

American Nurses Association

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NURSING LEADERSHIP:

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SCOPE AND STANDARDS OF PRACTICE

10

(Formerly known as *Nursing Administration: Scope and Standards of Practice*)

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FOR PUBLIC COMMENT

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Nursing Leadership Scope of Practice

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Function of the Scope Statement

The scope and standards of practice statement (pages X–XX) 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, its boundaries, context, its application, and its membership. The depth and breadth in which individual registered nurses 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 2023 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 2023 *Nursing Leadership: Scope and Standards of Practice* was the culmination of an 18-month intense collaborative professional review and revision effort hosted by the American Nurses Association. 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

136 Nursing leadership is the specialty practice devoted to collaboratively and collegially
137 setting the vision, mission, and values for health, human services, and social care. It is
138 the practice of the art and science of nursing and nursing leadership for the
139 communities in which nurse leaders serve and for the profession. It is the leadership,
140 influence, empowerment, and governance of and with professional nurses and other
141 team members that foster a culture of clinical excellence, innovation, transformation,
142 advocacy, quality, safety, equity, diversity, inclusion, and engagement.

143
144 Nurse leaders create and sustain safe and healthy care environments for individuals, families,
145 communities, populations, and the workforce by advocating for diversity and inclusivity to achieve health
146 equity. They work across the continuum of care in diverse organizations or settings and intersections of
147 global health communities. This culture enables the co-design of measurable safety, quality, well-being,
148 financial, health, and social care outcomes. When not directly involved in leading the provision of care to
149 patients and families, nurse leaders are preparing the next generation of nurses in the academic setting
150 or leading health and public policy change, whether formally in a governmental agency/sector or as
151 advocates in professional societies or associations, industry, and other private agencies. Registered
152 nurses manifest leadership skills in every role or position; however, for purposes of this specialty scope
153 and standards document, the focus is on the specialty of nursing leadership for nurses serving in and/or
154 aspiring to formal leadership roles.

155
156 While defining “nurse leader” is complex, one definition published by the Texas Organization of Nurse
157 Leaders defines a nurse leader as: “the face of health care, trusted professionals who provide
158 impassioned care in diverse practice settings; lead with integrity, compassion, and humility; grounded in
159 empathetic action and a commitment to human dignity. Using evidence and critical thinking, they inspire
160 and create innovations that improve the health of patients and communities. As full healthcare partners,
161 working with and through others, they advocate for a global culture of wellness. They are courageous
162 leaders—not because they are fearless—but because they rise to every health care challenge.” (Cline,
163 Crenshaw, & Woods, 2022).

164

165 **Professional Identity**

166 Professional identity is a set of beliefs, attitudes, and understandings about the professional role. It is
167 important that nurse leaders themselves define nursing leadership professional identity. The

168 professional identity associated with those nurses in the nursing leadership specialty is having a sense of
169 oneself and their relationship to others influenced by a set of characteristics, norms and values of
170 nursing that result in an individual thinking, acting, and feeling like a nurse leader by embracing their
171 nursing leadership role in all settings and with all members of the interdisciplinary team (adapted from
172 Godfrey & Crigger, 2017). The four core domains for one's professional identity that must be embraced,
173 exemplified, and modeled for oneself but also fostered within others include:

- 174 • Values and Ethics:
 - 175 ○ Utilizes a set core of values and principles that guide conduct and actions
- 176 • Knowledge:
 - 177 ○ Uses analysis and application of information derived from nursing, leadership and
 - 178 other disciplines, experiences, critical reflection, and scientific discovery as a basis for
 - 179 leadership decisions
- 180 • Nurse as Leader:
 - 181 ○ Inspires self and others to transform a shared vision into reality through
 - 182 communication, influence, and actions
- 183 • Professional Compartment:
 - 184 ○ Demonstrates professional behavior through words, actions, and processes.

186 **Nursing Leadership Scope and Standards Framework**

187 The 2023 *Nursing Leadership: Scope and Standards* applies to the registered nurse in a formal leadership
188 role, regardless of practice setting or organization type. Settings may include healthcare provider
189 organizations, professional associations or societies, government and nongovernment agencies,
190 community-based and volunteer organizations, academic institutions, political appointments, regulatory
191 and accreditation agencies, health insurance or payer organizations, industry, and others.

192
193 A growing body of research has demonstrated that leaders do develop qualities and competencies over
194 time, such as effective communication and strategic thinking. Success in formal leadership roles
195 necessitates accomplishments or measurable outcomes, along with progression in learning about and
196 mastery of leadership competencies. Progressive transitions over time from informal leadership
197 opportunities to increasing scope and span of formal leadership roles and responsibilities reflect an
198 individual's mastery of leadership competencies, experience, and accomplishments. There is a need to

199 bring these ideas about leadership from across industries together, to facilitate commonality,
200 communication, expectations, and optimal outcomes.

