient management systems are a priority for nurse administrators. The nurse administrator advocates for reducing complexity and duplication in documentation systems and leverages technological advances by requiring information systems to be built around best nursing practices designed for nurse efficiency and effectiveness, rather than allowing nursing practice to be dictated by information systems.
Advancing the Health of Populations

With the weight of evidence from the IOM reports (IOM, 2013, 1999-2014), the nurse administrator is actively engaged in the advancement of the profession of nursing, roles, practice and educational levels as a solution for improving population health, thereby assuring that all nurses are able to practice to their full scope of licensure and education. Nurse administrators work across systems and with communities and populations to promote safe care transitions and optimal health. Engagement in full partnerships with physicians and other healthcare professionals in the redesign of health care is a primary focus for contemporary nurse administrators. The nurse administrator is in a unique position as a bridge among decision-makers, providers, and community policy-makers to advocate for models of care to achieve these goals. From programs geared toward prevention and health promotion to integrated delivery systems with cost-effective providers, the nurse administrator innovates and collaborates to achieve the goals set forth by the 2010 Affordable Care Act and defined by the Triple Aim for effective Population Health Management (IHI, 2013).

Competencies essential to successful population health management overlap considerably with traditional public health principles (health, knowledge, discourse, collaboration, human rights, environmental interdependence, and others) yet also place an unprecedented demand for innovation, creativity, flexibility, change agency, and integration. Knowledge, skills, and attitudes that support an effective interprofessional team will be essential to the development and sustainability of an integrated delivery system of providers and organizations prepared to coordinate the care of the community in ways that have not yet been created. The ability to decipher, learn from, and employ evidence will be integral to the practice of the nurse administrator.

The nurse administrator is cognizant of trends that impact population health, including poverty, educational level, and environmental influences. Population patterns, such as rapidly aging Americans and unresolved health disparities motivate nurse administrators to propose innovative strategies for addressing these needs in ways that are more
effective. These burgeoning sectors of our population will place unprecedented demands on the healthcare system and on nursing.

Natural and man-made disasters constitute major threats to the community at large, and healthcare institutions play a major role in pre-event planning, situational response, and post-disaster mitigation. Nurse administrators must engage in emergency planning, make staff aware of and prepared for their roles during an emergency, and provide them the resources and training to be prepared for those roles. Handling surge capacity, staff response, and emergency communications are components of the disaster-preparedness planning initiatives that help prepare organizations for a disaster.

The movement in global society to reduce mankind’s impact on the natural world is creating an emphasis in the healthcare sectors on limiting damages to the environment and to communities. Initiatives have been formed within nursing to address this issue and promote environmentally sound practices in nursing. Nurses work to establish and maintain public awareness and support efforts to decrease the risks and effects of pollutants in the environment and contaminants and other hazardous materials found in consumer products. Nurse administrators should be prepared to include these considerations in their business decisions and become vocal advocates for environmental and public health.

Reducing Per Capita Cost of Health Care

The nurse administrator needs to have a clear understanding of the federal and state political climate related to changes in reimbursement (such as Medicaid expansion or lack thereof) in order to forecast volumes and types of patients to be served, models of effective and efficient nursing care, and the financial impact on the organization. The savvy nurse administrator sees the value of translating and interpreting for the nurses and workforce of the organization the language, concepts, and measures integral to Accountable Care Organization formation, value-based payment systems, public reporting, meaningful use, and other healthcare reform topics. The effective nurse administrator possesses the knowledge, skills, and abilities to be effective in health
policy development, translation, and implementation within the organization and in the
community. The nurse administrator is able to envision the system of the future and
challenge the status quo. The nurse administrator is actively engaged in professional
organizations and serves as a role model and mentor to nursing staff in promoting their
participation in appropriate professional and specialty organizations. The nurse
administrator advances the values of the organization, legislative efforts, and enhances
practice standards, education, and professional certification.

Nurse administrators and healthcare delivery systems are compensated and rewarded
financially for improving quality and safety of patient care while improving cost-
effectiveness of care and assuring equal access to care. Pay for performance, merit
pay, and bonuses are based on clearly articulated measures of performance. Nurse
administrators resist conflicts of interest that emerge from compensation links with
productivity, contractual agreements, or other misaligned incentives. Nurse
administrators relay the importance of effective, efficient, and safe nursing care that
reduces costs and eliminates waste. The nurse administrator also contributes to the
executive team in evaluating non-nursing costs that are inflated and unnecessary,
offering alternatives to chronic reductions in the nursing workforce. The nurse
administrator collects, analyzes, and reports on the effectiveness of nurses in reducing
healthcare costs and improving healthcare system reimbursement for care.

