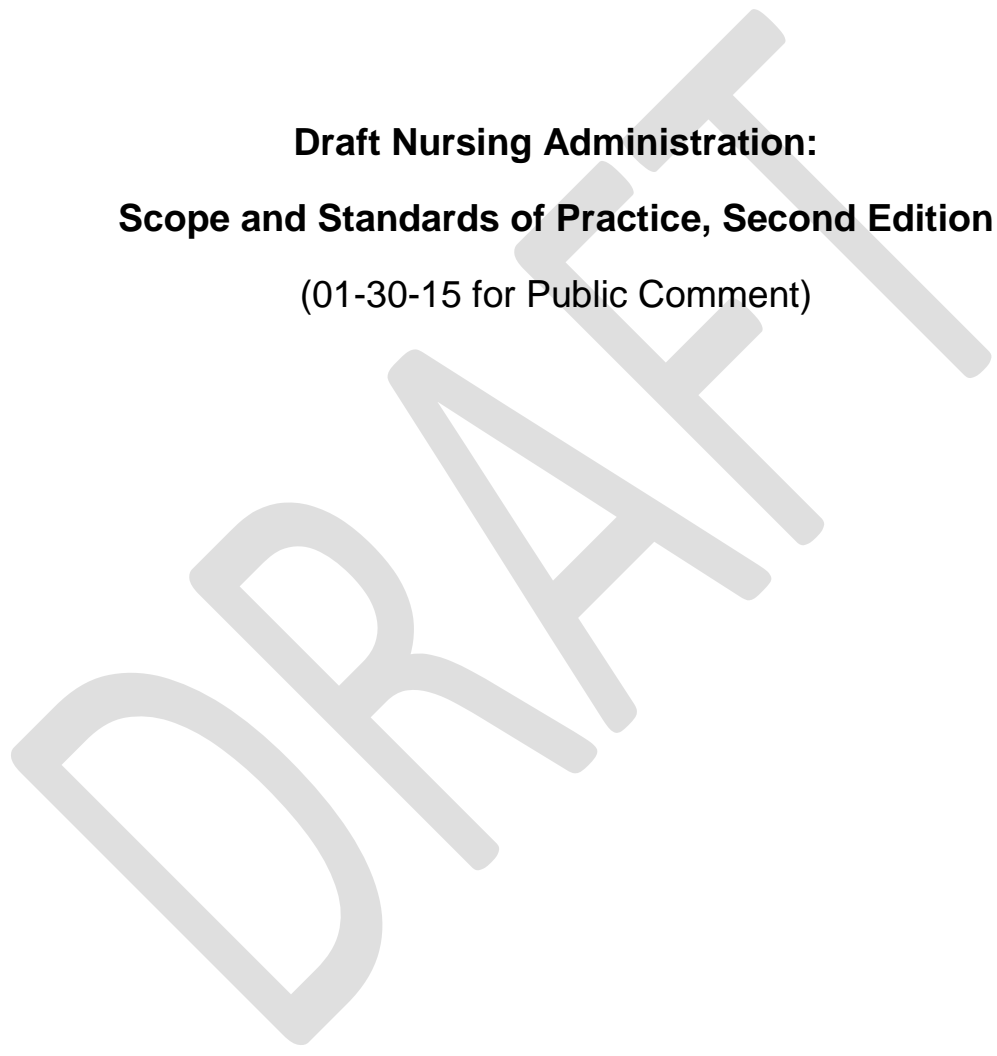1

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7 **Draft Nursing Administration:**

8 **Scope and Standards of Practice, Second Edition**

9 (01-30-15 for Public Comment)

10

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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.

67

68 The publication of *Nurse Administration: Scope and Standards of Practice. Second*

69 *Edition,* is the culmination of a 13 month intense professional review and revision effort

70 hosted by ANA. A dedicated and experienced workgroup met at least twice a month via

71 telephone conference calls from November 2013 until December 2014 to review,

72 discuss and revise the current document. The document was posted for public

73 comment in February 2015. The comments and suggestions received during the public

74 comment period were reviewed and many incorporated into the final document that was

75 sent to the ANA Board of Directors for review and approval.

76

77 Definitions

78 Nursing administration is an advanced specialty practice devoted to the design,

79 facilitation, supervision and evaluation of systems that educate and/or employ nurses.

80 As an advanced specialty practice, nursing administration requires graduate-degree

81 preparation that develops expertise in nursing practice, implementation science,

82 innovation and improvement processes, strategic planning, communication, financial

83 management, and resource allocation. The nurse administrator is a registered nurse

84 who engages in the specialty practice of nursing administration. The nurse administrator

85 is a strategic thinker with administrative accountability for all professional nursing

86 practice in a healthcare setting. The nurse administrator leads, influences, and governs

87 professional nurses and allied staff to foster a culture of clinical excellence, innovation,

88 and transformation.

89

90 Nursing administration is both an art and science that engages leadership practices and

91 values to influence the future, oversee healthcare service delivery, inspire clinical

92 practitioners, and promote the health and safety of individuals, significant others,

93 populations, and communities. Nursing administration as an art promotes positive

94 outcomes by fostering healthy work environments, ensuring adequate resources,

95 leading effective change, partnering and collaborating with key stakeholders, building

96 trust and accountability, and investing in the professional growth of others. Nursing

97 administration as a science uses concepts from the basic sciences, leadership and
98 business, the humanities and public policy to advance optimal, sustainable outcomes
99 for educational and healthcare delivery systems as well as individuals, significant
100 others, populations, and communities.

101

Evolution of Practice

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

112

Rise of Hospitals

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

123

124 In the 20th century health care shifted from primarily occurring in the hospital to a
125 growing range of services in the community. Nursing administration roles evolved in
126 public health and in the military. Expansion of nursing services outside of hospitals

127   affected nursing administrative practice. In public health, nurses were coordinators of

128   care in their communities. The military promoted the development of a hierarchical

129   structure for healthcare delivery enabling nurse administrators to be in charge not only

130   of the delivery of care but also the structure and processes of care. In the late 20th

131   century, as the need to cut cost and improve patient outcomes intensified, nurse

132   administrators had to evaluate care models to work within growing financial constraints.

133   Nursing, most often the largest budgetary item in a healthcare system, saw significant

134   changes in staffing models and care delivery organization. These models often left

135   nurses feeling overworked and devalued.

136

137   **Magnet Recognition Program**®

138   Responding to the need to quantify the value of nursing and foster standards for healthy

139   nursing environments, the American Academy of Nursing (AAN) created a taskforce to

140   identify the attributes of healthcare facilities that exemplified greater capacity to attract

141   and retain nurses. Based on a study of 163 institutions, the taskforce found common

142   elements that promoted exceptional care and retained well qualified nurses in 41 of

143   those hospitals.

144

145   The key nursing administration factors identified were management style, quality of

146   nursing leadership, educational preparation of directors and managers, the

147   organizational structure of nursing, staff participation in governance through

148   committees, and support provided by the institution for nurses. Fourteen characteristics,

149   called "Forces of Magnetism," were identified and formed the framework used to

150   evaluate and recognize organizations meeting the designated criteria. The Magnet

151   Recognition Program® was the first evidence-based program to acknowledge

152   organizations led by nurse administrators who were creating and sustaining work

153   environments that attracted and retained registered nurses.

154

155   In 2008, a new Magnet model was introduced that grouped the 14 Forces into 5 key

156   components: transformational leadership, structural empowerment, exemplary

157   professional practice, new knowledge and innovations, and empirical outcomes.

158

159 The role of the chief nursing officer (CNO) in organizational governance is critical to

160 achieving Magnet designation. Evidence must be presented about the CNO's influence

161 and ability to allocate resources that support the attraction and retention of nursing.

162 Data on the empirical outcomes from nursing practice and comparison of the

163 institution's results against national benchmarks are a part of the evaluation process.

164 Magnet facilities must allow nurses to have control over nursing practice; evidence

165 decentralized administrative structure; and support the CNO in assuring nursing

166 participation in decision making. Magnet designated organizations have adopted and

167 utilize the current edition of the American Nurses Association's *Nursing Administration:*

168 *Scope and Standards of Practice*.

169

170 **Institute of Medicine Report**

171 The Institute of Medicine has produced several reports that influenced nursing

172 administration; however, the landmark study, *The Future of Nursing, Leading Change,*

173 *Advancing Health* (2010), has significantly promoted the role of nurses in leading

174 change to advance health. CNOs are essential to the implementation of the study

175 recommendations to:

176   1. Expand opportunities for nurses to lead and diffuse collaborative improvement

177   efforts. CNOs provide structured programs to prepare the nursing workforce to

178   lead at all levels.

179   2. Support the launch and continuous operations of nurse residency programs to

180   transition nurses into practice.

181   3. Implement policies to support academic progression in nursing, providing

182   resources to encourage nurses obtain baccalaureate and master's degrees in

183   nursing.

184 This report has become a framework to unite and evolve nursing across the country.

185 Nurse administrators are at the forefront of this transformation.

186

187 Nursing administration has transitioned from insular oversight of nursing to the

188 coordination and leadership of strategic, interprofessional teams responsible for

189 developing the structures and processes to both operate and innovate healthcare

190 delivery and educational systems. Nurse administrators often have responsibility for

191 multimillion dollar budgets and the majority of the organization's healthcare employees.

192 The nurse administrator incorporates standards of practice based on evidence not only

193 from nursing, but from multiple entities, such as the National Quality Forum and Institute

194 of Medicine. Today's healthcare environment promotes the value of nursing and nurses

195 as partners in the quest to achieve the triple aim: provide safe, quality, effective,

196 efficient, equitable care; assure care is provided that exceeds the patient/family

197 expectations; and deliver healthcare services that reduce the total cost of care across

198 the continuum. Nurse executives remain leaders in the business of health care and

199 keepers of the core value that drives the profession - human caring.

200

201 ## Practice Settings and Span of Influence

202 Nursing administration practice occurs in an array of private and public academic and

203 healthcare settings. Nurse administrators may direct nurse managed clinics and other

204 entrepreneurial entities forming in response to the Affordable Care Act. These leaders

205 practice in governmental agencies, corporations, and integrated delivery systems.

