

# Nursing Leadership Scope of Practice

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## FUNCTION OF THE SCOPE STATEMENT

The scope and standards of practice statement (pages 1–57) describes the “who, what, where, when, why, and how” of professional nursing leadership practice and performance. Each of these questions must be sufficiently answered to provide a complete picture of the practice and its boundaries, context, application, and membership. The depth and breadth in which individual registered nurses (RNs) engage in the total scope of nursing leadership practice is dependent upon education, experience, role, leadership accountability, practice setting (care environment), organization of employment, and the population served.

## INTRODUCTION—EVOLUTION OF THE SPECIALTY SCOPE AND STANDARDS

Nursing leadership, previously referred to as nursing administration, is a long-standing nursing specialty practice. The American Nurses Association (ANA) first published the *Standards for Organized Nursing Services and Responsibilities of Nurse Administrators Across All Settings* in 1988, followed by a revision in 1991. The *Scope and Standards for Nurse Administrators* was then published in 1995, followed by the second edition released in 2005. The follow-on *Nursing Administration: Scope and Standards of Practice* (2009) and *Nursing Administration: Scope and Standards of Practice, Second Edition* (2016) reflected the practice environments at those times.

This 2024 edition characterizes the evolution of nursing administration specialty practice to the nursing leadership specialty and the challenges and new opportunities in the work environments that span the

continuum of settings where nurse leaders work today. The publication of the 2024 *Nursing Leadership: Scope and Standards of Practice* was the culmination of an intense 18-month collaborative professional review and revision effort hosted by the ANA. A dedicated and experienced workgroup met virtually at least twice a month to discuss and revise the document which was posted for public comment in February 2023. All the comments and suggestions received during the public comment period were subsequently reviewed, with many incorporated into the final document that then completed the two-step ANA nursing specialty scope and standards review process.

# Definition of Nursing Leadership Specialty Practice

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Nursing leadership is the specialty practice devoted to collaboratively and collegially setting the vision, mission, and values for health, human services, and social care. It is the art and science of nursing leadership, influence, empowerment, and governance of and with professional nurses and other team members that advance a culture of clinical and operational excellence, including but not limited to, innovation, transformation, advocacy, quality, safety, equity, diversity, inclusion, and engagement.

Nurse leaders create and sustain safe and healthy care environments for individuals, families, communities, populations, and the workforce by advocating for diversity and inclusivity to achieve health equity. They work across the continuum of care in diverse settings and intersections of global health communities. This culture enables the co-design of measurable safety, quality, well-being, financial, health, and social care outcomes. When not directly involved in leading the provision of care to patients and families, nurse leaders are preparing the next generation of nurses in the academic setting or leading health and public policy change, whether formally in a governmental agency or sector or as advocates in professional societies or associations, industry, and other private agencies. Registered nurses manifest leadership skills in every role or position; however, for the purposes of this specialty scope and standards document, the focus is on the specialty of nursing leadership for nurses serving in or aspiring to formal leadership roles.

While defining “nurse leader” is complex, one definition published by the Texas Organization of Nurse Leaders defines a nurse leader as

the face of health care, trusted professionals who provide impassioned care in diverse practice settings; lead with integrity, compassion, and humility; grounded in empathetic action and a commitment to human dignity. Using evidence and critical thinking, they inspire and create innovations that improve the health of patients and communities. As full healthcare partners, working with and through others, they advocate for a global culture of wellness. They are courageous leaders—not because they are fearless—but because they rise to every healthcare challenge (Cline et al., 2022).

## PROFESSIONAL IDENTITY IN NURSING

Professional identity in nursing is “a sense of oneself, and in relationship with others, that is influenced by characteristics, norms and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse” (Godfrey & Young, 2021, p. 363). It is important that nurse leaders understand the professional identity of nursing as a core concept that undergirds any functional role in nursing leadership (Godfrey et al., 2023). In nursing leadership, the scope for professional identity in nursing expands to a leadership capacity within all settings and with all members of the interdisciplinary team.