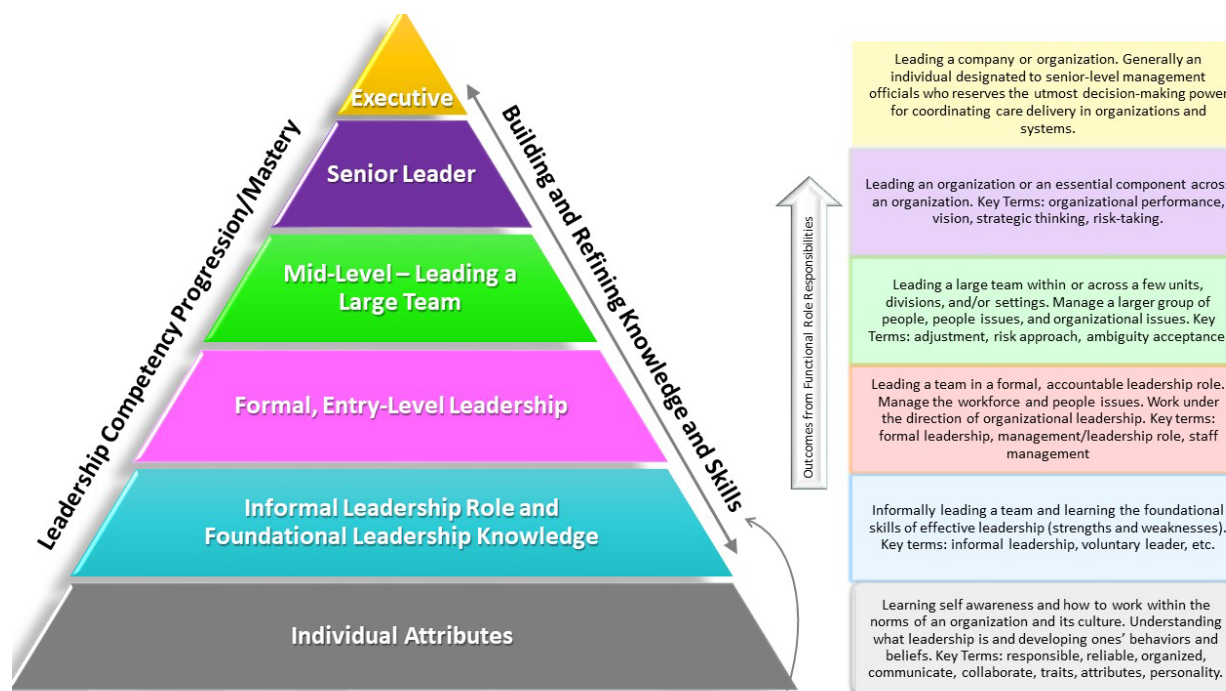
201

202 **Skills, Knowledge, Experience Progression**

203 The dynamic nature and the depth and breadth of leadership characteristics a nurse leader acquires and
204 demonstrates over time is fluid, non-linear, and does not follow predetermined or exact transition
205 points. Additionally, a nurse leader does not become an expert in every competency, accountability, or
206 aspect of the assumed role because these vary in relevance, intensity, and complexity based on the
207 context of the role, organization, and the natural position power assumed. Regardless, some of these
208 knowledge areas, skills, and competencies are considered foundational and “transferable” as a nurse
209 leader transitions practice environments, organizations, and/or formal leadership roles.

210

211 Figure 1 Leadership Competency Progression Towards Mastery presents one model depicting an
212 integrated theoretical model for leadership skill acquisition/competency progression in nursing that was
213 developed based on Patricia Benner’s novice to expert model [derived from the Dreyfus model of skill
214 acquisition (Dreyfus & Dreyfus, 1980)], Bandura’s social cognitive theory (2001), and the skill-based model
215 of organizational leadership (Mumford, Zaccaro, Harding, Jacobs & Fleishman, 2000). While these
216 theories are similar, the development/acquisition of leadership competencies is more complex.



217
 218 Figure 1 Leadership competency progression towards mastery. (2022) American Organization for
 219 Nursing Leadership (AONL): Chicago, IL.

220
 221 Categories of individual attributes are learned or acquired over time (e.g., from experience, motivation,
 222 and personality). Individuals may serve in leadership roles but not be considered successful without
 223 progression and mastery of preferred personal traits for leaders. Individual attributes form the
 224 foundation for competency development. Next, individuals would develop leadership competencies,
 225 apply these competencies through experiences, and then demonstrate their success with the
 226 competencies through measurable outcomes.

227
 228 Outcomes are measured through performance measures and standardized criteria applied with an
 229 understanding that one successfully performed well in their function (i.e., job-specific) role
 230 responsibilities. Individual attributes are foundational to the progression and mastery of competencies
 231 (Northouse, 2016). Individual attributes are attained/mastered by learning (observing) from others,
 232 mentoring, coaching, training/development, and feedback. This is one example that demonstrates
 233 leadership progression. Many theories are utilized throughout the scope and standards as no one theory
 234 provides a complete integration of nursing leadership.

235

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

- 240 • In a healthcare provider organization, a front-line nurse leader may be more occupied in the
241 provision of safe and quality care for patients and populations compared to a nurse executive
242 who is more involved in developing and executing the quality and safety strategy for the
243 organization.
- 244 • A nurse leader who is in a public health policy or political setting tends to be more engaged in
245 the development and/or implementation of laws and regulations surrounding quality and
246 safety.
- 247 • A nurse leader in an academic organization may have more responsibility for the design of a
248 quality and safety course as part of a curriculum for an academic nursing degree-granting
249 program while another nurse faculty may be engaged in the delivery of the learning described
250 in such a course.
- 251 • A nurse leader in a health insurance/payer organization may be more engaged in the
252 evaluation of the quality and safety care experience of a beneficiary (i.e., recipient of health
253 and human services).
- 254 • A nurse leader in a professional nursing society or association may be more engaged in
255 contributing to the design of quality and safety care standards or the provision of public
256 comments/feedback on an impending related regulation.
- 257 • A nurse leader in industry may be engaged in helping client organizations develop or enhance
258 their safety and quality protocols or in the development of products and services that lead to
259 safer and higher quality outcomes.