As issues and trends evolve, nurse administrators must be alert to new patterns and
possibilities, serving as a catalyst for positive responses to the ongoing evolution of
health care. Nurse administrators have a keen sense of the need for change and react
with courage, fortitude, and wisdom. The ability of nurse administrators to partner with
healthcare consumers, peers, other professionals, the community, and other
stakeholders to achieve a mutually beneficial outcome will provide assurance of
nursing’s presence as a solution for advancing health now and in the future.
Standards of Nursing Administration Practice

Standards of Practice for Nursing Administration

Standard 1. Assessment

The nurse administrator collects comprehensive data and information about pertinent problems, issues and trends.

Competencies

The nurse administrator:

- Collects comprehensive data in a systematic and ongoing process.
- Engages the healthcare consumer, significant others, staff, other healthcare providers, and appropriate internal and external stakeholders in holistic data collection related to care, context, and environment.
- Identifies barriers to data collection in resources, systems, and processes.
- Recognizes the impact of personal attitudes, values, and beliefs.
- Assesses internal and external environments, such as organizational capacity, cultural and socio-economic factors, health disparities, and their impact on systems of care and consumer health and wellness.
- Prioritizes data collection.
- Uses appropriate evidence-based assessment techniques, instruments, analytical models and tools.
- Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances.
• Applies legal and regulatory, financial, ethical, security and privacy guidelines and policies to the collection, maintenance, retention, disposition, use, and dissemination of data and information.

• Documents relevant data in a retrievable format.

The nurse administrator analyzes the assessment data to identify problems, issues, and trends

Competencies

The nurse administrator:

- Uses aggregate, population, system, and other assessment data to identify problems, issues, and trends.

- Uses evidence and sensitive administrative and clinical decision support tools, when available, to identify patterns.

- Validates the assessment data with the healthcare consumer, family, staff, other healthcare providers, and appropriate internal and external stakeholders.

- Engages staff in identifying problems, issues, and trends.

- Assists staff in developing and maintaining competence in identifying problems, issues, and trends.

- Identifies actual or potential barriers and risks to the health and safety of healthcare consumers, populations, work environment/workforce, organizations and systems.

- Reports, problems, issues and trends to support planning and achievement of outcomes.
Standard 3. Outcomes Identification

The nurse administrator identifies expected outcomes for the system, organizational, or population problem, issue or trend.

Competencies

The nurse administrator:

- Engages the healthcare consumer, family, significant others, staff, other healthcare providers, and internal and external stakeholders in formulating expected outcomes.
- Considers current scientific evidence, resources, benefits, costs, risks, and stakeholders satisfaction, when formulating expected outcomes.
- Derives culturally and ethically appropriate expected outcomes.
- Develops expected outcomes that facilitate continuity of operations, consumer and staff satisfaction, and effectiveness of programs, services, and systems of care.
- Modifies expected outcomes based on evaluation.
- Documents expected outcomes as measurable goals with a projected timeframe.
Standard 4. Planning

The nurse administrator develops a plan that defines, articulates, and establishes strategies and alternatives to attain expected outcomes.

Competencies

The nurse administrator:

- Leads the design and development of an individualized plan considering the characteristics and complexity of the problems, issues, and trends.
- Includes strategies in the plan that address each of the identified problems, issues, or trends, and consider organizational and stakeholders’ values and beliefs, culture, diversity, health and wellness, and environmental factors.
- Utilizes current research and data for the development of evidence-informed plans.
- Establishes the plan priorities in partnership with appropriate stakeholders.
- Uses the plan for interprofessional and stakeholder collaboration.
- Defines the plan to reflect current statutes, rules, regulations, and standards.
- Considers the sustainability and economic impact of the plan.
- Incorporates an implementation timeline in the plan.
- Actively creates a system of continuous improvement that supports the planning process.
- Modifies the plan according to ongoing evaluation.
- Documents the plan in a usable format that promotes transparency, clear communication, and operational understanding.
Standard 5. Implementation

The nurse administrator implements the identified plan.