Professional identity in nursing and within the nursing leadership role can be better understood through its four research-supported domains: values and ethics, knowledge, nurse as leader, and professional comportment (Joseph et al., 2023). Of special interest to the nurse leader, the “nurse as leader” domain is defined as one who “inspires self and others to transform a shared vision into reality through communication, influence, and actions” (Godfrey, 2022). A deeper understanding of professional identity in nursing and particularly of the domain of “nurse as leader” helps formal nursing leaders build leadership skills and capacity in those with whom they interact.

# Nursing Leadership Scope and Standards Framework

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The 2024 *Nursing Leadership: Scope and Standards* applies to the registered nurse in a formal leadership role, regardless of practice setting or organization type. Settings may include healthcare provider organizations and systems, professional associations or societies, government and nongovernment agencies, community-based and volunteer organizations, academic institutions, political appointments, regulatory and accreditation agencies, health insurance or payer organizations, industry, and others.

A growing body of research has demonstrated that leaders do develop qualities and competencies over time, such as effective communication and strategic thinking. Success in formal leadership roles necessitates accomplishments or measurable outcomes, along with progression in learning about and mastery of leadership competencies. Progressive transitions over time from informal leadership opportunities to increasing scope and span of formal leadership roles and responsibilities reflect an individual's mastery of leadership competencies, experience, and accomplishments. There is a need to bring these ideas about leadership from across industries together, to facilitate commonality, communication, expectations, and optimal outcomes.

## **SKILLS, KNOWLEDGE, EXPERIENCE PROGRESSION**

The dynamic nature and the depth and breadth of leadership characteristics a nurse leader acquires and demonstrates over time is fluid, non-linear, and does not follow predetermined or exact transition points. Additionally, a nurse leader does not become an expert in every competency,

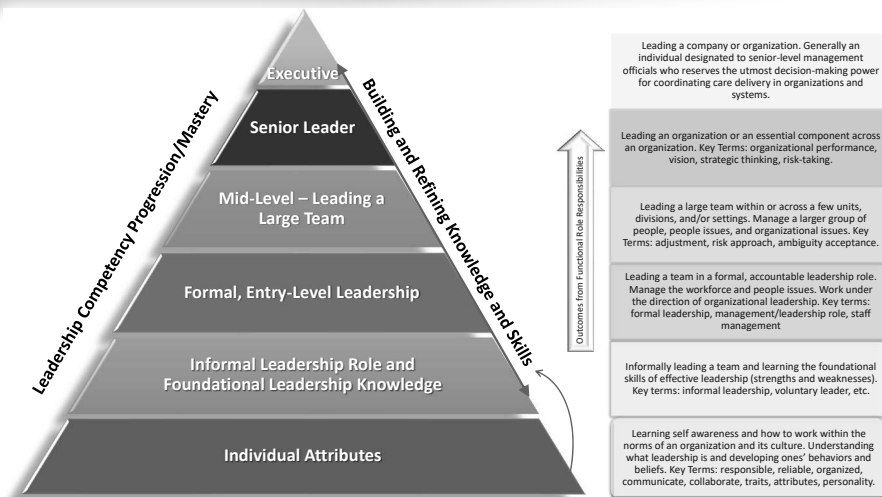
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accountability, or aspect of the assumed role because these vary in relevance, intensity, and complexity based on the context of the role, organization, and the natural position power assumed. Regardless, some of these knowledge areas, skills, and competencies are considered foundational and transferable as a nurse leader transitions practice environments, organizations, or formal leadership roles.

Figure 1 presents an integrated theoretical model for leadership skill acquisition and competency progression in nursing that was developed based on Patricia Benner’s novice to expert model (derived from the Dreyfus model of skill acquisition [Dreyfus & Dreyfus, 1980]), Bandura’s social cognitive theory (2001), and the skill-based model of organizational leadership (Mumford et al., 2000). While these theories are similar, the development and acquisition of leadership competencies is more complex.

Categories of individual attributes are learned or acquired over time (e.g., from experience, motivation, and personality). Individuals may serve in leadership roles but not be considered successful without progression and mastery of preferred personal traits for leaders. Individual attributes form the foundation for competency development. Next, indi-

**FIGURE 1** Leadership Competency Progression Toward Mastery



From American Organization for Nursing Leadership, 2022, Chicago, IL.

viduals would develop leadership competencies, apply these competencies through experiences, and then demonstrate their success with the competencies through measurable outcomes.