260

261 **Leadership Competencies**

262 There are several key sources of leadership competencies for nurse leaders. First, the American
263 Organization for Nursing Leadership competencies are based on healthcare's expectations of nurse
264 leaders. Second are those set forth in the American Association of Colleges of Nursing *The Essentials: Core*
265 *Competencies for Professional Nursing Education* emphasizing the development throughout nursing
266 education of essential skills in resilience, self-care, and well-being as essential attributes to thrive across
267 practice settings (AACN, 2021). Third are the competencies found in the Future of Nursing reports (IOM,

268 2010; NASEM, 2022). The 2010 report emphasized the skills needed to be full partners in helping
 269 improve health care, advance the nursing profession, take responsibility for identifying problems and
 270 areas for system improvement, track improvement over time, and make necessary adjustments to
 271 realize established goals. The report also emphasized skills in health policy to effectively participate in,
 272 and sometimes lead, decision making and be engaged in healthcare reform-related implementation
 273 efforts and advisory boards (IOM, 2010). The second Future of Nursing report emphasized nurses being
 274 able to lead as a team member or health systems/healthcare leader to impact the medical and social
 275 factors that drive health outcomes and health and health care equity (NASEM, 2022). The 2023 *Nursing*
 276 *Leadership: Scope and Standards of Practice* endeavors to integrate these competencies into this
 277 document.

278

279 **AONL Competencies**

280 The American Organization for Nursing Leadership (AONL) competencies highlighted as most
 281 appropriate for successful leaders are knowledge of the healthcare environment and clinical principles,
 282 leadership, professionalism, business skills and principles, and the leader within (2022).

Knowledge of the Health Care 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
--

283 Table 1: AONL Core Leadership Domains with Subdomains

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

287

288 **Role Qualifications**

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

294

295 **Education**

296 Professional organizations, including the Association for Leadership Science in Nursing (ALSN), the
 297 American Association of Colleges of Nursing (AACN), and the American Organization for Nursing
 298 Leadership stress that advanced education and continuing competence are needed for nurse leaders. In
 299 2021 AACN approved *The Essentials: Core Competencies for Professional Nursing Education*. The
 300 transition to competency-based education focuses on two levels of educational preparation for entry
 301 level and advanced level nursing practice. This new framework provides a trajectory for nurse leaders as
 302 they advance their careers. A Bachelor of Science degree in nursing is the recommended minimum
 303 educational requirement for entry into the nursing leadership specialty across the healthcare
 304 continuum. Nurse leaders who are practicing at an advanced level should have a graduate level degree.
 305 As health and health care are evolving, a practice or research level doctoral degree is highly encouraged
 306 and recommended.

307

308 **Certification**

309 In addition to formal academic education preparation, nurse leaders are expected to achieve and
 310 maintain professional certification. Professional certification enables nurses to demonstrate their
 311 specialty expertise and validate their knowledge to colleagues, employers, healthcare consumers, and

312 others. This provides official recognition for a designated period for those who have met defined
 313 requirements, most often associated with specific practice experience, academic and continuing
 314 education preparation, and completion of a qualifying examination. Nurse leaders have diverse
 315 opportunities for recognition through certification provided by various credentialing programs. The
 316 examples in the Table 2 do not represent an exhaustive list of certification opportunities but a selection
 317 of the most common nursing leadership certifications.

318 Table 2: Nursing Leadership Professional Certification Options

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

319

320 **The Evolution of Nursing Leadership**

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

325

326 Nursing leadership has a storied history of individuals who often defied the contemporary wisdom of
 327 the day and advanced radical ideas and innovative work. These brave individuals came from a variety of
 328 cultures, ethnicities, and socioeconomic and professional backgrounds and experiences. The history told
 329 through these individuals' stories helps to define the past, understand the present, and provide context

330 for the future. Their stories are examples of the depth and breadth of nursing leadership across the
331 continuums of care and time serving as reminders of what is possible in the profession and specialty.

332
333 The origin of nursing leadership has been traditionally traced to Florence Nightingale, as she is often
334 credited with being the first nurse leader. In the mid-1850s, Florence Nightingale implemented massive
335 changes in nursing by employing astute observation and the collection and analysis of patient outcomes
336 data. In 1854, she organized 38 nurses into a team sent to care for British soldiers injured in the Crimean
337 War. Through her efforts, the death rate fell from 40 percent to 2 percent. Subsequently, she fought for
338 reform of military hospitals and medical care. After the war, Nightingale returned to England where she
339 continued to collect data and study the health of the British army. Nightingale's book, *Notes on Nursing:
340 What it is, and What it is Not* (Nightingale, 1992), laid the foundation for the development of safe
341 patient care and hospital environments (Rothrock, 2018).