Competencies

The nurse administrator:

- Partners to collaborate with healthcare consumers, significant others, staff, other healthcare providers, and appropriate internal and external stakeholders.
- Ensures the plan is implemented in a safe, sustainable, fiscally responsible, and timely manner.
- Deploys human, financial, and technology resources to support implementation of the plan.
- Incorporates evidence-informed interventions, risk mitigation strategies, and improvement science to implement the plan.
- Safeguards implementation that are culturally and linguistically sensitive and address the needs of diverse populations.
- Facilitates utilization of systems, organizations, and community resources to implement the plan.
- Continuously improves systems that support the implementation of the plan.
- Assumes responsibility for transparent communication during implementation of the plan.
- Incorporates knowledge gained during implementation for continuous improvement of the plan.
- Documents implementation and any modifications, including changes or omissions, of the identified plan.
Standard 5A. Coordination

The nurse administrator coordinates implementation of the plan and other associated processes.

Competencies

The nurse administrator:

- Provides leadership in the coordination of interprofessional health care teams for integrated delivery of programs and services.

- Synthesizes data and information to prescribe necessary system and community support measures, including modifications of surroundings.

- Provides resources to support transitions of care.
Standard 5B. Promotion of Health, Education, and a Safe Environment

The nurse administrator establishes strategies to promote health, education, and a safe environment.

Competencies

The nurse administrator:

- Facilitates strategies that address population health, including healthy lifestyles, health promotion, health maintenance, and risk-reducing behaviors for health care consumers, employees and community partners.
- Advances the use of technologies that support healthcare consumer, employee, and stakeholder access to accurate and comprehensible health information.
- Engages consumer alliances and advocacy groups, in health teaching and health promotion activities for population health management.
- Allocates resources, as appropriate, for health promotion and teaching strategies.
Standard 5C. Consultation

The nurse administrator provides consultation to influence the identified plan and effect change.

Competencies for the nurse administrator

The nurse administrator:

- Synthesizes data and evidence when providing consultation.
- Facilitates the effectiveness of a consultation by involving the healthcare consumers, employees, and appropriate stakeholders.
- Recommends resources and innovative strategies to enable change.
- Communicates consultation recommendations to healthcare consumers, significant others, staff, other healthcare providers, and internal and external stakeholders.
**Standard 6. Evaluation**

The nurse administrator evaluates progress toward attainment of outcomes.

**Competencies**

The nurse administrator:

- Conducts a systematic, ongoing, and criterion-based evaluation of the outcomes in relation to the structures and processes identified by the plan and the indicated timeline.
- Assures identification of metrics and collection of data for evaluation.
- Collaborates with the appropriate internal and external stakeholders in the evaluation process.
- Evaluates the effectiveness of the planned strategies and the attainment of the expected outcomes.
- Uses ongoing data collection to revise the plan and the implementation as needed.
- Disseminates the results to appropriate stakeholders and as required for accreditation and compliance with state and federal regulations.
- Synthesizes the results of the evaluation to determine the effect of the plan on healthcare consumers, significant others, groups, communities, and institutions.
- Evaluates the plan to maintain the trajectory to achieve expected outcomes.
- Translates the results of the evaluation into process or structural changes including policy, procedure, or protocol revision.
Standards of Professional Performance for Nursing Administration

Standard 7. Ethics

The nurse administrator practices ethically.

Competencies

The nurse administrator:

• Uses Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) to guide leadership and practice

• Advocates for systems of care delivery that preserve and protect healthcare consumer, family, and employee dignity, rights, values, beliefs, and autonomy.

• Recognizes the centrality of the healthcare consumer and family to the healthcare team.

• Maintains systems of privacy and confidentiality within legal and regulatory parameters.

• Promotes healthcare consumers’ self-determination and informed decision-making through organizational cultural values and institutional policies.

• Collaborates with nursing and other employees to maintain a therapeutic and professional healthcare consumer relationship within appropriate professional role boundaries.

• Promotes systems to address and resolve ethical issues involving healthcare consumers, colleagues, community groups, systems, and other stakeholders.

• Institutes effective action to address illegal, unethical, or inappropriate behavior that can endanger or jeopardize the best interests of the healthcare consumer, organization, or situation.

• Creates a safe environment for employees and others to discuss healthcare practices which do not appear to be in the best interests of the healthcare consumer, organization, community or situation.
• Empowers nurses to participate in inter-professional teams to address ethical risks, benefits, and outcomes.

• Advocates for accessible, equitable, and quality health care.
**Standard 8. Education**

The nurse administrator attains knowledge and competence that reflects current nursing practice.