Outcomes are measured through performance measures and standardized criteria applied with an understanding that one successfully performed well in their function (i.e., job-specific) role responsibilities. Individual attributes are foundational to the progression and mastery of competencies (Northouse, 2016). Individual attributes are attained and mastered by learning (observing) from others, mentoring, coaching, training and development, and feedback. This is one example that demonstrates leadership progression. Many theories are utilized throughout the scope and standards as no one theory provides a complete integration of nursing leadership.

In addition to skill, knowledge, and experience acquisition, nurse leaders demonstrate the competencies and execute the accountabilities described later in this section of the scope and standards based on the leadership role and the context of the practice environment. As an example, when addressing safety and quality, nurses may be engaged in the following areas:

- In a healthcare provider organization, a frontline nurse leader may be more occupied in the provision of safe and quality care for patients and populations compared to a nurse executive who is more involved in developing and executing the quality and safety strategy for the organization.
- A nurse leader who is in a public health policy or political setting tends to be more engaged in the development or implementation of laws and regulations surrounding quality and safety.
- A nurse leader in an academic organization may have more responsibility for the design of a quality and safety course as part of a curriculum for an academic nursing degree-granting program while another nurse faculty may be engaged in the delivery of the learning described in such a course.
- A nurse leader in a health insurance or payer organization may be more engaged in the evaluation of the quality and safety care experience of a beneficiary (i.e., recipient of health and human services).

- A nurse leader in a professional nursing society or association may be more engaged in contributing to the design of quality and safety care standards or the provision of public comments and feedback on an impending related regulation.
- A nurse leader in industry may be engaged in helping client organizations develop or enhance their safety and quality protocols or in the development of products and services that lead to safer and higher quality outcomes.

## LEADERSHIP COMPETENCIES

There are several key sources of leadership competencies for nurse leaders. First, the American Organization for Nursing Leadership (AONL) competencies are based on health care's expectations of nurse leaders. Second are those set forth by the American Association of Colleges of Nursing in *The Essentials: Core Competencies for Professional Nursing Education* emphasizing the development throughout nursing education of essential skills in resilience, self-care, and well-being as essential attributes to thrive across practice settings (American Association of Colleges of Nursing, 2021). Third are the competencies found in the Future of Nursing reports (Institute of Medicine [IOM], 2010; National Academies of Sciences, Engineering, and Medicine [NASEM], 2022). The 2010 report emphasized the skills needed to be full partners in helping improve health care, advance the nursing profession, take responsibility for identifying problems and areas for system improvement, track improvement over time, and make necessary adjustments to realize established goals. The report also emphasized skills in health policy to effectively participate in, and sometimes lead, decision-making and be engaged in healthcare reform-related implementation efforts and advisory boards (IOM, 2010). The second Future of Nursing report in 2022 emphasized nurses being able to lead as a team member or health systems/healthcare leader to impact the medical and social factors that drive health outcomes and healthcare equity (NASEM, 2022). The 2024 *Nursing Leadership: Scope and Standards of Practice* endeavors to integrate these competencies into this document.



# AMERICAN ORGANIZATION FOR NURSING LEADERSHIP COMPETENCIES

The AONL competencies (see table 1) highlighted as most appropriate for successful leaders are knowledge of the healthcare environment and clinical principles, leadership, professionalism, business skills and principles, and the leader within (2022).

**TABLE 1** AONL Core Leadership Domains with Subdomains

## **Knowledge of the Healthcare Environment and Clinical Principles**

- Nursing Practice and Application
- Economics and Policy
- Regulation
- Evidence-Based Practice
- Patient Safety and Quality

## **Leadership**

- Systems and Complex Adaptive Thinking
- Change Management
- Diversity, Belonging, and Inclusion
- Decision-Making
- Transformation and Innovation

## **Professionalism**

- Profession Accountability
- Professional Accountability
- Advocacy
- Health Equity and Social Determinates of Health
- Governance

## **Business Skills and Principles**

- Financial Management
- Strategic Management
- Human Resource Management

## **Leader Within**

- Reflective Practice
- Foundational Thinking
- Career Development
- Personal and Professional Accountability

These core competencies have sub-domains which are interrelated. These competencies have been used as a basis for the development of this document and expanded upon based on additional competencies identified by the workgroup.