342
343 Nightingale, however, was not the sole nursing leader during the Crimean war. Mary Seacole was living
344 in London when the Crimean War broke out in 1853. She felt a calling and volunteered to go to join
345 Nightingale's group of nurses. However, her offer was rejected, and she instead opened the "British
346 Hotel" close to front lines where soldiers were offered food, comfortable surroundings, and herbal
347 remedies. As a battlefield nurse, she cared for soldiers on both sides of the conflict (Modic & Fitzpatrick,
348 2021).

349
350 The Civil War was a pivotal point in the evolution of nursing leadership in the U.S. Dorothea Dix also
351 changed the profession of nursing, particularly in mental health nursing and the care of indigent people.
352 During the Civil War, Dix was the Superintendent of Army Nurses for the Union Army and advocated for
353 formal training and opportunities for women in nursing (Norwood, 2017). Harriet Tubman is often
354 characterized by her leadership in the Underground Railroad during the Civil War helping slaves escape
355 to freedom. But Tubman was also a nurse, providing herbal therapies to both Black and white soldiers
356 on the battlefield. (Singleton, 2019)

357
358 Clara Barton provided leadership during the Civil War beginning when she became the first woman
359 appointed to be a recording clerk at the US Patent Office in Washington, DC, in 1854, and continuing
360 when she led logistics efforts for the 6th Massachusetts Infantry. Despite having no formal medical
361 training, she was named the head nurse for one of the Union units. While abroad in 1869, Barton

362 learned of the International Red Cross, brought the concept back to the US, founded the American
363 Association of the Red Cross, and was elected its president in 1882 (Michals, 2015).

364
365 Mary Eliza Mahoney, born in 1845 to freed slaves, was the first African American licensed nurse. In
366 1878, Mahoney was admitted to the New England Hospital for Women and Children's professional
367 graduate school for nursing and was one of only four students to complete the program. She is also
368 credited with co-founding the National Association of Colored Graduate Nurses in 1908 when she and
369 her Black colleagues were not welcomed in the Associated Alumnae of the United States and Canada
370 (NAAUSC), the forerunner to the American Nurses Association (ANA). Her leadership in nursing and
371 women's rights helped to cement her legacy in advancing nursing leadership (Spring, 2017).

372
373 Many of the 12 million immigrants who arrived in the US between 1870 and 1900 were living in less
374 than sanitary conditions and without access to medical care. Lillian Wald had begun the Henry Street
375 Settlement on Manhattan's Lower East Side to provide health care to the poor and immigrant
376 population. She was the driving force behind Lina Rogers, who was a Henry Street Nurse, being hired as
377 New York City's first public school nurse in the hopes that absenteeism would be reduced if students
378 and families were healthy. Rogers' advocacy for wellness and prevention was so successful that
379 implementation of school nurses spread across the country (Rothberg, 2020).

380
381 Other nursing leaders included Mary Breckinridge, who studied public health nursing and midwifery. In
382 1925, after studying and practicing midwifery in Europe, Breckinridge returned to the US to rural
383 Kentucky where she founded the Frontier Nurse Service, traveling by horseback delivering babies and
384 caring for mothers. Dr. Hildegard Peplau considered the "mother of psychiatric nursing," was
385 instrumental in establishing the patient-nurse relationship that has been incorporated into every nursing
386 specialty and practice. Prior to Peplau's leadership, patients were not traditionally active participants in
387 their care. Her work provided the foundation for the patient centered care model used as a moral
388 compass by nurses across the continuum of care (Modic & Fitzpatrick, 2021).

389
390 The nursing profession has significantly evolved thanks to the timeless and tireless efforts of those who
391 have come before us. More recent nurse leaders have transcended social, racial, and ethnic barriers and
392 modeled the behaviors and attributes associated with the nursing leadership specialty. One such leader
393 was Mary Elizabeth Carnegie, a prolific author and nurse educator. Carnegie was the president of the

394 American Academy of Nursing (AAN) from 1978-1979 and named an AAN Living Legend in 1994. She was
395 on the editorial staff of *The American Journal of Nursing*, senior editor of *Nursing Outlook*, and the first
396 editor of *Nursing Research*. She was a vocal proponent, advocate, and mentor to African American
397 nurses (Modic & Fitzpatrick, 2021).

398
399 Martha Rogers is credited with establishing the first PhD program in nursing through New York
400 University. She focused on “The Science of Unitary Persons” and identified the holistic nature of nursing
401 as both an art and science. Her seminal work, *An Introduction to the Theoretical Basis of Nursing*, was
402 published in 1970. She is credited with pioneering nursing science and providing a foundation for
403 today’s nurse scientists (Modic & Fitzpatrick, 2021).

404
405 The primary care physician shortage in the early 1960s spurred Dr. Loretta C. Ford to partner with a
406 pediatrician at the University of Colorado Medical Center in the development of the first pediatric nurse
407 practitioner model and training focused on clinical care and research (AANP, 2020). Luther Christman
408 became a nurse in 1939 graduating from the Pennsylvania Hospital School of Nursing for Men. He
409 encountered a great deal of discrimination as less than one percent of all nursing students were men.
410 He was an advocate for gender diversity and equality in nursing and became the first male dean of a
411 major nursing college, Vanderbilt University, in 1967. Christman founded the American Assembly for
412 Men in Nursing in 1980 (Modic & Fitzpatrick, 2021).