206 Nursing administration is a part of the full continuum of care including home care,

207 clinics, outpatient sites, hospital systems, short and long-term treatment, and residential

208 facilities. These practice settings use an array of nurse leaders to oversee many levels

209 of administrative responsibility. Regardless of the setting, nurse administrators co-

210 create a culture of excellence, innovation, and transformation with professional nurses

211 and allied staff. Nurse administrators assure that nurses are allowed to practice within

212 their full scope, foster healthy work environments, and advance professional autonomy,

213 clinical competence, and safe, ethical and high quality nursing care. Although the main

214 goal of nursing administrative practice is to assure the alignment of nursing's goals,

215 activities, and practices with the values and mission of the organization, governing

216 boards, and constituencies, nurse administrators are no longer restricted to just the

217 oversight of nursing as many direct all aspects of the clinical or educational enterprise.

218

219 In this edition of the *Nursing Administration: Scope and Standards of Practice*, roles are

220 discussed by examining the range or span of influence the position has within the

221 organization. Common roles and titles found within varied practice settings are

222 identified, although it is impossible to capture them all. As healthcare delivery and

223 educational systems continuously evolve to improve the health of the population,

224 nursing administration practice and span of influence is evolving too.

225

226 **System-Wide Influence**

227 Nurse administrators with system-wide authority have roles that influence and often

228 extend beyond nursing. These leaders have the unique opportunity to bring together all

229 stakeholders to contribute to the mission of the organization while honoring the

230 distinctive perspective of nursing. As a licensed healthcare provider, the nurse

231 administrator is uniquely able to foster partnership and collaboration that is respectful,

232 transparent, trustworthy, and committed to excellence. System-wide influence offers a

233 matchless opportunity to assure effective patient-centered care that is seamless across

234 every transition. Nurse administrators in these roles may be chief executive officers,

235 chief operating officers, chief program officers, chief informatics officers, division heads,

236 public health analysts, chancellors, provosts, and presidents. These nursing

237 administrators represent nursing in corporate, academic, public, and governmental

238 settings, and serve on governing and philanthropic boards. Nurse leaders with this

239 span of influence may be members of the legislature, executive directors of professional

240 associations, regulatory agencies, and even national academies, such as the Institute of

241 Medicine and the Royal Society of Medicine.

242

243 **Organization-Wide Influence**

244 Nurse administrators with organization-wide authority have the ultimate accountability

245 for ensuring exemplary, safe, and cost-effective nursing practice across the organization

246 and/or integrated delivery system. These nurse administrators transform organizational

247 and professional values into daily operations that assure a healthy and caring work

248 environment. Spanning the organization's delivery systems and care continuum, this

249 nurse administrator serves as a catalyst and role model for patient and family -centered

250 care, nourishes the organization's values and mission, and exemplifies nursing's core

251 values. Nurse leaders in these roles often have titles such as Chief Nursing Officer

252 (CNO), Vice President of Nursing or Patient Care Services, Dean, Director of Nursing

253 Services, Director of Patient Care Services, or Bureau Chief.

254

255 **Service/Department/Program Influence**

256 Authority over a service/product - line, department or program is a common nursing

257 administrative role across all healthcare delivery and educational settings. These nurse

258 administrators are charged with handling the daily operation of multiple units or

259 departments clustered around specific clinical or academic areas and usually have 24-

260 hour accountability for those specific areas of responsibility. Typically, this nurse

261 administrator is supported by unit managers or departmental coordinators, who may or

262 may not be nurses, and who execute daily operations within defined areas. This nurse

263 administrator's efforts are directed toward program management, which includes

264 developing program-specific goals, objectives, and the achievement of quality outcomes

265 within an organization. In this role, nurses also have the unique skill set to mobilize

266 internal and external stakeholders to ensure programmatic goals and objectives are

267 met. These nurse administrators often have titles such as administrator, nursing

268 supervisor, or patient care director. Other leadership titles include, shift supervisor,

269 associate or assistant Dean, program director, and chairperson. Some nurse

270 administrators serving in these roles may function outside of the realm of the traditional

271 nursing departments associated with direct patient care services. Instead, the nurse

272 administrator focuses attention on various processes within the organization. Examples

273 of other roles with unit or program-wide influence include Quality Improvement Director,

274 Public Health Analyst, Education Director, and Recruiter. They are usually accountable

275 to another nurse administrator at the organizational level.

276

277 **Unit/Team-Wide Influence**

278 Nurse administrators with this level of influence most often direct a single defined area

279 requiring distinct clinical or academic expertise. Depending on the size of the unit or

280 team, the availability of staffing, and the demands of their management duties, these

281 nurse leaders may also continue to have teaching or direct patient care responsibilities.

282 These nurse administrators often have titles such as nurse manager or unit manager.

283 Academic leadership titles with this span of influence include course coordinator,

284 concentration director, and team leader.

285

Role Accountabilities

287 While nurse administrators practice in many different settings and roles with varying

288 degrees of influence, core accountabilities remain the same. Accountability denotes

289 being answerable to oneself and others for one's actions and the impact they have on

290 individuals, organizations, and communities.

291

292 Core accountabilities of the nurse administrator include: 1) safety, quality and risk

293 management, 2) patient and population health advocacy 3) clinical care delivery and

294 optimal patient outcomes, 4) healthy work environments, 5) strategic, financial, and

295 human resource management, 6) legal and regulatory compliance, and 7) networking,

296 partnering, and collaborating. The nurse administrator works with an interprofessional

297 team to assure achievement of optimal outcomes for patients, populations and

298 communities as well as the organizations that deliver care, promote health, and prepare

299 clinicians.

300

301 **Safety, Quality and Risk Management**

302 No accountability of the nurse administrator is greater than culpability for safety, quality

303 and risk management. Nurse administrators, as representatives of nursing and also

304 stewards for the organization, must leverage critical thinking, problem-solving, and

305 collaboration skills to design systems that assure safety, promote quality, and minimize

306 risk. Consideration must be given to all stakeholders when planning and implementing

307 strategies to accomplish these goals. A primary challenge for the nurse administrator is

308 creating an environment where the ethical and social obligations of nurses to deliver

309 safe, quality services are balanced with simultaneously protecting the organization and

310 its employees from failure and liability.

311

312 Nurse administrators as leaders are responsible for creating a culture of quality and

313 safety, and operationalizing strategies to attain performance excellence and risk

314 management (Duquette, 2012). To be effective, the science of complex systems must

315 be considered in the management and continuous improvement of organizations

316 (Duquette, 2012). Nurse administrators need to assure that quality is a priority and is

317 interwoven within the organizational fabric. The Institute of Medicine (2001), the Joint

318 Commission on Accreditation of Healthcare Organizations (2003), and other authorities

319 encourage healthcare leaders to take responsibility in developing a strong safety culture

320 to prevent or minimize medical error. The nurse executive, as one of the chief

321 executives must make this a commitment and top priority (Leape & Berwick, 2005).

322

323 Creating a system of quality and safety also requires creating an entire culture of safety.

324 Effective nurse administrators promote a process of mistake or error mitigation,

325 recognizing errors are most often the result of system breakdowns rather than the

326 failures of individuals. Such a culture focuses on investigation of the root cause of an

327 incident, addresses necessary system(s) modification, and reserves punitive action only

328 for reckless behavior. The system promotes reporting and quality outcomes, which

329 ultimately can reduce cost, promote transparency and public trust, and make nurses

330 accountable for their practice. Three reports from the Institute of Medicine provide

331 insight and rationale to aide nurse administrators in improving safety and quality: *To Err*

332 *Is Human: Building a Safer Health System (1999), Patient Safety: Achieving a New*

333 *Standard of Care (2003), and Keeping Patients Safe: Transforming the Work*

334 *Environment of Nurses (2003).* These reports brought significant attention to the idea of

335 treating errors as systems failures. One model for error prevention and mitigation is the

336 just culture approach, a process garnering increased interest in healthcare settings

337 because of its focus on fixing error-prone systems by supporting error reporting, error

338 reduction, and patient safety (Asiton & Chou, 2005).

339

340 Nurse administrators in all practice settings are responsible for creating and supporting

341 a quality management philosophy within their organizations. The terms quality

342 management (QM), quality improvement (QI), performance improvement (PI), total

343 quality management (TQM), and continuous quality improvement (CQI) are often used

344 interchangeably in health care (Folse, 2011). Quality management refers to a

345 philosophy that defines a healthcare culture that emphasizes customer satisfaction,

346 innovation, and employee involvement (Folse, 2011). Quality improvement refers to an

347 ongoing process of innovation, error prevention, and staff development that is used by

348 institutions that adopt the quality management philosophy (Folse, 2011). Organizational

349 effectiveness aims to combine the knowledge of management and quality to understand

350 and improve the organization (Kelly, 2011).

351

352 The responsibility for ensuring quality and safe outcomes for patients, customers,

353 stakeholders, and employees lies with those who determine how and what

354 organizational objectives are set; how human, fiscal, material, and intellectual resources

355 are secured, allocated, used, and preserved; and how activities in the organization are

356 designed, carried out, coordinated, and improved (Kelly, 2011). The nurse administrator

357 in collaboration with the strategic team is a key contributor to this responsibility.

358

359 Efforts to promote quality and assure safety contribute to the elimination of risk and

360 sentinel events in health systems. Today, healthcare professionals are implementing

361 the latest information technologies, monitoring identified quality indicators from field

362 experts, developing and implementing standards of practice, and participating in

363 education and training to minimize preventable errors (Watson, 2010). Quality care

364 begins with commitment to a culture of safety that becomes embedded in all aspects of

365 patient care (Watson, 2010).

366

367 Risk management (RM) for healthcare entities can be defined as "an organized effort to

368 identify, assess and reduce, where appropriate, risk to patients, visitors, staff and

369 organizational assets" (Kavaler & Spiegel, 1997, p.3). The goal of RM in any

370 organization is to protect patients from harm and the organization from financial losses

371 (White, 2012). Risk management and quality management are closely related as both

372 are keenly interested in maintaining or exceeding the applicable standard of care

373   (White, 2012). The nurse administrator works in collaboration with other members of the

374   leadership team to identify internal and external dangers to the organization and to

375   ensure an effective risk management approach is in place. All members of the

376   workforce are responsible for identifying, reporting, and documenting risk management

377   and potential quality of care problems that can influence patient safety (Beaudin &

378   Pelletier, 2012). The nurse administrator must lead this effort implementing and

379   evaluating strategies for proactively reducing errors, promoting quality, ensuring patient

380   safety, and minimizing risk (Beaudin & Pelletier, 2012).