**Competencies**

The nurse administrator:

- Participates in ongoing educational activities related to appropriate knowledge bases and professional issues.

- Demonstrates commitment to lifelong learning through self-reflection and inquiry to address learning and personal growth needs.

- Seeks formal and informal independent learning experiences to develop and maintain knowledge, skills, abilities, and judgment in clinical practice or role performance.

- Acquires additional knowledge and skills appropriate to the role, population, specialty, setting, role, or situation.

- Uses current research findings and other evidence to increase clinical and professional knowledge, skills, abilities, and judgment to enhance role performance.

- Identifies learning needs based on nursing knowledge, the various roles the nurse may assume, and the changing needs of the population.

- Participates in formal or informal consultations to address issues in nursing administrative practice as an application of education and knowledge-base.

- Shares knowledge, educational findings, experiences, and ideas with peers and colleagues.

- Maintains professional records that provide evidence of competence and lifelong learning.
Standard 9. Evidence-Based Practice and Research

The nurse administrator insures that decisions are evidence based and research findings are translated into practice.

Competencies

The nurse administrator:

- Utilizes current evidence-based nursing knowledge, including research findings, to guide administrative practice.
- Promotes a climate of research and clinical inquiry.
- Promotes the use of evidence at the healthcare consumer, system, and population health levels to achieve key health care outcomes.
- Enables nurses to contribute to nursing knowledge development that improves healthcare outcomes.
- Engages advanced practice registered nurses and other nurse scientists to inform and guide evidence-based care that meets the unique needs of healthcare consumers.
- Uses evaluation processes to improve the quality of nursing care and decision-making processes.
- Provides adequate resources for practice improvement research to occur.
- Insures that organizational research findings are disseminated.
**Standard 10. Quality of Practice**

The nurse administrator contributes to quality nursing practice.

**Competencies**

The nurse administrator:

- Promotes the identification and implementation of best practices.
- Assures policies, procedures, and guidelines are evidence-based and designed to improve the quality of practice.
- Uses creativity and innovation to enhance and improve nursing care.
- Creates an environment for innovations to effect change in practice and improve outcomes.
- Provides leadership in the design and implementation of quality improvement activities and initiatives.
- Uses the results of quality improvement to initiate changes in nursing practice and the healthcare delivery system.
- Analyzes organizational systems to identify barriers to quality health care and consumer outcomes.
- Facilitates monitoring of indicators for quality, safety, and effectiveness of nursing and healthcare delivery.
- Leads interprofessional teams in the evaluation of nursing and healthcare delivery.
- Identifies opportunities for generating, translating, and disseminating research for evidence-based practice.
- Obtains and maintains professional certification as a role model for staff.
Standard 11. Communication

The nurse administrator communicates effectively in a variety of formats in all areas of practice.

Competencies

The nurse administrator:

- Advocates for effective and timely communication among healthcare consumers, significant others, and the healthcare team to promote safety and quality outcomes.
- Role models constructive communication to identify, confront, and resolve safety, quality, and ethical issues.
- Contributes own professional and nursing perspective in discussions with the interprofessional team and other stakeholders.
- Assures a nursing perspective integrated into all conversations and issues relevant to patient care, nursing practice, and roles.
- Assures effective communication among all stakeholders across settings and transitions.
- Promotes ongoing evaluation and continuous improvement of personal and team communication and conflict resolution skills.
- Promotes open disclosure of observations or concerns of risk, hazards and errors in healthcare delivery and/or concerning the practice environment.
- Promotes accuracy in conveyance of information to healthcare consumers, families, the healthcare team, and others.
- Evaluates the effectiveness, consistency, and fairness in interpersonal interactions and communication.
- Communicates both verbally and in writing making clear, concise, and factual presentations to a variety of audiences.
Standard 12. Leadership

The nurse administrator provides leadership to the profession, health care industry and society.

Competencies
The nurse administrator:

- Communicates a compelling and inspiring vision of excellence in nursing practice within the organization and the community.

- Creates a defined, clear vision and mission for the nursing unit/organization.

- Demonstrates passion, vitality, and business acumen.

- Promotes nursing autonomy and accountability.

- Treats all persons with respect, trust, and dignity.

- Inspires high productivity through respecting people as valuable and critical assets.

- Provides direction to the nursing care given by others while retaining accountability for the quality of care and effectiveness of teams.

- Creates an environment that stimulates positive innovation and change.

- Assures that practice protocols, guidelines, and decisions are evidence-based and responsive to emerging healthcare management and system changes and trends.