413
414 Susie Walking Bear Yellowtail was one of the first Native Americans to graduate as a registered nurse
415 and was honored as the “Grandmother of American Indian Nurses” by the American Indian Nurses
416 Association. She worked for the Indian Health Service and documented inadequacies of care. She was
417 appointed to the Public Health Service’s advisory Committee on Indian Health in 1968 and was
418 appointed by President Nixon to serve on the Council on Indian Health, Education, and Welfare. She
419 founded the first professional association of Native American nurses, The American Indian Nurses
420 Association (Modic & Fitzpatrick, 2021).

421
422 Ildaura Murillo-Rohde, an active member of the American Nurses Association, was inspired to found the
423 National Association of Hispanic Nurses in 1975 to meet the unrecognized needs of Hispanic/Latino
424 nurses. She served as a permanent United Nations representative to UNICEF for the International

425 Federation of Business and Professional Women and was appointed as a World Health Organization
426 psychiatric consultant to the Guatemalan government (NAHN, 2021).

427
428 Florence Wald was a pioneer in end-of-life care, a recently recognized field of study and care. Her
429 advocacy for social justice, compassion, and dignity helped to change the way care is provided to the
430 dying. Prior to this work, death was seen as a medical failure and not discussed. Wald worked to ensure
431 that students focused on patient and family involvement in care and, after extensive research, founded
432 the first hospice in the US in Connecticut in 1974 (Modic & Fitzpatrick, 2021).

433
434 The National League for Nursing, founded in 1893 as the American Society of Superintendents of
435 Training Schools for Nurses, is now considered the voice of nurse faculty and nursing education by
436 offering grants, providing insight for public policy, and promoting networking for nurse educators and
437 healthcare organizations. Its President and CEO, Dr. Beverly Malone, is exemplary for advancing nursing
438 leadership. She was a past president of the American Nurses Association, first African American general
439 secretary of the Royal College of Nursing, served as deputy assistant secretary for health in the
440 department of Health and Human Services and was a member of President Bill Clinton's Advisory
441 Commission on Consumer Protection and Quality in the Healthcare Industry. (NLN, 2021)

442
443 Marilyn Chow was the Vice President of National Patient Care Services for Kaiser Permanente and
444 developed a cutting-edge innovations program for that health system. She was the founding Program
445 Director for the Robert Wood Johnson Foundation Nurse Executive Fellows Program from 1997-2008.
446 Dr. Chow was also a founding member of the Asian American/Pacific Islander Nurses Association (UCSF,
447 2018).

448
449 Nursing leadership would be impossible were it not for dedicated policy makers and their advocacy on
450 behalf of nurses and the nursing profession. Eddie Bernice Johnson has served the 30th Congressional
451 District of Texas for 15 terms. She was the first nurse to be elected to the US Congress. Before holding
452 that position, she was the first nurse elected to the Texas State House and the Texas Senate
453 (<https://minoritynurse.com/nurses-in-congress-eddie-bernice-johnson/>). Congresswoman Lauren
454 Underwood has served Illinois' 14th Congressional District since 2019. She is the first woman, first
455 person of color, and first millennial to represent this community in Congress and the youngest African
456 American woman to serve in the US House of Representatives. She is also a nurse and, prior to her

457 election to Congress, was a senior advisor at the US Department of Health and Human Services
458 (<https://underwood.house.gov/about/biography>). These nurse leaders work tirelessly for the nursing
459 profession and advance nursing leadership by modeling advocacy.

460
461 The HIV pandemic in the 1980s required compassionate, courageous, and comprehensive nursing
462 leadership. San Francisco nurse, Cliff Morrison, provided that leadership. Morrison created the first
463 AIDS-focused unit emphasizing compassion that has become the model for AIDS care in the hospital. He
464 listened to the voice of the patients who were adamant about wanting "...humanitarian and ethical
465 treatment. They wanted compassion. They only wanted staff taking care of them who were not terrified
466 of them" ([https://folks.pillpack.com/from-hiv-to-covid-the-male-nurse-who-revolutionized-
467 compassionate-care/](https://folks.pillpack.com/from-hiv-to-covid-the-male-nurse-who-revolutionized-compassionate-care/)). Further, Morrison and his patients redefined "family" assuring that significant
468 others and friends could visit dying patients. His fearless leadership, putting the patient at the center of
469 care during a frightening pandemic, changed the way nurses care for people.

470
471 The HIV and COVID-19 pandemics can be characterized as recognizing and advancing nursing leadership.
472 Kious Kelly is an example. A native of Michigan, Kelly was a dancer and moved to New York City. He
473 decided to become a nurse and graduated from NYU in 2012 and worked for Mount Sinai West in
474 Manhattan. In March of 2020, when the COVID pandemic overwhelmed hospitals in New York City,
475 Kelly, an assistant nurse manager, made sure that caregivers entering patient rooms were appropriately
476 donning and doffing personal protective equipment. He became infected with the virus and died on
477 March 24, 2020, six days later. While he is not alone in his sacrifice during this pandemic, he serves as a
478 model for the nursing leadership specialty across the globe (Modic & Fitzpatrick, 2021).