381

382   **Patient and Population Health Advocacy**

383   The nurse administrator advocates for the protection and rights of individuals, significant

384   others, communities, populations, healthcare providers, nursing, and other professions,

385   institutions and organizations, especially related to health and safety (ANCC, Magnet

386   Standard 16 Advocacy, pg. 44). The nurse administrator supports the involvement of

387   individuals in their own care and decision making and believes the patient should be the

388   person most prominent in guiding care.

389

390   To assure patient advocacy the nurse administrator works with all healthcare

391   professionals to ensure education is provided on patient advocacy and that staff help

392   patients who require additional assistance to identify a person who can advocate on

393   their behalf. The nurse administrator encourages health information that is clear,

394   accessible and adequate for patients, providers and caregivers. The nurse administrator

395   ensures that patient advocacy is integrated into the design, implementation, and

396   evaluation of policies, programs and services, and systems.

397

398   Nurse administrators demonstrate skill in advocating before providers, public

399   representatives, policy decision-makers, and other stakeholders. The nurse

400   administrator exhibits fiscal responsibility and integrity in policy development and

401   advocacy activities, and strives to resolve conflicting expectations among populations,

402   providers, and other stakeholders. The nurse administrator promotes safety, guards

403   nursing and patient interests, and preserves the individual rights of the consumer of

404 healthcare throughout all settings. The nurse administrator serves as advocate for

405 peers, populations, providers, and other stakeholders in promoting and implementing

406 health policies which reflect best practice and improve access.

407

408 **Clinical Care Delivery and Optimal Patient Outcomes**

409 The nurse administrator has the responsibility for implementing and maintaining the

410 scope and standards of nursing practice within a model of care. The nurse administrator

411 must be a role model, mentor, innovator, and advocate of the professional nurse to

412 ensure nursing practice is effective in achieving clinical outcomes. Nurse administrators

413 hold the professional nurse accountable for adhering to Standards of Practice when

414 delivering care and assure that the ANA (2010) five characteristics of nursing practice

415 continue:

416 • Nursing practice is individualized

417 • Nurses coordinate care by establishing partnerships

418 • Caring is central to the practice of the registered nurse

419 • Registered nurses use the nursing process to plan and provide individualized

420 care to their healthcare consumers

421 • A strong link exists between the professional work environment and the

422 registered nurse's ability to provide quality health care and achieve optimal

423 outcomes

424

425 The nurse administrator is accountable for supporting the most appropriate model of

426 care within the delivery system such as tertiary care systems, Accountable Care

427 Organizations, nursing centers, public health systems, and medical homes. To that

428 end, the nurse administrator must be a designer, innovator and evaluator of care

429 delivery models and systems.

430 The Affordable Care Act of 2014 has identified the professional nurse as a critical

431 provider for achieving positive clinical outcomes and managing cost in current and

432 future healthcare systems. It is important that the nurse administrator collaborates with

433 other administration members, nursing staff, and interdisciplinary colleagues to design,

434 implement, and evaluate models of care that support nursing practice and assure

435 quality and cost outcomes can be achieved. Nurse leaders create innovative care

436 delivery systems that foster a healthy practice environment for nurses, patients, visitors

437 and other healthcare disciplines.

438

439 Safety and quality problems occur when professional staff are not supported nor

440 prepared to achieve optimal quality care (ANA, 2010; IOM, 2004). Changes within the

441 nursing culture that foster an environment of professionalism must be supported and

442 maintained for quality to be achieved. Nurse administrators have the responsibility to

443 achieve these changes by supporting and guiding staff to both create a safe work

444 environment and promote quality relationships and interactions while developing healing

445 environments (Roussel, 2009). It is within this culture that collaborative decision-making

446 and positive staff and patient outcomes will flourish.

447

448 **Healthy Work Environment**

449

450 Healthy work environments promote positive patient care environments and contribute

451 to safety and quality. Nurse administrators develop healthy work environments using

452 evidence-based management practices (Roussel, 2009). The American Nurses

453 Association (ANA) defines a healthy work environment as: '*one that is safe,*

454 *empowering, and satisfying. Parallel to the World Health Organization definition of*

455 *health, it is not merely the absence of real and perceived threats to health, but a place*

456 *of "physical, mental, and social well-being," supporting optimal health and safety. A*

457 *culture of safety is paramount, in which all leaders, managers, health care workers, and*

458 *ancillary staff have a responsibility as part of the patient centered team to perform with a*

459 *sense of professionalism, accountability, transparency, involvement, efficiency, and*

460 *effectiveness. All must be mindful of the health and safety for both the patient and the*

461 *health care worker in any setting providing health care, providing a sense of safety,*

462 *respect, and empowerment to and for all persons.'* (ANA, 2014, available at

463 http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-

464 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.

495

496 Nurse administrators actively participate in developing the strategic direction of the

497 organization, including initial and ongoing system and environmental assessments and

498 analyses. Strategic planning is a process of defining the organization's vision and

499 mission, setting goals and objectives, and identifying key stakeholders and tactics

500 (Huber, 2006). The strategic planning process is proactive, vision-directed, action-

501 oriented, creative, innovative, and oriented toward positive change (Clyne, 2011).

502 Strategic management is the implementation and evaluation of the plan (Huber, 2006;

503 Lexa, 2008). The organization's hierarchical structure will influence the nurse

504 administrator's scope of responsibility and accountability in setting and implementing

505 strategic goals. Nurse administrators may play a role and have accountability in

506 strategic activities at the microsystem, mesosystem, exo-system and/or macro-system.

507 Regardless of their organizational position, nurse administrators must understand how

508 the strategic focus of an organization affects patient care activities, health outcomes,

509 quality and safety, resources allocation, and the financial sustainability of the agency.

510

511 Nurse administrators have responsibility and accountability for communicating,

512 implementing, and evaluating strategic plans and initiatives (Sollenberger, 2006). They

513 must make sure staff members have the skill sets needed to develop and design care

514 delivery models that support the organization's strategic aspirations. The outcome of

515 strategic planning is development of broad internal and external organizational goals.

516 Nurses are instrumental in designing, planning, and executing new strategies for the

517 future; thus, influencing the direction of health care (Clyne, 2011). The primary

518 responsibility of the nurse administrator is to ensure the nursing strategic agenda aligns

519 with the organization's plan; and that nursing has a voice at the planning table.

520

521 Recent developments in healthcare financing provide nursing with an opportunity to

522 move from the traditional model of being an expense and cost center to a progressive

523 model where nursing contributes to the preservation of revenues through evidence-

524 based practice. Nursing services plays a key role in reimbursement, risk reduction and

525 revenue generation. Current administrative practices require shifting from a focus on

526 staffing numbers to an emphasis on the efficient use of all resources, as well as efforts
527 that reduce negative patient outcomes and discharge delays. Of particular concern are
528 nursing sensitive indicators that reflect the quality of care given to patients by nurses.
529 The nurse administrator is expected to lead in integrating and balancing the financial
530 needs of patient care, clinical enterprises, innovation, facility planning, and employee
531 development to influence healthcare outcomes for patients, populations and the
532 community. Nurse administrators must learn how to navigate the financial environment
533 to assure resources are available to support patient care, delivery models and human
534 capital needs. The nurse administrator must articulate and justify the impact that nursing
535 services have on patient outcomes, cost, and the long-term financial viability of the
536 organization.
537
538 Nurse administrators must understand sources of healthcare financing: government,
539 insurance, self-pay, private and philanthropic gifts. In addition, these administrators
540 must partner with others to assess and evaluate providers' payment systems, negotiate
541 rate structures, and control spending through creating new delivery and payment
542 models. The nurse administrator will be called upon to help justify expanding services,
543 providing new services, and building new facilities to house different services. A strong
544 working relationship between the nursing department and the fiscal department is
545 essential in this new healthcare environment. The nurse administrator should work to
546 create a financial model within an interprofessional practice environment promoting the
547 need for a true partnership between nursing and fiscal management.
548
549 Consideration of the ethical implications of financial decisions and collectively managing
550 the cost-care dilemma are imperative for cost-conscious nursing practice (Stafford,
551 2011). Such financial thinking skills are the cornerstone of cost-conscious nursing
552 practice and are essential for all nurses (Stafford, 2011). The nurse administrator must
553 be the organizational role model in the financial management area and empower
554 nursing staff to develop financial thinking skills. Stafford (2011) summarizes some
555 strategies for cost-conscious nursing practice which include:
556   • 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

588 adopters in leading change, removing barriers, challenging the status quo, and creating

589 innovative solutions to address nursing workforce issues that will contribute to the

590 health of America. For example, recruitment efforts should address second-degree

591 students, military personnel, early retirees from non-health related industries, and a

592 recruitment focus on elementary and junior high school students. Nurse administrators

593 should work with industries that are downsizing to include outsourcing and financial

594 support for affected employees to pursue careers in nursing. Nurse administrators may

595 have to rethink nursing education at four-year schools to include an extended program

596 of study beyond the two-plus-two model to accommodate mature adults with other

597 family responsibilities and to ease the burden on clinical practice.

598

599 The Patient Protection and Affordable Care Act (ACA, 2010) established the National

600 Health Care Workforce Commission. This multi-stakeholder commission is charged with

601 developing workforce strategies extending to state and regional centers addressing

602 healthcare workforce needs and development. Each nurse administrator should be

603 aware of workforce activities at the local, state, regional, national and international

604 levels to influence advisory groups, advocate for statutory changes, and assure

605 equitable allocation of monetary resources. Nurse administrators should participate with

606 and serve as chairs of workforce boards including local, regional, state and national

607 agencies, and public, private, and nonprofit entities.