# Role Qualifications

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Nurse leaders have greater influence to optimize health and health care in complex adaptive systems. To meet future demands of leadership, it is important to define the licensure, education, and experience required for these roles. Nurse leaders at all levels and within all settings must, at a minimum, be prepared at the baccalaureate level, hold an active registered nurse license, and meet the requirements in the state in which they practice.

## EDUCATION

Professional organizations, including the Association for Leadership Science in Nursing (ALSN), the American Association of Colleges of Nursing, and the AONL stress that advanced education and continuing competence are needed for nurse leaders. In 2021 the American Association of Colleges of Nursing approved *The Essentials: Core Competencies for Professional Nursing Education*. The transition to competency-based education focuses on two levels of educational preparation: entry- and advanced-level nursing practice. This new framework provides a trajectory for nurse leaders as they enter the specialty and advance their careers.

A Bachelor of Science degree in nursing is the generally recommended minimum educational requirement for entry into the nursing leadership specialty across the healthcare continuum. Nurse leaders who are practicing at an advanced level should have a graduate-level degree. As health and health care are evolving, a practice- or research-level doctoral degree is highly encouraged and recommended. Evolution to such requirements has begun appearing in publications such as the American Nurses Credentialing Center (ANCC) 2023 *Magnet® Application Manual* (chapter 2, pages 5–8), ANCC 2020 *Pathway to Excellence® Practice Standards and Elements of Performance*, ANCC 2020 *Pathway to Excellence® in Long-Term Care Practice Standards and Elements of Performance*, and the 2010 and 2020–2030 *Future of Nursing Reports*.

# CERTIFICATION

In addition to formal academic education preparation, nurse leaders are expected to achieve and maintain professional certification. Professional certification enables nurses to demonstrate their specialty expertise and validate their knowledge to colleagues, employers, healthcare consumers, and others. This provides official recognition for a designated period for those who have met defined requirements, most often associated with specific practice experience, academic and continuing education preparation, and completion of a qualifying examination. Nurse leaders have diverse opportunities for recognition through certification provided by various credentialing programs. The examples in table 2 do not represent an exhaustive list of certification opportunities but a selection of the most common nursing leadership certifications.

**TABLE 2** Nursing Leadership Professional Certification Options

<b>Certification</b>	<b>Website Link</b>
Certified in Executive Nursing Practice (CENP)	<a href="https://www.aonl.org/initiatives/certification">https://www.aonl.org/initiatives/certification</a>
Certified Nurse Educator (CNE)	<a href="https://www.nln.org/awards-recognition/certification-for-nurse-educators-overview">https://www.nln.org/awards-recognition/certification-for-nurse-educators-overview</a>
Certified Nurse Manager and Leader (CNML)	<a href="https://www.aonl.org/initiatives/certification">https://www.aonl.org/initiatives/certification</a>
Certified Professional in Healthcare Quality (CPHQ)	<a href="https://nahq.org/individuals/cphq-certification/">https://nahq.org/individuals/cphq-certification/</a>
Certified Public Health (CPH)	<a href="https://www.nbphe.org/">https://www.nbphe.org/</a>
Certified Quality Manager (CQM)	<a href="http://asq.org/cert/manager-of-quality">http://asq.org/cert/manager-of-quality</a>
Fellow of the American College of Healthcare Executives (FACHE)	<a href="http://www.ache.org/membership/credentialing/requirements.cfm">http://www.ache.org/membership/credentialing/requirements.cfm</a>
Nurse Executive Certification (NE-BC)	<a href="https://www.nursingworld.org/our-certifications/nurse-executive/">https://www.nursingworld.org/our-certifications/nurse-executive/</a>
Nurse Executive, Advanced Certification (NEA-BC)	<a href="https://www.nursingworld.org/our-certifications/nurse-executive-advanced/">https://www.nursingworld.org/our-certifications/nurse-executive-advanced/</a>
Nursing Informatics (RN-BC)	<a href="https://www.nursingworld.org/our-certifications/informatics-nurse/">https://www.nursingworld.org/our-certifications/informatics-nurse/</a>
Nursing Professional Development (NPD-BC)	<a href="https://www.nursingworld.org/our-certifications/nursing-professional-development/">https://www.nursingworld.org/our-certifications/nursing-professional-development/</a>