479
480 Consider contemporary nurse leader Dr. Ernest Grant, past President of the American Nurses
481 Association and the first man to be elected to this office. Dr. Grant began his nursing career as an LPN
482 and returned to school to become an RN, a burn nurse, and fire safety expert. His advocacy at the state,
483 national, and international levels led to change in both policy and law. Further, he is a consultant to the
484 government of South Africa and an advisor to Congress on burn prevention policy. In 2002, he received
485 the Nurse of the Year Award from President George W. Bush for his work in treating burn victims from
486 the site of the 2001 destruction of the World Trade Center. Dr. Grant is a tireless author, speaker, and
487 advocate for the 4.4 million nurses in this nation and for nurses across the globe

488 ([https://wicenterfornursing.org/ernest-grant-third-african-america-and-first-male-president-of-the-](https://wicenterfornursing.org/ernest-grant-third-african-america-and-first-male-president-of-the-ana/)
489 [ana/](https://wicenterfornursing.org/ernest-grant-third-african-america-and-first-male-president-of-the-ana/)).

490
491 Across the continuum of care, nursing leadership continues to evolve. Throughout time, nurse leaders
492 have demonstrated evidence based, compassion driven, and holistic care to human beings. The future
493 will require learning from those who have gone before, and appreciating lessons learned from their
494 successes and failures.

495

496 **The Future**

497 The future will challenge health care in unprecedented ways. Health and human services are influenced
498 by complex socio-economic systems, changing demographics, technologic innovations, global
499 geopolitical threats, environmental changes, and more frequent public health emergencies and
500 disasters. Payment structures will be accelerated to incentivize health in primary healthcare services and
501 health promotion and prevention in communities. This will influence where and how nursing is practiced
502 into the future.

503

504 Nurse leaders are and have been uniquely qualified and positioned to address health and human service
505 issues unlike any other professional. Nursing's role is to care for individuals, families, groups,
506 communities, and populations with complex conditions across the lifespan and continuum. Nurses
507 provide services (traditional, non-traditional, or virtual/remote) in a holistic manner that are influenced
508 positively or negatively by the Social Determinants of Health (SDOH, i.e., economic, educational, social
509 justice issues; housing; transportation; access to food; crime and violence concerns).

510

511 Nursing leadership is guided by the science and art of leadership viewed through a holistic lens with
512 attention to foresight, innovation, and an ecosystem thinking mind-set. Leading this complex care
513 delivery is the responsibility and role of the nurse leader. Therefore, these leaders are pivotal to the
514 health and wellbeing of individuals and populations and impact their future overall outcomes. Leaders
515 mobilize others to want to make extraordinary things happen. "It is about the practices leaders use to
516 transform values into actions, visions into realities, obstacles into innovations, separateness into
517 solidarity, and risks into rewards. It is about leadership that creates the climate in which people turn
518 challenging opportunities into remarkable successes" (Kouzes, & Posner, 2011, p.2). Vertical, horizontal,
519 and diagonal navigation is a key requisite of a successful nurse leader today and for the future.

520
521 Nurse leaders have the privilege and responsibility to embrace uncertainty and lead with a lens of social
522 justice and health equity for the populations they serve as they optimize outcomes. (See Appendix A
523 Framework for Nurse Leadership). They have the obligation to recognize opportunities to advocate for
524 change in health and human service policies and for the physical and mental well-being of staff. Nurse
525 leaders must challenge their mental models and implicit assumptions, monitoring both the external and
526 internal environment, anticipating trends and disruptive innovations. They must ensure access to care
527 for all, while dismantling structural racism and discrimination within entities and society. Recognizing a
528 shift in where care is delivered will require nurse leaders to focus more broadly on the continuum of
529 care. This requires new competencies, responsibilities, and accountabilities. Leading multisector
530 partnerships and boundary spanning will be important competencies for nurse leaders of the future
531 along with key proficiencies in business acumen, informatics, political and public health astuteness,
532 advocacy, foresight, innovation, and intra and entrepreneurship. Knowledge management and data
533 evaluation for targeted outcomes will be important as leaders measure the effectiveness of
534 interventions.

535

536 **Leadership Practices**

537 The workforce will continue to experience generational shifts over the next decade which will bring
538 about changes in leadership behaviors and values. When defining nursing leadership and the nurse
539 leader for the future, *The Five Practices of Exemplary Leaders* (Kouzes & Posner, 2011) assists in
540 providing one framework for the behaviors and the actions expected. Examples are outlined below
541 under each practice.

542

543 Model the way by 1) clarifying values by finding your voice and affirming shared values and 2) setting
544 the example by aligning actions with shared values.

- 545 • Anticipate and lead change “Change Agent”
- 546 • Champion equity, diversity, and inclusion for social change
- 547 • Build, nurture and sustain a positive healthy culture
- 548 • Demonstrate bold leadership, cultural humility
- 549 • Advocate for the nursing profession
- 550 • Exemplify professionalism
- 551 • Be a role model of lifelong learning

- 552 • Mission driven

553

554 Inspire a shared vision by envisioning the future by imagining exciting and ennobling possibilities and
555 enlisting others in a common vision by appealing to shared aspirations.

- 556 • Embrace innovation – people, process, and product
- 557 • Be forward looking, progressive, and nimble
- 558 • Lead with an intrapreneurial and entrepreneurial perspective
- 559 • View with a population health lens
- 560 • Lead and engage with broad stakeholders and communities

561

562 Challenge the process by 1) searching for opportunities by seizing the initiative and looking outward for
563 innovative ways to improve and 2) experimenting and taking risks by constantly generating small wins
564 and learning from experience.