608

609 **Legal & Regulatory Compliance**

610 Healthcare organizations fall under the umbrella of many different regulatory entities,

611 including state, federal, and accrediting agencies. Nurse administrators must

612 understand and abide by local, state, and federal laws and regulations related to their

613 span of influence. Upholding nurse practice acts, verifying and tracking licensure and

614 credentialing of applicable staff, abiding by nurses' rights, and complying with regulatory

615 and professional standards are duties of the nurse administrator at any level in all

616 practice settings. Federal and state law may also dictate quality and practice standards.

617

618 The nurse administrator promotes quality of care and preserves patient safety using

619 evidence-based quality measures. The nurse administrator will collaborate with other

620 organizational leaders and play an active role in developing an efficient, positive, and

621 productive work environment that will support all applicable legal standards to promote

622 safe, quality, healthcare delivery systems. This may require addressing human

623 resource, equal employment opportunity (EEO), Family and Medical Leave Act (FMLA),

624 Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and

625 Accountability Act (HIPAA), corporate e-discovery, and whistleblower protection.

626

627 The nurse administrator will offer input regarding the development, education,

628 implementation, and evaluation of the organization's compliance program. The nurse

629 administrator is responsible, along with the other organizational leaders, for managing

630 the day to day operations within the organization and measuring the effectiveness of the

631 compliance program. The Board of Directors should be advised if ineffectiveness in the

632 compliance program is identified.

633

634 A critical dimension of legal and regulatory compliance is health information

635 management. This is the process through which healthcare organizations gather,

636 manage, store, and disseminate patient and corporate information essential to providing

637 patient care and measuring quality health outcomes. Health information is vital

638 information that is used to record the patient's encounters across the continuum of care.

639 Moreover, health information management is essential to obtaining reimbursement for

640 healthcare delivery, as well as measuring the organization's performance in quality

641 outcomes, performance improvement, and utilization management. The nurse

642 administrator must develop a clear understanding of the environment and hone the

643 ability to function effectively within it to ensure nursing acquires what it needs for quality

644 patient care (Simpson, 2007).

645

646 The nurse administrator is accountable for ensuring the organization has a health

647 information management system with adequate resources to effectively manage patient

648 information and provide an organized method for measuring and improving patient care.

649 The nurse administrator is responsible for ensuring that nursing staff under their purview

650 provide accurate and timely documentation in accordance with organizational policies

651 as well as in compliance with state and federal regulatory guidelines. The nurse

652 administrator actively supports access by individuals to their own personal health

653 information and develops awareness of how that information may be used and

654 accessed by others. Nurse administrators advise, direct, and influence the technology

655 nurses use (Simpson, 2007). Additionally, the nurse administrator evaluates factors

656 related to privacy, security, and confidentiality in the use and handling of health

657 information and works with other organizational leaders to ensure health information

658 security. The nurse administrator also assures nursing professionals receive ongoing

659 education in privacy, security, and the legalities of a complete and accurate medical

660 record.

661

Networking, Partnering and Collaborating

663 Today's nurse administrators are expected to be multi-talented and have a wide span of

664 professional and social influence. These nurse leaders navigate the creation of large

665 networks of care as the industry morphs, consolidates, and strives to address

666 healthcare disparity, cost, and access issues. One of the complex tasks facing nurse

667 administrators is building community partnerships with a vast group of stakeholders to

668 assure population health and safe transition across the care continuum. These

669 partnerships include academic-practice partnerships for innovation and smooth

670 transitions, as well as outreach to patient advocacy groups, non-profit agencies, payers,

671 and political leaders. The nurse administrator must be able to communicate and

672 advocate for the vision and programmatic direction of nursing to a diverse group of

673 constituents and consumers. The ability to collaborate and influence both internal

674 executives and external community leaders is important relative to workforce

675 development, financial viability, and improving health outcomes. Attention to issues

676 associated with marketing, organizational reputation and brand recognition, and an

677 organizational and professional presence in social media, have become integral

678 practice components for the nurse administrator.

679

680 The shift to a more involved community is a new paradigm of health care. As the

681 American healthcare system begins to embrace a wellness model, nurse administrators

682 must prepare for a different type of leadership role and an inclusive preventive and

683 maintenance practice framework aimed at advancing population health. An emerging

684 community role for nurse administrators is that of philanthropic development at the

685 domestic and global level to promote and support the mission, vision, and corporate

686 values of their profession and the organization where they work.

687

Role Qualifications

689 With the passage of the Patient Protection and Affordable Care Act, nurse

690 administrators have greater influence in providing and promoting quality health care in

691 complex and resource stressed health systems. To meet these challenges and

692 expectations of leadership, it is important to define the licensure, education, and

693 experience required for this role. Nurse administrators at all levels and within all settings

694 must at a minimum be prepared at the baccalaureate level and hold an active registered

695 nurse license and meet the requirements in the state in which they practice.

696

Education

698 Various respected nursing leadership and educational groups have explored and debated the

699 educational requirements necessary for effective and efficient nursing administration. The

700 Council on Graduate Education for Administration in Nursing (CGEAN), the American

701 Association of Colleges of Nursing (AACN), and the American Organization of Nurse Executives

702 (AONE) stress that advanced education and continuing competence is needed for nurse

703 administrators to have the skills required to merge business operations and decision-making

704 with clinical practice and outcomes improvement. There is agreement that a Bachelor of

705 Science in Nursing is the minimum requirement for nurse managers, although the acquisition of

706 core administrative competencies requires a Master's degree. Nurse leaders who are

707 responsible for organizational and system leadership roles are practicing at an advanced level

708 beyond the nurse manager role and should have a Master's degree as a minimum requirement.

709 Therefore, a nurse administrator should have a graduate-level degree in a relevant area

710 focusing on management, nursing leadership, policy, and administration. A practice or research

711   level doctoral degree is highly encouraged and recommended for those leaders with system

712   and/or organization-wide influence.

713

714   **Certification**

715   In addition to formal academic education, nurse administrators are expected to seek

716   professional certification and education in nursing administration or other relevant

717   management or specialty areas to develop competencies in nursing leadership.

718   Professional certification enables nurses to demonstrate their specialty expertise and

719   validate their knowledge to colleagues, employers, healthcare consumers, and others.

720   This proxy for competence provides official recognition for a designated time period for

721   those who have met defined requirements most often associated with specific practice

722   experience, academic and continuing education preparation, and completion of a

723   qualifying examination. Nurse administrators have diverse opportunities for recognition

724   through certification provided by nursing and other pertinent credentialing programs.

725   The following examples do not reflect an exhaustive list:

Certification	Website Links
Certified Associate in Project Management (CAPM)	http://www.pmi.org/Certification/Which-PMI-Certification-is-Right-for-You.aspx
Certified in Executive Nursing Practice (CENP)	http://www.aone.org/education/CENP.shtml#nurseexeccomp.
Certified Nurse Educator (CNE)	www.nln.org/certification/index.htm.
Certified Nurse Manager and Leader (CNML)	http://www.aone.org/education/CNML.shtml#CNMLSAE.
Certified Professional in Healthcare Quality (CPHQ)	http://www.nahq.org/certify/content/index.html
Certified Quality Manager (CQM)	http://cert.asq.org/certification/control/right-for-you
Fellow of the	http://www.ache.org/mbership/credentialing/requirements.cfm

American College of Healthcare Executives (FACHE)	
Lean Six Sigma Certification (LSS)	http://cert.asq.org/certification/control/right-for-you
Nurse Executive Certification (NE-BC)	www.nursecredentialing.org.
Nurse Executive, Advanced Certification (NEA-BC)	www.nursecredentialing.org.
Nursing Professional Development (RN-BC)	www.nursecredentialing.org.
PMI Risk Management Professional (PMI-RMP)	http://www.pmi.org/Certification/Which-PMI-Certification-is-Right-for-You.aspx
Program Management Professional (PgMP)	http://www.pmi.org/Certification/Which-PMI-Certification-is-Right-for-You.aspx
Project Management Professional (PMP)	http://www.pmi.org/Certification/Which-PMI-Certification-is-Right-for-You.aspx
Six Sigma Certification (CSS)	http://cert.asq.org/certification/control/right-for-you
Wharton Advanced Management Program (AMP)	http://executiveeducation.wharton.upenn.edu/for-individuals/all-programs/advanced-management-program

726

Competencies

728 The literature is flooded with various definitions and criteria of professional leadership

729 competencies, but consistency or conformity is challenging, especially in the nursing

730 profession. Nursing leaders have attempted to overcome this confusion by developing

731 clear documentation of what is believed to be appropriate behavior, knowledge, and

732 skills required for competently practicing nurse administrators.

733

734 Various organizations and authors have developed and highlighted competencies to

735 guide healthcare leaders. Dye and Garman (2006) outlined a leadership model based

736 on a review of competencies identified by numerous administrative boards and

737 executives and through surveying leader consultants. The results indicated that for

738 successful executive leadership the following skills were required: a well-cultivated self-

739 awareness, compelling vision, a real way with people, and masterful style of execution.

740

741 The Healthcare Leadership Alliance (HLA) which is comprised of 6 healthcare

742 professional associations in the U.S. including: American College of Healthcare

743 Executives, American College of Physician Executives, American Organization of Nurse

744 Executives, Healthcare Financial Management Association, Healthcare Information and

745 Management Systems Society, and Medical Group Management Association developed

746 a model in 2004 to illustrate the main competencies required for effective leadership.

747 The HLA Competency model developed a directory of administrative skills which

748 included: communication and relationship management; professionalism; business

749 knowledge and skills; and knowledge of healthcare environment.

750

751 The Quality and Safety Education for Nurses Institute (QSEN) suggested that patient-

752 centered care, teamwork and collaboration, evidence based practice, quality

753 improvement, safety, and informatics were critical components to include in nursing

754 curriculum. These skills were essential to prepare nurse executives with the knowledge,

755 skills, and attitudes necessary to continuously improve the quality and safety of the

756 healthcare systems within which they work.

757

758 The American Organization of Nurse Executives (AONE) competencies highlighted as

759 most appropriate for successful nurse executives were: communication and

760 relationship-building, knowledge of the healthcare environment, leadership skills,

761 professionalism, and business skills (2011).