# The Evolution of Nursing Leadership

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Nursing is a dynamic profession with a contract with society to evolve in ways that demonstrate historical malleability and professional dexterity. Nursing innovation has included new roles, practice expansion, and skills acquisition that are learned from the past, demonstrated in the present, and always adapting for the future.

Nursing leadership has a storied history of individuals who often defied the contemporary wisdom of the day and advanced radical ideas and innovative work. These brave individuals came from a variety of cultures, ethnicities, and socioeconomic and professional backgrounds and experiences. The history told through these individuals' stories helps to define the past, understand the present, and provide context for the future. Their stories are examples of the depth and breadth of nursing leadership across the continuums of care and time serving as reminders of what is possible in the profession and specialty.

The origin of nursing leadership has been traditionally traced to Florence Nightingale, as she is often credited with being the first nurse leader. In the mid-1850s, Florence Nightingale implemented massive changes in nursing by employing astute observation and the collection and analysis of patient outcomes data. In 1854, she organized 38 nurses into a team sent to care for British soldiers injured in the Crimean War. Through her efforts, the death rate fell from 40 percent to 2 percent. Subsequently, she fought for reform of military hospitals and medical care. After the war, Nightingale returned to England where she continued to collect data and study the health of the British army. Nightingale's book, *Notes on Nursing: What it is, and What it is Not* (Nightingale, 1992), laid the foundation for the development of safe patient care and hospital environments (Rothrock, 2018).

Nightingale, however, was not the sole nursing leader during the Crimean War. Mary Seacole was living in London when the Crimean

War broke out in 1853. She felt a calling and volunteered to go to join Nightingale's group of nurses. However, her offer was rejected, and she instead opened the "British Hotel" close to front lines where soldiers were offered food, comfortable surroundings, and herbal remedies. As a battlefield nurse, she cared for soldiers on both sides of the conflict (Modic & Fitzpatrick, 2021).

The Civil War was a pivotal point in the evolution of nursing leadership in the United States. Dorothea Dix also changed the profession of nursing, particularly in mental health nursing and the care of indigent people.

During the Civil War, Dix was the Superintendent of Army Nurses for the Union Army and advocated for formal training and opportunities for women in nursing (Norwood, 2017). Harriet Tubman is often characterized by her leadership in the Underground Railroad during the Civil War helping slaves escape to freedom. But Tubman was also a nurse, providing herbal therapies to both Black and White soldiers on the battlefield (Singleton, 2019).

Clara Barton provided leadership during the Civil War, beginning when she became the first woman appointed to be a recording clerk at the U.S. Patent Office in Washington, DC, in 1854 and continuing when she led logistics efforts for the 6th Massachusetts Infantry. Despite having no formal medical training, she was named the head nurse for one of the Union units. While abroad in 1869, Barton learned of the International Red Cross, brought the concept back to the United States, founded the American Association of the Red Cross, and was elected its president in 1881 (Michals, 2015).

Mary Eliza Mahoney, born in 1845 to freed slaves, was the first African American licensed nurse. In 1878, Mahoney was admitted to the New England Hospital for Women and Children's professional graduate school for nursing and was one of only four students to complete the program. She is also credited with co-founding the National Association of Colored Graduate Nurses in 1908 when she and her Black colleagues were not welcomed in the Associated Alumnae of the United States and Canada (NAAUSC), the forerunner to the American Nurses Association. Her

leadership in nursing and women's rights helped to cement her legacy in advancing nursing leadership (Spring, 2017).