- Serves in key roles by participating on administrative teams, committees, councils, and prominent appointments to promote the advancement of health and the profession.

- Serves as the nursing role model in every setting.

- Influences decision-makers to improve the professional practice environment, outcomes, health services, and policies.

- Demonstrates a commitment to continuous, lifelong learning and education for self and others.

- Champions workforce planning and development, including projecting global resource demands to meet population health needs.

- Promotes advanced practice nursing and nursing administrative role development.
Mentors colleagues for the advancement of nursing practice, the profession, and quality health care.

Promotes the advancement of the profession through participation in professional organizations.

Participates in efforts to influence healthcare policy.

Promotes advancement of the profession through writing, publishing, and presenting.
Standard 13. Collaboration

The nurse administrator collaborates with healthcare consumers, colleagues, community leaders, and other stakeholders to advance nursing practice and healthcare transformation.

Competencies

The nurse administrator

- Partners with others to effect change and produce positive outcomes through the sharing of knowledge.
- Fosters an environment that empowers nurses and others to collaborate in the provision of nursing and health care.
- Assures the contribution of the healthcare consumer, family and healthcare team members to achieve safe and quality health care.
- Ensures the visibility of nursing collaboration in organizational decision making.
- Role models collaborative executive decision making.
- Leads to establish, engage, and sustain collaborative relationships and teamwork for a healthy work environment.
- Supports a work environment that promotes cooperation, respect, and trust.
- Recognizes conflict is inherent and valuable in effective collaboration.
- Models effective use of appropriate tools, methods, and strategies that advance collaboration in reaching consensus.
- Creates innovative partnerships that promote collaborative interprofessional initiatives.
Standard 14. Professional Practice Evaluation

The nurse administrator evaluates own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Competencies

The nurse administrator:

- Demonstrates ongoing self-evaluation of administrative practice, building on areas of strength to maximize professional growth.
- Assesses own ability to manage people and projects to meet organizational goals.
- Solicits feedback from peer review to enhance performance.
- Participates in a 360 degree assessment to evaluate administrative skills and areas for personal and professional growth.
- Establishes individual development plan based on peer review and 360 degree feedback.
Standard 15. Resource Utilization

The nurse administrator utilizes appropriate resources to plan and provide evidence-based, high quality nursing services that are patient-centered, culturally appropriate, safe, timely, effective, and financially responsible.

Competencies

The nurse administrator:

- Facilitates ongoing organizational needs assessment to identify healthcare consumer care needs, potential risks, and complexity of the care to establish desired outcomes.
- Ensures a system is in place to assess and provide available resources to safely meet healthcare consumer care needs to achieve desired outcomes.
- Assures qualified and competent human capital is available to meet the needs of the healthcare consumer.
- Ensures adequate resources, human and material, are available to enhance nursing practice and provide a safe practice.
- Ensures adequate resources, human and material, are available to achieve desired outcomes across the care continuum.
- Provides fiscal oversight of resources to optimize the provision of quality, cost-effective care.
- Demonstrates cost effectiveness, cost benefit, and efficiency factors associated with resource decisions in nursing practice.
- Proactively addresses need to modify or re-allocate resources in response to changing issues, trends or situation.
- Empowers the healthcare consumer and family to factor in costs, risks, and benefits in decisions about care.
- Uses innovative organizational and community partnerships, resources, and solutions to ensure evidence-based, family-centered, culturally appropriate quality interprofessional continuums of care.
Standard 16. Environmental Health

The nurse administrator practices in an environmentally safe and healthy manner.

Competencies

The nurse administrator:

- Demonstrates knowledge of environmental health concepts to implement appropriate environmental health practices.
- Assesses the practice environment for factors that threaten health.
- Promotes a practice environment that reduces work related environmental health risks and hazards to minimize the risk of illness and injury.
- Communicates environmental health risks and exposure reduction strategies to healthcare consumers, significant others, the health care team, communities, and the media.
- Utilizes scientific evidence to determine if a product or treatment is an environmental threat.
- Advocates for the judicious and appropriate use of environmentally safe products in health care.
- Leads the acquisition of technological advances that support a healthy work environment for nursing practice.
- Participates in strategies to promote healthy communities.
- Creates partnerships that promote sustainable environmental health policies and conditions.
- Addresses social, political, and economic influences on environmental health issues

REFERENCES AND GLOSSARY TO BE ADDED