762

Knowledge, Skills, and Abilities

764 No one document or organization addresses all required competencies for nurse

765 executives, but many share the same themes and attributes. The AONE 2011

766 document was chosen to illustrate the important overarching competencies required for

767 nurse executives in today's challenging healthcare environment. Much of the

768 terminology and language mirrors what has been provided or utilized by other

769 organizations. The AONE document is used by many healthcare organizations as an

770 exemplary model for health executives, is relatively current, has undergone peer-

771 reviewed revisions, and represents the core competencies with detailed objectives for

772 achieving and establishing the competencies. The competencies are arranged under

773 the following domains: 1) communication and relationship-building; 2) knowledge of the

774 health care environment; 3) leadership; 4) professionalism; and 5) business skills. While

775 all nursing leaders share these competency domains, the emphasis on particular

776 competencies will be different depending on the leader's specific position in the

777 organization.

778

779 The AONE Nurse Executive Competencies published in 2011

780 http://www.aone.org/resources/leadership%20tools/nursecomp.shtml

781

Communication and relationship-building	Knowledge of the health care environment	Leadership skills	Professionalism	Business skills
• Effective communication • Relationship management • Influence of behaviors • Ability to work with diversity • Shared decision-making • Community	• Clinical practice knowledge • Patient care delivery models and work design knowledge • Health care economics knowledge • Health care	• Foundational thinking skills • Personal journey disciplines • The ability to use systems thinking • Succession planning • Change	• Personal and professional accountability • Career planning • Ethics • Evidence-based clinical and management practice • Advocacy for the clinical	• Understanding of health care financing • Human resource management and development • Strategic management • Marketing • Information management and

involvement • Medical staff relationships • Academic relationships	policy knowledge • 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	management	enterprise and for nursing practice • Active membership in professional organizations	technology

782

Ethics in Nursing Administration

784 Nurse administrators make choices every day that involve ethical issues and are

785 regularly called upon to help resolve ethical situations that affect not only the

786 organization but the community as well. Nurse administrators must lead and contribute

787 to discussions on an organizational and community level, as well as contribute to

788 national discussions about ethical expectations and absolutes that impact all levels of

789 healthcare decision making.

790

791 Ethical decision making for nurse administrators involves nursing practice issues

792 surrounding patient care, resources, personnel, and administrative practices. Patient

793 care choices involve the ethical principles of autonomy, beneficence, maleficence,

794 fidelity, veracity, privacy and security of information, quality and safety, cost, access,

795 and issues involving changing models of care. These nurse leaders address questions

796 of justice and obligation for the common good.

797
798 Leadership responsibilities extend beyond ethical decision making to modeling values of
799 the nursing profession, the employer, and society. Nurse administrators have an
800 obligation to model character and transparency, and to conduct business in a truthful
801 and open manner. This involves not only their personal obligation, but defining
802 standards and setting policies and procedures for employee behavior and conduct.
803 The *Code of Ethics for Nurses with Interpretive Statements (ANA, 2015)* provides a
804 framework for identifying nurse administrators' professional values and serves as a
805 guide for ethical decision making and best resolution of difficult issues. The following
806 content presents examples of how the 2015 *Code of Ethics for Nurses With Interpretive*
807 *Statements* informs and guides nursing administration practice.
808
809 **Provision 1: *"The nurse practices with compassion and respect for the inherent***
810 ***dignity, worth, and unique attributes of every person."***

811 The nurse administrator cultivates a moral community that assures respect for all
812 individuals in the healthcare setting. The nurse administrator sets expectations of the
813 nursing community by modeling compassion and respect in all professional
814 relationships. These behaviors lead to the preservation of dignity and rights of patients
815 and healthcare providers. The nurse administrator assists nurses to know and
816 understand the moral and legal rights of patients, and holds nurses accountable for
817 upholding these rights through development and implementation of policies that support
818 nurses in the protection of patient dignity and autonomy.
819
820 The nurse administrator also fosters a culture of civility. These interactions involve
821 establishing and modeling professional, respectful, and caring relationships, while
822 preserving professional integrity and supporting intra- and interprofessional
823 collaboration.
824
825 **Provision 2: *"The nurse's primary commitment is to the patient, whether an***
826 ***individual, family, group, community, or population."***

827 The nurse administrator serves a principle role in maintaining nursing's primary

828 commitment to the safety and well-being of the patient. This commitment is

829 demonstrated through effective collaboration and mindful, patient-centered decision

830 making and is facilitated by transparency, shared-decision making, and open

831 communication with all who share responsibility for health outcomes. The nurse

832 administrator upholds patients' interests by influencing and managing those who

833 provide direct care and fostering positive team approaches to facilitate safe, quality

834 care.

835

836 The nurse administrator successfully balances workplace loyalties while maintaining the

837 patient as central priority. Competing loyalties may conflict with the nurse

838 administrator's obligation to patient interests and, at times, the nurse administrator may

839 be required to make decisions which serve the greatest good. In these circumstances,

840 the nurse administrator makes decisions that preserve the safety and quality of patient

841 care in the most fiscally responsible manner.

842

843 **Provision 3: *"The nurse promotes, advocates for, and protects the rights, health,**

844 ***and safety of the patient."***

845 Administrators develop and assure that systems are in place to monitor, develop, and

846 sustain the privacy and confidentiality of individuals and their personal and health

847 information. These systems satisfy regulatory requirements and safeguard

848 communications that enhance the well-being of patients and others.

849

850 Nurse administrators seek to ensure that nurses have the required knowledge, skills

851 and abilities to perform clinical, administrative, and leadership responsibilities.

852 Administrators support professional nurses exhibiting responsible, accountable, and

853 professional practice.

854

855 The nurse administrator creates an environment that safeguards the individual's health

856 and safety through imposition of ethical and clinical standards, safety and quality

857 principles, continuous quality improvement, and institutional processes and policies that

858   ensure organizational transparency. The nurse administrator supports organizational

859   values and systems that facilitate identification and correction of processes and

860   behaviors that contribute to unsafe practice.

861

862   The nurse administrator adheres to relevant federal, state, local laws and regulations,

863   and is responsible for the employing organization's policies and procedures.

864   Appropriate systems are established and supported to address responsible reporting

865   about situations that are perceived as unethical, incompetent, illegal, or impaired. As an

866   organizational leader, the nurse administrator has a responsibility to protect the practice

867   of nurses formally reporting their concerns about quality of care.

868

869   The nurse administrator is responsible for setting policies of the employing organization

870   that are consistent with guidelines outlined by the profession and relevant laws to assist

871   colleagues whose job performance may be adversely affected by mental or physical

872   illness or by personal circumstances. The nurse administrator advocates in instances of

873   impairment for appropriate assistance, treatment, and access to fair institutional and

874   legal processes.

875

876   **Provision 4:** *"The nurse has authority, accountability, and responsibility for*

877   *nursing practice, makes decisions, and takes action consistent with the*

878   *obligation to promote health and provide optimal care."*

879   The nurse administrator is the nurse leader of the organization and sets expectations for

880   nursing staff adherence to the scope and standards of nursing practice, relevant state

881   laws and regulations governing nursing practice, and institutional policies and

882   procedures that guide safe nursing practice. The nurse administrator supports

883   individual nurses in being accountable for their judgments, decision and actions in

884   accepting responsibilities, seeking consultation, and assigning activities to others who

885   provide nursing care. For example, nurse administrators allow nurses to accept or

886   reject specific role demands and assignments based upon their education, knowledge,

887   competence, experience, and assessment of patient safety. Nurses in administration

888   share responsibility for the care provided by those whom they supervise. Nurse

889   administrators are responsible for ensuring that nurses have access to the appropriate

890   resources that affect the quality and the safety of the patients they serve. In addition,

891   the nurse administrator has the responsibility to put procedures in place that monitor

892   and evaluate individual nurse competence, organizational nursing activities and overall

893   health care delivery of the organization or system.

894

895   **Provision 5:** *"The nurse owes the same duties to self as to others, including the*

896   *responsibility to promote health and safety, preserve wholeness of character and*

897   *integrity, maintain competence, and continue personal and professional growth."*

898   The nurse administrator creates a healthy work environment where nurses can flourish

899   personally and professionally. The nurse administrator sets the tone for an ethical

900   environment in the healthcare setting by modeling integrity and transparency in action.

901   This can be challenging in times of rapid change in the healthcare system, such as the

902   current environment of health care delivery and finance reform. Such changes may

903   cause moral distress for both the nurse administrator and the nursing staff. The nurse

904   administrator must support a milieu in which nurses at all levels can deal openly with

905   moral and ethical questions and intra- and interprofessional quality and safety concerns.

906

907   The nurse administrator also supports continued professional growth of the nurses. He

908   or she does this by providing time allocation and financial support for continuing

909   education, certification, and furthering educational degrees.

910

911   **Provision 6:** *"The nurse, through individual and collective action, establishes,*

912   *maintains, and improves the moral environment of the work setting and*

913   *conditions of employment that are conducive to safe, quality health care."*

914   The nurse administrator works to establish a truthful and moral environment in the

915   workplace. Each employee is treated justly. Transparent decision making is valued.

916   Staffing levels support safe patient care and nurse safety. The administrator is aware of

917   and supports national initiatives on preventing fatigue and safe patient handling

918   (http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-

919 Environment/Work-Environment/NurseFatigue,

920 http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-

921 Environment/SafePatient). Among the other system leaders, the nurse administrator is

922 the voice of nursing responsible for ensuring an ethical environment for those who care

923 for clients and patients.

924

925 The nurse administrator supports an active ethics committee. He or she serves on or

926 delegates another nurse leader to sit on the committee. If no committee exists, he or

927 she ensures that the staff has access to a professionally trained ethicist. The nurse

928 administrator uses the ethics committee to assist in working through problems that

929 challenge the ethical work environment.

930

931 **Provision 7:** *"The nurse, in all roles and settings, advances the profession*

932 *through research and scholarly inquiry, professional standards development, and*

933 *generation of nursing and health policy."*

934 The nurse administrator engages in scholarly inquiry as an individual professional and

935 organizational leader, and models lifelong learning and knowledge acquisition. Nurse

936 administrators utilize their leadership role to establish an organizational culture and

937 processes that promote research and scholarship set health policy, pursue clinical or

938 educational innovation, and promote the wellbeing of patients, researchers and

939 research participants.