- 565 • Serve as a keen advocate to manage and leverage human and educational resources
- 566 • Incorporate informatics and technology
- 567 • Utilize data management & analytics in systems thinking
- 568 • Optimize business operations
- 569 • Develop new models of care and practice
- 570 • Ability to demonstrate impact and outcomes

571

572 Enable others to act by fostering collaboration and by building trust and facilitating relationships and
573 strengthening others by increasing self-determination and developing competence.

- 574 • Be masterful at collaboration
- 575 • Mentor and empower others
- 576 • Ensure succession planning
- 577 • Recognize the individual value in health care

578

579 Encourage the heart by 1) recognizing contributions and by showing appreciation for individual
580 excellence and 2) celebrating values and victories by creating a spirit of community.

- 581 • Acknowledge contributions of team
- 582 • Model well-being

- 583 • Display empathy and compassion

584

585 **External Influences**

586 National organizations have aligned to create a blueprint for nursing in transforming health. Nurse
587 leaders need to be aware of the impact of these documents and recommendations on the future of
588 nursing and nursing leadership. They include:

589 *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* (NASEM, 2021) describes the
590 vision identified by the Committee on the Future of Nursing as “the achievement of health equity in the
591 United States building on strengthening nursing capacity and expertise. (p.1)” The nine
592 recommendations from this report include:

- 593 1. Create a shared agenda for addressing social determinants of health and achieving health
594 equity.
- 595 2. Ensure actions by multiple sectors to enable nurses to address SDOH and health equity.
- 596 3. Implement structures, systems, and evidence-based interventions to promote nurses’ health
597 and well-being.
- 598 4. Remove barriers to enable nurses to practice to the full extent of their licensure and education.
- 599 5. Establish sustainable and flexible payment mechanisms to support nurses in health care,
600 schools, and public health.
- 601 6. Incorporate nursing expertise in designing, generating, analyzing, and applying data focused on
602 SDOH and health equity.
- 603 7. Strengthen nursing education in SDOH and health equity.
- 604 8. Prepare nurses to respond to disasters and public health emergencies.
- 605 9. Support a research agenda and evidence base describing the impact of nursing interventions on
606 SDOH, environmental health, health equity and nurses’ health and well-being.

607

608 In May 2021 ANA published the 4th edition of *Nursing: Scope and Standards of Practice*. This provides a
609 framework and guidance for all nurses in the profession. It expands on the definition of nursing to
610 include caring, advocacy, and compassionate presence. The Professional Nursing Model and the Model
611 Representing Regulation of Professional Nursing Practice guide all registered nurses, including nurse
612 leaders.

613

614 The nurse leader's lens permits a deeper appreciation of the application of that content in all practice
 615 environments, especially for regulation. The American Nurses Association recognizes five integral
 616 components and the relationship of key regulatory influencers governing nursing practice: evidence,
 617 nursing practice, influencers, quality, and safety. These components and their relationships are depicted
 618 in 2 Model Representing Regulation of Professional Nursing Practice (ANA, 2021).



619 Figure 2 Model Representing Regulation of Professional Nursing Practice
 620
 621

622 The Tri-Council (2021) published *Transforming Together: Implications and Opportunities from the*
 623 *COVID-19 Pandemic for Nursing Education, Practice and Regulations*. The recommendations from this
 624 report address:

- 625 1. Equity and health equity
- 626 2. Ethical guidelines during pandemics or disasters
- 627 3. New nursing workforce models
- 628 4. Innovation including telehealth and APN models of care delivery.
- 629 5. Interprofessional emergency planning and response
- 630 6. Mental health and well-being for the nursing workforce

631
 632 The AACN (2021) published *The Essentials: Core Competencies for Professional Nursing Education*. This
 633 explicit framework of the domains and competencies of the continuum of education from entry level to
 634 advanced level will influence the nurses and the nurse leaders of the future as the Essentials are
 635 implemented in the next several years. This extensive revision is intended to prepare nurses to

636 demonstrate competence immediately upon entrance into the practice environment. The applicable
637 domains and sub competencies for leadership include but are not limited to:

638 Table 3: Essentials Core Competencies Applicable for Nursing Leadership
639

Domains	Sub Competency Examples for Leadership
1. Knowledge for Nursing Practice	1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.
2. Person-Centered Care	2.6 Demonstrate accountability for care delivery. 2.9 Provide care coordination.
3. Population Health	3.2 Engage in effective partnerships 3.4 Advance equitable population health policy. 3.6 Advance preparedness to protect population health during disasters and public health emergencies.
4. Scholarship for Nursing Practice	4.2 Integrate best evidence into nursing practice.
5. Quality and Safety	5.2 Contribute to a culture of patient safety. 5.3 Contribute to a culture of provider and work environment safety.
6. Interprofessional Partnerships	6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.
7. Systems-Based Practice	7.1 Apply knowledge of systems to work effectively across the continuum of care. 7.2 Incorporate consideration of cost-effectiveness of care.
8. Informatics and Health-care Technologies	8.2 Use information and communication technology to gather data, create information, and generate knowledge. 8.3 Use information and communication technologies to deliver safe nursing care to diverse populations in a variety of settings. 8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.
9. Professionalism	9.3 Demonstrate accountability to the individual, society, and the profession. 9.4 Comply with relevant laws, policies, and regulations.
10. Personal, Professional and Leadership Development	10.1 Demonstrate a commitment to personal health and well-being. 10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity. 10.3 Develop capacity for leadership.