Many of the 12 million immigrants who arrived in the United States between 1870 and 1900 were living in less-than-sanitary conditions and without access to medical care. Lillian Wald had begun the Henry Street Settlement on Manhattan's Lower East Side to provide health care to the poor and immigrant population. She was the driving force behind Lina Rogers, who was a Henry Street nurse, being hired as New York City's first public school nurse in the hopes that absenteeism would be reduced if students and families were healthy. Rogers' advocacy for wellness and prevention was so successful that implementation of school nurses spread across the country (Rothberg, 2020).

Other nursing leaders included Mary Breckinridge, who studied public health nursing and midwifery. In 1925, after studying and practicing midwifery in Europe, Breckinridge returned to the United States to rural Kentucky where she founded the Frontier Nurse Service, traveling by horseback delivering babies and caring for mothers. Dr. Hildegard Peplau, considered the "mother of psychiatric nursing," was instrumental in establishing the patient-nurse relationship that has been incorporated into every nursing specialty and practice. Prior to Peplau's leadership, patients were not traditionally active participants in their care. Her work provided the foundation for the patient-centered care model used as a moral compass by nurses across the continuum of care (Modic & Fitzpatrick, 2021).

The nursing profession has significantly evolved from an earlier deferential role thanks to the timeless and tireless efforts of those who have come before us. More recent nurse leaders have transcended social, racial, and ethnic barriers and modeled the behaviors and attributes associated with the nursing leadership specialty. One such leader was Mary Elizabeth Carnegie, a prolific author and nurse educator. Carnegie was the president of the American Academy of Nursing from 1978 to 1979 and named an AAN Living Legend in 1994. She was on the editorial staff of *The American Journal of Nursing*, senior editor of *Nursing Outlook*, and the first editor of *Nursing Research*. She was a vocal proponent, advocate, and mentor for African American nurses (Modic & Fitzpatrick, 2021).

Martha Rogers is credited with establishing the first PhD program in nursing through New York University. She focused on “The Science of Unitary Persons” and identified the holistic nature of nursing as both an art and science. Her seminal work, *An Introduction to the Theoretical Basis of Nursing*, was published in 1970. She is credited with pioneering nursing science and providing a foundation for today’s nurse scientists (Modic & Fitzpatrick, 2021).

The primary care physician shortage in the early 1960s spurred Dr. Loretta C. Ford to partner with a pediatrician at the University of Colorado Medical Center in the development of the first pediatric nurse practitioner model and training focused on clinical care and research (American Association of Nurse Practitioners [AANP], 2020). Luther Christman became a nurse in 1939 graduating from the Pennsylvania Hospital School of Nursing for Men. He encountered a great deal of discrimination as less than 1% of all nursing students were men.

He was an advocate for gender diversity and equality in nursing and became the first male dean of a major nursing college, Vanderbilt University, in 1967. Christman founded the American Assembly for Men in Nursing in 1980 (Modic & Fitzpatrick, 2021).

Susie Walking Bear Yellowtail was one of the first Native Americans to graduate as a registered nurse and was honored as the “Grandmother of American Indian Nurses” by the American Indian Nurses Association. She worked for the Indian Health Service and documented inadequacies of care. She was appointed to the Public Health Service’s advisory Committee on Indian Health in 1968 and was appointed by President Nixon to serve on the Council on Indian Health, Education, and Welfare. She founded the first professional association of Native American nurses, the American Indian Nurses Association (Modic & Fitzpatrick, 2021).

Ildaura Murillo-Rohde, an active member of the American Nurses Association, was inspired to found the National Association of Hispanic Nurses (NAHN) in 1975 to meet the unrecognized needs of Hispanic and Latino nurses. She served as a permanent United Nations representative to UNICEF for the International Federation of Business and Professional Women and was appointed as a World Health Organization psychiatric consultant to the Guatemalan government (NAHN, 2021).



Florence Wald was a pioneer in end-of-life care, a recently recognized field of study and care. Her advocacy for social justice, compassion, and dignity helped to change the way care is provided to the dying. Prior to this work, death was seen as a medical failure and not discussed. Wald worked to ensure that students focused on patient and family involvement in care and, after extensive research, founded the first hospice program in the United States in Connecticut in 1974 (Modic & Fitzpatrick, 2021).