940

941 The nurse administrator assures employment conditions that facilitate the nurse

942 practicing to the fullest extent of their education without violating scope of practice

943 regulations. These activities improve patient care as well as foster research utilization.

944 Nurse administrators facilitate opportunities for nurses to lead and serve on policy and

945 practice committees, as well as participate in local, national, global health initiatives.

946

947 **Provisions 8: "*The nurse collaborates with other health professionals and the***

948 ***public to protect and protect human rights, promote health diplomacy, and***

949 ***reduce health disparities.***

950 The nurse administrator stays abreast of health issues and disseminates information

951 about such issues to the nursing staff, other healthcare professionals, and the public.

952 Although the nurse administrator must be aware of local, regional, national, and global

953 health issues, the nurse administrator has a particular responsibility to disseminate

954 information about existing and potential health issues that affect the community. When

955 fulfilling this duty, the nurse administrator fosters an institutional commitment to the

956 promotion of optimal health and well-being of the community. The nurse administrator

957 specifically recognizes the importance of providing culturally congruent care when

958 meeting the community's health needs and works to ensure that healthcare workers

959 provide care that affirms human dignity and demonstrates respect for diverse cultural

960 values and practices.

961

962 When evidence of health issues arise, the nurse administrator, either individually or in

963 collaboration with other healthcare professionals, responds by supporting public policies

964 consistent with nursing values and best practices. This may include developing

965 community partnerships with agencies that promote universal access to quality health

966 services.

967

968 **Provision 9: *"The profession of nursing, collectively through its professional***

969 ***organizations, must articulate nursing values, maintain the integrity of the***

970 ***profession, and integrate principles of social justice into nursing and health***

971 ***policy."***

972 The nurse administrator acts in solidarity with the nursing profession and in accordance

973 with professional values. He or she contributes to the efforts of professional nursing

974 organizations to articulate and promote the shared values of the nursing profession.

975 The nurse administrator collaborates with other health administration professional

976 organizations for improvement of healthcare organizations, health administration, health

977 policy, patient care quality and nursing excellence at local, state, national and

978 international levels.

979

980 ## Trends, Issues, and Opportunities

981 The potential for nurse leaders to impact policy, practice, and education is

982 unprecedented in today's ever-changing marketplace. Convergence of reimbursement

983 changes, patient safety initiatives, and landmark reports call for nurse leaders to

984 advance utilization of the full scope of nursing practice, innovate and restructure service

985 delivery to optimize outcomes and reimbursement, and move from leading a singular

986 service to addressing the continuum of healthcare transitions (IOM, 2013, 1999-2014).

987 Population health, patient and family-centered, value-based care, and emergent nursing

988 science must be carefully orchestrated by nurse administrators to mobilize the full

989 capacity of nurses across the globe. Rapidly evolving structures and processes that

990 address the Triple Aim (IHI, 2013) provide nurse administrators with a significant

991 opportunity to showcase the ability of nurses to improve the patient care experience,

992 advance the health of populations, and reduce the cost of healthcare.

993

994 **Improving the Patient Care Experience**

995 Central to improved patient care experiences is advancement of nursing education and

996 research, effective management of nursing care delivery systems, and consistent

997 inclusion of patients and families in care decisions. Supported by the 2013 IOM Report

998 on the Future of Nursing, nurse administrators promote and reward advancement of

999 nurses through seamless academic progression. The nurse administrator is committed

1000 to the advancement of education for frontline staff and nurse managers, facilitates

1001 educational progression through innovative collaborations with academic partners, and

1002 promotes an environment which supports lifelong learning. Healthcare service

1003 organizations and academic institutions need to collaborate to advance nursing science

1004 and prepare the nursing workforce for tomorrow. Nurse administrators in both settings

1005 need a mutual understanding of challenges and demands placed by regulatory

1006 agencies and accrediting bodies, in addition to an updated perspective of the

1007 competencies essential to a high-performing nurse. Affiliation agreements that foster

1008 collaborative research and practice opportunities, along with collaborative educational

1009 arrangements such as simulation labs, will allow for continually updated knowledge,

1010 skills, and abilities in a rapidly changing environment.

1011

1012 Nurse administrators must balance the entry of new workforce members with the aging

1013 and retirement of more experienced nurses, assuring adequate mentorship, retention of

1014 wisdom in the workplace, and the prevention of rapid and frequent turnover of nursing

1015 staff. Increasingly demanding and complex work also necessitates continued diligence

1016 in providing nurse residency and transition programs by nurse administrators, as well as

1017 avenues for renewal and relief of moral distress and exhaustion. Thus, the nurse

1018 administrator maintains current knowledge of professional workforce data, including

1019 projections, forecasts, patterns, and trends. This information informs executive decision

1020 making related to nursing resource management, role delineation, collaboration and

1021 cohesion, and succession planning. The nurse administrator' demonstrated expertise

1022 incorporates the requisite knowledge and skills to maximize clinical delineation of roles

1023 for frontline and advanced practice registered nurses in innovative and creative, healthy

1024 work environments.

1025

1026 Endorsement of evidence-based practice, clinical research, and interprofessional

1027 collaboration and teams is critical for improved patient safety and quality outcomes. The

1028 nurse administrator must foster work environments conducive to civility, patient

1029 inclusion in decision-making, and implementation science. Additionally, integration and

1030 advancement of evolving technologies such as genomics, electronic health record

1031 systems, and remote patient management systems are a priority for nurse

1032 administrators. The nurse administrator advocates for reducing complexity and

1033 duplication in documentation systems and leverages technological advances by

1034 requiring information systems to be built around best nursing practices designed for

1035 nurse efficiency and effectiveness, rather than allowing nursing practice to be dictated

1036 by information systems.

1037

1038 **Advancing the Health of Populations**

1039 With the weight of evidence from the IOM reports (IOM, 2013, 1999-2014), the nurse

1040 administrator is actively engaged in the advancement of the profession of nursing, roles,

1041 practice and educational levels as a solution for improving population health, thereby

1042 assuring that all nurses are able to practice to their full scope of licensure and

1043 education. Nurse administrators work across systems and with communities and

1044 populations to promote safe care transitions and optimal health. Engagement in full

1045 partnerships with physicians and other healthcare professionals in the redesign of

1046 health care is a primary focus for contemporary nurse administrators. The nurse

1047 administrator is in a unique position as a bridge among decision-makers, providers, and

1048 community policy-makers to advocate for models of care to achieve these goals. From

1049 programs geared toward prevention and health promotion to integrated delivery

1050 systems with cost-effective providers, the nurse administrator innovates and

1051 collaborates to achieve the goals set forth by the 2010 Affordable Care Act and defined

1052 by the Triple Aim for effective Population Health Management (IHI, 2013).

1053

1054 Competencies essential to successful population health management overlap

1055 considerably with traditional public health principles (health, knowledge, discourse,

1056 collaboration, human rights, environmental interdependence, and others) yet also place

1057 an unprecedented demand for innovation, creativity, flexibility, change agency, and

1058 integration. Knowledge, skills, and attitudes that support an effective interprofessional

1059 team will be essential to the development and sustainability of an integrated delivery

1060 system of providers and organizations prepared to coordinate the care of the community

1061 in ways that have not yet been created. The ability to decipher, learn from, and employ

1062 evidence will be integral to the practice of the nurse administrator.

1063

1064 The nurse administrator is cognizant of trends that impact population health, including

1065 poverty, educational level, and environmental influences. Population patterns, such as

1066 rapidly aging Americans and unresolved health disparities motivate nurse administrators

1067 to propose innovative strategies for addressing these needs in ways that are more

1068   effective. These burgeoning sectors of our population will place unprecedented

1069   demands on the healthcare system and on nursing.

1070

1071   Natural and man-made disasters constitute major threats to the community at large, and

1072   healthcare institutions play a major role in pre-event planning, situational response, and

1073   post-disaster mitigation. Nurse administrators must engage in emergency planning,

1074   make staff aware of and prepared for their roles during an emergency, and provide

1075   them the resources and training to be prepared for those roles. Handling surge capacity,

1076   staff response, and emergency communications are components of the disaster-

1077   preparedness planning initiatives that help prepare organizations for a disaster.

1078

1079   The movement in global society to reduce mankind's impact on the natural world is

1080   creating an emphasis in the healthcare sectors on limiting damages to the environment

1081   and to communities. Initiatives have been formed within nursing to address this issue

1082   and promote environmentally sound practices in nursing. Nurses work to establish and

1083   maintain public awareness and support efforts to decrease the risks and effects of

1084   pollutants in the environment and contaminants and other hazardous materials found in

1085   consumer products. Nurse administrators should be prepared to include these

1086   considerations in their business decisions and become vocal advocates for

1087   environmental and public health.

1088

1089   **Reducing Per Capita Cost of Health Care**

1090   The nurse administrator needs to have a clear understanding of the federal and state

1091   political climate related to changes in reimbursement (such as Medicaid expansion or

1092   lack thereof) in order to forecast volumes and types of patients to be served, models of

1093   effective and efficient nursing care, and the financial impact on the organization. The

1094   savvy nurse administrator sees the value of translating and interpreting for the nurses

1095   and workforce of the organization the language, concepts, and measures integral to

1096   Accountable Care Organization formation, value-based payment systems, public

1097   reporting, meaningful use, and other healthcare reform topics. The effective nurse

1098   administrator possesses the knowledge, skills, and abilities to be effective in health

1099   policy development, translation, and implementation within the organization and in the

1100   community. The nurse administrator is able to envision the system of the future and

1101   challenge the status quo. The nurse administrator is actively engaged in professional

1102   organizations and serves as a role model and mentor to nursing staff in promoting their

1103   participation in appropriate professional and specialty organizations. The nurse

1104   administrator advances the values of the organization, legislative efforts, and enhances

1105   practice standards, education, and professional certification.

1106

1107   Nurse administrators and healthcare delivery systems are compensated and rewarded

1108   financially for improving quality and safety of patient care while improving cost-

1109   effectiveness of care and assuring equal access to care. Pay for performance, merit

1110   pay, and bonuses are based on clearly articulated measures of performance. Nurse

1111   administrators resist conflicts of interest that emerge from compensation links with

1112   productivity, contractual agreements, or other misaligned incentives. Nurse

1113   administrators relay the importance of effective, efficient, and safe nursing care that

1114   reduces costs and eliminates waste. The nurse administrator also contributes to the

1115   executive team in evaluating non-nursing costs that are inflated and unnecessary,

1116   offering alternatives to chronic reductions in the nursing workforce. The nurse

1117   administrator collects, analyzes, and reports on the effectiveness of nurses in reducing

1118   healthcare costs and improving healthcare system reimbursement for care.

1119

1120   As issues and trends evolve, nurse administrators must be alert to new patterns and

1121   possibilities, serving as a catalyst for positive responses to the ongoing evolution of

1122   health care. Nurse administrators have a keen sense of the need for change and react

1123   with courage, fortitude, and wisdom. The ability of nurse administrators to partner with

1124   healthcare consumers, peers, other professionals, the community, and other

1125   stakeholders to achieve a mutually beneficial outcome will provide assurance of

1126   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.

1156   • Applies legal and regulatory, financial, ethical, security and privacy guidelines and

1157   policies to the collection, maintenance, retention, disposition, use, and dissemination of

1158   data and information.

1159

1160   • Documents relevant data in a retrievable format.

1161

Standard 2. Identification of Problems, Issues, and Trends

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.

1185 ## *Standard 3. Outcomes Identification*

1186 **The nurse administrator identifies expected outcomes for the system, organizational, or population**

1187 **problem, issue or trend.**

1188 *Competencies*

1189 The nurse administrator:

1190 • Engages the healthcare consumer, family, significant others, staff, other healthcare
1191 providers, and internal and external stakeholders in formulating expected outcomes.
1192

1193 • Considers current scientific evidence, resources, benefits, costs, risks, and stakeholders
1194 satisfaction, when formulating expected outcomes.
1195

1196 • Derives culturally and ethically appropriate expected outcomes.
1197

1198 • Develops expected outcomes that facilitate continuity of operations, consumer and staff
1199 satisfaction, and effectiveness of programs, services, and systems of care.
1200

1201 • Modifies expected outcomes based on evaluation.
1202

1203 • Documents expected outcomes as measurable goals with a projected timeframe.
1204

1205 ## *Standard 4. Planning*

1206 **The nurse administrator develops a plan that defines, articulates, and establishes strategies and**

1207 **alternatives to attain expected outcomes.**

1208 ***Competencies***

1209 The nurse administrator:
1210

1211 • Leads the design and development of an individualized plan considering the characteristics and
1212   complexity of the problems, issues, and trends.
1213

1214 • Includes strategies in the plan that address each of the identified problems, issues, or trends,
1215   and consider organizational and stakeholders' values and beliefs, culture, diversity, health and
1216   wellness, and environmental factors.
1217

1218 • Utilizes current research and data for the development of evidence-informed plans.
1219

1220 • Establishes the plan priorities in partnership with appropriate stakeholders.
1221

1222 • Uses the plan for interprofessional and stakeholder collaboration.
1223

1224 • Defines the plan to reflect current statutes, rules, regulations, and standards.
1225

1226 • Considers the sustainability and economic impact of the plan.
1227

1228 • Incorporates an implementation timeline in the plan.
1229

1230 • Actively creates a system of continuous improvement that supports the planning process.
1231

1232 • Modifies the plan according to ongoing evaluation.
1233

1234 • Documents the plan in a usable format that promotes transparency, clear communication, and
1235   operational understanding.

1236 *Standard 5. Implementation*

1237 **The nurse administrator implements the identified plan.**

1238 *Competencies*

1239 The nurse administrator:

1240 • Partners to collaborate with healthcare consumers, significant others, staff, other healthcare
1241   providers, and appropriate internal and external stakeholders.
1242

1243 • Ensures the plan is implemented in a safe, sustainable, fiscally responsible, and timely manner.
1244

1245 • Deploys human, financial, and technology resources to support implementation of the plan.
1246

1247 • Incorporates evidence-informed interventions, risk mitigation strategies, and improvement
1248   science to implement the plan.
1249

1250 • Safeguards implementation that are culturally and linguistically sensitive and address the
1251   needs of diverse populations.
1252

1253 • Facilitates utilization of systems, organizations, and community resources to implement the
1254   plan.
1255

1256 • Continuously improves systems that support the implementation of the plan.
1257

1258 • Assumes responsibility for transparent communication during implementation of the plan.
1259

1260 • Incorporates knowledge gained during implementation for continuous improvement of the
1261   plan.
1262

1263 • Documents implementation and any modifications, including changes or omissions, of the
1264   identified plan.

1265   ### *Standard 5A. Coordination*

1266

1267   **The nurse administrator coordinates implementation of the plan and other associated**

1268   **processes.**

1269   *Competencies*

1270   The nurse administrator:

1271   •   Provides leadership in the coordination of interprofessional health care teams for integrated

1272   delivery of programs and services.

1273

1274   •   Synthesizes data and information to prescribe necessary system and community support

1275   measures, including modifications of surroundings.

1276

1277   •   Provides resources to support transitions of care.

1278   *Standard 5B. Promotion of Health, Education, and a Safe Environment*

1279   **The nurse administrator establishes strategies to promote health, education, and a safe environment.**

1280   *Competencies*

1281   The nurse administrator:

1282   • Facilitates strategies that address population health, including healthy lifestyles, health
1283   promotion, health maintenance, and risk-reducing behaviors for health care consumers,
1284   employees and community partners.

1285   • Advances the use of technologies that support healthcare consumer, employee, and
1286   stakeholder access to accurate and comprehensible health information.

1287   • Engages consumer alliances and advocacy groups, in health teaching and health promotion
1288   activities for population health management.

1289   • Allocates resources, as appropriate, for health promotion and teaching strategies.

1290

1291   *Standard 5C. Consultation*

1292   **The nurse administrator provides consultation to influence the identified plan and effect change.**

1293   *Competencies for the nurse administrator*

1294   The nurse administrator:

1295   • Synthesizes data and evidence when providing consultation.
1296

1297   • Facilitates the effectiveness of a consultation by involving the healthcare consumers, employees,
1298   and appropriate stakeholders.
1299

1300   • Recommends resources and innovative strategies to enable change.
1301

1302   • Communicates consultation recommendations to healthcare consumers, significant others, staff,
1303   other healthcare providers, and internal and external stakeholders.
1304

1305 *Standard 6. Evaluation*

1306 **The nurse administrator evaluates progress toward attainment of outcomes.**

1307 *Competencies*

1308 The nurse administrator:

1309 • Conducts a systematic, ongoing, and criterion-based evaluation of the outcomes in relation to
1310 the structures and processes identified by the plan and the indicated timeline.
1311

1312 • Assures identification of metrics and collection of data for evaluation.
1313

1314 • Collaborates with the appropriate internal and external stakeholders in the evaluation
1315 process.
1316

1317 • Evaluates the effectiveness of the planned strategies and the attainment of the expected
1318 outcomes.
1319

1320 • Uses ongoing data collection to revise the plan and the implementation as needed.
1321

1322 • Disseminates the results to appropriate stakeholders and as required for accreditation and
1323 compliance with state and federal regulations.
1324

1325 • Synthesizes the results of the evaluation to determine the effect of the plan on healthcare
1326 consumers, significant others, groups, communities, and institutions.
1327

1328 • Evaluates the plan to maintain the trajectory to achieve expected outcomes.
1329

1330 • Translates the results of the evaluation into process or structural changes including policy,
1331 procedure, or protocol revision.

1332 **Standards of Professional Performance for Nursing Administration**

1333 *Standard 7. Ethics*

1334 **The nurse administrator practices ethically.**

1335 *Competencies*

1336 The nurse administrator:

1337 • Uses *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015) to guide leadership
1338 and practice
1339
1340 • Advocates for systems of care delivery that preserve and protect healthcare consumer,
1341 family, and employee dignity, rights, values, beliefs, and autonomy.
1342
1343 • Recognizes the centrality of the healthcare consumer and family to the healthcare team.
1344
1345 • Maintains systems of privacy and confidentiality within legal and regulatory parameters.
1346
1347 • Promotes healthcare consumers' self-determination and informed decision-making through
1348 organizational cultural values and institutional policies.
1349
1350 • Collaborates with nursing and other employees to maintain a therapeutic and professional
1351 healthcare consumer relationship within appropriate professional role boundaries.
1352
1353 • Promotes systems to address and resolve ethical issues involving healthcare consumers,
1354 colleagues, community groups, systems, and other stakeholders.
1355
1356 • Institutes effective action to address illegal, unethical, or inappropriate behavior that can
1357 endanger or jeopardize the best interests of the healthcare consumer, organization, or
1358 situation.
1359
1360 • Creates a safe environment for employees and others to discuss healthcare practices which
1361 do not appear to be in the best interests of the healthcare consumer, organization,
1362 community or situation.
1363

1364   •   Empowers nurses to participate in inter-professional teams to address ethical risks, benefits,

1365   and outcomes.

1366

1367   •   Advocates for accessible, equitable, and quality health care.

1368 *Standard 8. Education*

1369 **The nurse administrator attains knowledge and competence that reflects current nursing practice.**

1370 *Competencies*

1371 The nurse administrator:

1372 • Participates in ongoing educational activities related to appropriate knowledge
1373 bases and professional issues.

1374

1375 • Demonstrates commitment to lifelong learning through self-reflection and
1376 inquiry to address learning and personal growth needs.

1377

1378 • Seeks formal and informal independent learning experiences to develop and
1379 maintain knowledge, skills, abilities, and judgment in clinical practice or role
1380 performance.

1381

1382 • Acquires additional knowledge and skills appropriate to the role, population,
1383 specialty, setting, role, or situation.

1384

1385 • Uses current research findings and other evidence to increase clinical and
1386 professional knowledge, skills, abilities, and judgment to enhance role
1387 performance.

1388

1389 • Identifies learning needs based on nursing knowledge, the various roles the
1390 nurse may assume, and the changing needs of the population.