The National League for Nursing (NLN), founded in 1893 as the American Society of Superintendents of Training Schools for Nurses, is now considered the voice of nurse faculty and nursing education by offering grants, providing insight for public policy, and promoting networking for nurse educators and healthcare organizations. Its president and chief executive officer (CEO), Dr. Beverly Malone, is exemplary for advancing nursing leadership. She was a past president of the American Nurses Association, first African-American general secretary of the Royal College of Nursing, served as deputy assistant secretary for health in the Department of Health and Human Services, and was a member of President Bill Clinton's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry (NLN, 2021).

Marilyn Chow was the vice president of National Patient Care Services for Kaiser Permanente and developed a cutting-edge innovations program for that health system. She was the founding program director for the Robert Wood Johnson Foundation Executive Nurse Fellows Program from 1997 to 2008.

Dr. Chow was also a founding member of the Asian American/Pacific Islander Nurses Association (University of California San Francisco [UCSF], 2018).

Nursing leadership would be impossible were it not for dedicated policy makers and their advocacy on behalf of nurses and the nursing profession. Eddie Bernice Johnson has served the 30th Congressional District of Texas for 15 terms. She was the first nurse to be elected to the U.S. Congress. Before holding that position, she was the first nurse elected to the Texas State House and the Texas Senate (Pollitt, 2020). Congresswoman Lauren Underwood has served Illinois' 14th Congressional District since 2019. She is the first woman, first person of color, and first millennial to

represent this community in Congress and the youngest African American woman to serve in the U.S. House of Representatives. She is also a nurse and, prior to her election to Congress, was a senior advisor at the U.S. Department of Health and Human Services (Underwood, n.d.). These nurse leaders work tirelessly for the nursing profession and advance nursing leadership by modeling advocacy.

The human immunodeficiency virus (HIV) pandemic in the 1980s required compassionate, courageous, and comprehensive nursing leadership. San Francisco nurse Cliff Morrison provided that leadership. Morrison created the first acquired immunodeficiency syndrome (AIDS)-focused unit emphasizing compassion that has become the model for AIDS care in the hospital. He listened to the voice of the patients who were adamant about wanting “...humanitarian and ethical treatment. They wanted compassion. They only wanted staff taking care of them who were not terrified of them” (Crane, n.d.). Further, Morrison and his patients redefined “family” assuring that significant others and friends could visit dying patients. His fearless leadership, putting the patient at the center of care during a frightening pandemic, changed the way nurses care for people.

The COVID-19 pandemic can also be characterized as recognizing and advancing nursing leadership. Kious Kelly is an example. A native of Michigan, Kelly was a dancer and moved to New York City. He decided to become a nurse and graduated from New York University in 2012 and worked for Mount Sinai West in Manhattan. In March of 2020, when the COVID-19 pandemic overwhelmed hospitals in New York City, Kelly, an assistant nurse manager, made sure that caregivers entering patient rooms were appropriately donning and doffing personal protective equipment. He became infected with the virus and died six days later on March 24, 2020. While he is not alone in his sacrifice during this pandemic, he serves as a model for the nursing leadership specialty across the globe (Modic & Fitzpatrick, 2021).

Consider contemporary nurse leader Dr. Ernest Grant, past president of the American Nurses Association and the first man to be elected to this office. Dr. Grant began his nursing career as a licensed practical nurse (LPN) and returned to school to become a registered nurse (RN), a burn

nurse, and a fire safety expert. His advocacy at the state, national, and international levels led to change in both policy and law. Further, he is a consultant to the government of South Africa and an advisor to Congress on burn prevention policy. In 2002, he received the Nurse of the Year Award from President George W. Bush for his work in treating burn victims from the site of the 2001 destruction of the World Trade Center. Dr. Grant is a tireless author, speaker, and advocate for the 4.4 million nurses in this nation and for nurses across the globe (Wikipedia, n.d.).

Across the continuum of care, nursing leadership continues to evolve. Throughout time, nurse leaders have demonstrated evidence-based, compassion-driven, and holistic care to human beings. The future will require learning from those who have gone before, and appreciating lessons learned from their successes and failures.