1391

1392 • Participates in formal or informal consultations to address issues in nursing
1393 administrative practice as an application of education and knowledge-base.

1394

1395 • Shares knowledge, educational findings, experiences, and ideas with peers and
1396 colleagues.

1397

1398 • Maintains professional records that provide evidence of competence and
1399 lifelong learning.

1400 *Standard 9. Evidence-Based Practice and Research*

1401 The nurse administrator insures that decisions are evidence based and research findings are translated
1402 into practice.

1403 *Competencies*

1404 The nurse administrator:

1405 • Utilizes current evidence-based nursing knowledge, including research findings, to guide
1406   administrative practice.

1407 • Promotes a climate of research and clinical inquiry.

1408 • Promotes the use of evidence at the healthcare consumer, system, and population health
1409   levels to achieve key health care outcomes.

1410 • Enables nurses to contribute to nursing knowledge development that improves healthcare
1411   outcomes.

1412 • Engages advanced practice registered nurses and other nurse scientists to inform and guide
1413   evidence-based care that meets the unique needs of healthcare consumers.

1414 • Uses evaluation processes to improve the quality of nursing care and decision-making
1415   processes.

1416 • Provides adequate resources for practice improvement research to occur.

1417 • Insures that organizational research findings are disseminated.

1418 *Standard 10. Quality of Practice*

1419 **The nurse administrator contributes to quality nursing practice.**

1420 *Competencies*

1421 The nurse administrator:

1422 • Promotes the identification and implementation of best practices.
1423

1424 • Assures policies, procedures, and guidelines are evidence-based and designed to
1425 improve the quality of practice
1426

1427 • Uses creativity and innovation to enhance and improve nursing care.
1428

1429 • Creates an environment for innovations to effect change in practice and improve
1430 outcomes.
1431

1432 • Provides leadership in the design and implementation of quality improvement activities
1433 and initiatives.
1434

1435 • Uses the results of quality improvement to initiate changes in nursing practice and the
1436 healthcare delivery system.
1437

1438 • Analyzes organizational systems to identify barriers to quality health care and consumer
1439 outcomes.
1440

1441 • Facilitates monitoring of indicators for quality, safety, and effectiveness of nursing and
1442 healthcare delivery.
1443

1444 • Leads interprofessional teams in the evaluation of nursing and healthcare delivery.
1445

1446 • Identifies opportunities for generating, translating, and disseminating research for
1447 evidence-based practice.
1448

1449 • Obtains and maintains professional certification as a role model for staff.
1450

1451 *Standard 11. Communication*

1452 **The nurse administrator communicates effectively in a variety of formats in all areas of practice.**

1453 *Competencies*

1454 The nurse administrator:

1455 • Advocates for effective and timely communication among healthcare consumers,
1456 significant others, and the healthcare team to promote safety and quality outcomes.

1457 • Role models constructive communication to identify, confront, and resolve safety, quality,
1458 and ethical issues.

1459 • Contributes own professional and nursing perspective in discussions with the
1460 interprofessional team and other stakeholders.

1461 • Assures a nursing perspective integrated into all conversations and issues relevant to
1462 patient care, nursing practice, and roles.

1463 • Assures effective communication among all stakeholders across settings and transitions.

1464 • Promotes ongoing evaluation and continuous improvement of personal and team
1465 communication and conflict resolution skills.

1466 • Promotes open disclosure of observations or concerns of risk, hazards and errors in
1467 healthcare delivery and/or concerning the practice environment.

1468 • Promotes accuracy in conveyance of information to healthcare consumers, families, the
1469 healthcare team, and others.

1470 • Evaluates the effectiveness, consistency, and fairness in interpersonal interactions and
1471 communication.

1472 • Communicates both verbally and in writing making clear, concise, and factual
1473 presentations to a variety of audiences.

1474   *Standard 12. Leadership*

1475

1476   **The nurse administrator provides leadership to the profession, health care industry and society.**

1477

1478   *Competencies*

1479   The nurse administrator:

1480   • Communicates a compelling and inspiring vision of excellence in nursing practice within the
1481   organization and the community.

1482

1483   • Creates a defined, clear vision and mission for the nursing unit/organization.

1484

1485   • Demonstrates passion, vitality, and business acumen.

1486

1487   • Promotes nursing autonomy and accountability.

1488

1489   • Treats all persons with respect, trust, and dignity.

1490

1491   • Inspires high productivity through respecting people as valuable and critical assets.

1492

1493   • Provides direction to the nursing care given by others while retaining accountability for the
1494   quality of care and effectiveness of teams.

1495

1496   • Creates an environment that stimulates positive innovation and change.

1497

1498   • Assures that practice protocols, guidelines, and decisions are evidence-based and responsive to
1499   emerging healthcare management and system changes and trends.

1500

1501   • Serves in key roles by participating on administrative teams, committees, councils, and
1502   prominent appointments to promote the advancement of health and the profession.

1503

1504   • Serves as the nursing role model in every setting.

1505

1506   • Influences decision-makers to improve the professional practice environment, outcomes, health
1507   services, and policies.

1508

1509   • Demonstrates a commitment to continuous, lifelong learning and education for self and others.

1510

1511   • Champions workforce planning and development, including projecting global resource demands
1512   to meet population health needs

1513

1514   • Promotes advanced practice nursing and nursing administrative role development.

1515

1516   • Mentors colleagues for the advancement of nursing practice, the profession, and quality health
1517   care.
1518   • Promotes the advancement of the profession through participation in professional
1519   organizations.
1520

1521   • Participates in efforts to influence healthcare policy.
1522

1523   • Promotes advancement of the profession through writing, publishing, and presenting.

1524   *Standard 13. Collaboration*

1525   **The nurse administrator collaborates with healthcare consumers, colleagues, community leaders, and**
1526   **other stakeholders to advance nursing practice and healthcare transformation.**

1527   *Competencies*

1528   The nurse administrator

1529

1530   • Partners with others to effect change and produce positive outcomes through the sharing of
1531   knowledge.

1532

1533   • Fosters an environment that empowers nurses and others to collaborate in the provision of
1534   nursing and health care.

1535

1536   • Assures the contribution of the healthcare consumer, family and healthcare team members to
1537   achieve safe and quality health care.

1538

1539   • Ensures the visibility of nursing collaboration in organizational decision making.

1540

1541   • Role models collaborative executive decision making.

1542

1543   • Leads to establish, engage, and sustain collaborative relationships and teamwork for a
1544   healthy work environment.

1545

1546   • Supports a work environment that promotes cooperation, respect, and trust..

1547

1548   • Recognizes conflict is inherent and valuable in effective collaboration.

1549

1550   • Models effective use of appropriate tools, methods, and strategies that advance
1551   collaboration in reaching consensus.

1552

1553   • Creates innovative partnerships that promote collaborative interprofessional
1554   initiatives.

1555

1556 *Standard 14. Professional Practice Evaluation*

1557 **The nurse administrator evaluates own nursing practice in relation to professional practice standards**
1558 **and guidelines, relevant statutes, rules, and regulations.**

1559 *Competencies*

1560 The nurse administrator:

1561 • Demonstrates ongoing self-evaluation of administrative practice, building on
1562   areas of strength to maximize professional growth.

1563 • Assesses own ability to manage people and projects to meet organizational
1564   goals.

1565 • Solicits feedback from peer review to enhance performance.

1566 • Participates in a 360 degree assessment to evaluate administrative skills and
1567   areas for personal and professional growth.

1568 • Establishes individual development plan based on peer review and 360 degree
1569   feedback.

1570

1571 *Standard 15. Resource Utilization*

1572 **The nurse administrator utilizes appropriate resources to plan and provide evidence-based, high**

1573 **quality nursing services that are patient-centered, culturally appropriate, safe, timely, effective, and**

1574 **financially responsible.**

1575 *Competencies*

1576 The nurse administrator:

1577 • Facilitates ongoing organizational needs assessment to identify healthcare
1578 consumer care needs, potential risks, and complexity of the care to establish desired
1579 outcomes.

1580 • Ensures a system is in place to assess and provide available resources to safely meet
1581 healthcare consumer care needs to achieve desired outcomes.

1582 • Assures qualified and competent human capital is available to meet the needs of the
1583 healthcare consumer.

1584 • Ensures adequate resources, human and material, are available to enhance nursing
1585 practice and provide a safe practice.

1586 • Ensures adequate resources, human and material, are available to achieve desired
1587 outcomes across the care continuum.

1588 • Provides fiscal oversight of resources to optimize the provision of quality, cost-
1589 effective care.

1590 • Demonstrates cost effectiveness, cost benefit, and efficiency factors associated with
1591 resource decisions in nursing practice.

1592 • Proactively addresses need to modify or re-allocate resources in response to
1593 changing issues, trends or situation.

1594 • Empowers the healthcare consumer and family to factor in costs, risks, and benefits
1595 in decisions about care.

1596 • Uses innovative organizational and community partnerships, resources, and
1597 solutions to ensure evidence-based, family-centered, culturally appropriate quality
1598 interprofessional continuums of care.

1599

1600   *Standard 16. Environmental Health*

1601   **The nurse administrator practices in an environmentally safe and healthy manner.**

1602   *Competencies*

1603   The nurse administrator:

1604   • Demonstrates knowledge of environmental health concepts to implement appropriate
1605   environmental health practices.

1606   • Assesses the practice environment for factors that threaten health.

1607   • Promotes a practice environment that reduces work related environmental health risks
1608   and hazards to minimize the risk of illness and injury.

1609   • Communicates environmental health risks and exposure reduction strategies to
1610   healthcare consumers, significant others, the health care team, communities, and the
1611   media.

1612   • Utilizes scientific evidence to determine if a product or treatment is an environmental
1613   threat.

1614   • Advocates for the judicious and appropriate use of environmentally safe products in
1615   health care.

1616   • Leads the acquisition of technological advances that support a healthy work
1617   environment for nursing practice.

1618   • Participates in strategies to promote healthy communities.

1619   • Creates partnerships that promote sustainable environmental health policies and
1620   conditions.

1621   • Addresses social, political, and economic influences on environmental health issues

1622

1623   **REFERENCES AND GLOSSARY TO BE ADDED**