640
641 AONL has created the competencies for nurse leaders available at
642 <https://www.aonl.org/resources/nurse-leader-competencies>. A crosswalk of the AONL, Future of
643 Nursing, and AACN Essentials competencies can be found in Appendix B. This crosswalk will assist in
644 tying together the commonalities across these reports.
645

646 External influences from regional, state, and community entities are also critically important as health
647 care organizations and systems engage in identification of social determinants of health and address
648 mitigation of their impact.

649

650 Nurse leaders must be prepared to influence, lead, and navigate the evolving opportunities and societal
651 challenges affecting health and health outcomes. Reflecting on the past and future sets the stage for
652 defining the responsibilities and accountabilities of nurse leaders that follow.

653

654 **Diversity, Inclusion, Health Equity, and Social Justice**

655 **Introduction**

656 Diversity, equity, and inclusion are essential to advance the nursing workforce and must be a priority for
657 providing culturally competent care and advancing social justice and health equity. Nurse leaders must
658 continue to address, emphasize, advocate, and build on the fundamental values of respect and caring.

659 The act of caring requires intentional action and advocacy. Nurse leaders must activate their voices
660 particularly during challenging times and remember the profession was founded and evolved through
661 political action and strong advocacy. Advocating for the profession, the healthcare consumer, and
662 communities is an essential accountability of nurse leaders and an essential responsibility given the
663 profession's contract with society. Caring is a basic principle of the profession that is inherent in every
664 nurse and nurse leader. In nursing, every caring relationship starts with respect and attention to
665 autonomy, diversity, inclusion, health equity and social justice for all people.

666

667 **Background**

668 The US population is becoming increasingly diverse. Specifically, growth in non-white population groups
669 currently representing just over 40% of the US population is expected to increase to more than half the
670 US population by 2044. However, the same pace of change has not been seen in the nursing workforce
671 (Aragon et. al., 2020). While diversity in the nursing workforce is increasing, the distribution of nurses is
672 still not representative of the US population; only 20% of the current nursing workforce is represented
673 by minorities (Aragon et. al., 2020; Shinnars, 2021). This underrepresentation of minorities is also
674 evident in nursing schools and leadership positions where only about 27% of students are from an
675 ethnic or vulnerable group, and only about 10% of nurse leaders are not white and female (National
676 Advisory Council on Nurse Education and Practice, 2013; Bleich, McWilliams and Schmidt, 2015).
677 Further, nursing workforce diversity is not limited to race or ethnicity but must address all types of

678 diversity, such as the lack of gender diversity and LGBTQ+ nurses within the workforce and positions of
679 leadership in nursing.

680

681 On January 25, 2021, leading nursing organizations launched the National Commission to Address
682 Racism in Nursing (the Commission) ([https://www.nursingworld.org/practice-policy/workforce/clinical-
683 practice-material/national-commission-to-address-racism-in-nursing/](https://www.nursingworld.org/practice-policy/workforce/clinical-practice-material/national-commission-to-address-racism-in-nursing/)). The Commission examined the
684 issue of racism within nursing nationwide, focusing on the impact on nurses, patients, communities, and
685 healthcare systems to motivate all nurses to confront individual and systemic racism. The Commission
686 members and organizations represent a broad continuum of nursing practice, racially and ethnically
687 diverse groups, and regions across the country. The Commission is led by the American Nurses
688 Association (ANA), National Black Nurses Association (NBNA), National Coalition of Ethnic Minority
689 Nurse Associations (NCEMNA), and National Association of Hispanic Nurses (NAHN).

690

691 The Commission's vision is for the nursing profession to exemplify inclusivity, diversity, and equity
692 creating an antiracist praxis and environments. The mission of the Commission is to set as the scope and
693 standard of practice that nurses confront and mitigate systemic racism within the nursing profession
694 and address the impact that racism has on nurses and nursing. Goals of the Commission are to:

- 695 • Engage in national discussions within the nursing profession to own, amplify, understand, and
696 change how racism negatively impacts colleagues; patients, families, and communities; and the
697 healthcare system.
- 698 • Develop strategies to actively address racism within nursing education, practice, policy, and
699 research, including addressing issues of leadership and the use of power.

700

701 Embracing this challenge is merely the embodiment and application of the fundamentals found in the
702 newly revised *Nursing: Scope and Standards of Practice, 4th Edition* (ANA, 2021) and nursing's
703 professional *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015) and its nine provisions.
704 Nurses "practice with respect for the inherent dignity, worth, and unique attributes of every person"
705 (Provision 1) while "promot[ing], advocate[ing] for, and protect[ing] the rights, health, and safety of the
706 patient" (Provision 3). Nurses have an ethical duty to advocate for equitable work environments
707 (Provision 6) and specifically are called in Provision 8 to "protect human rights, promote health
708 diplomacy, and reduce health disparities." Nursing as a profession is called to "integrate principles of
709 social justice into nursing and health policy" (Provision 9). It is only appropriate that nurse leaders

710 incorporate diversity, inclusion, health equity and social justice into every dimension of nursing practice
711 and organizational structure.

712
713 Racism, discrimination, and social injustice exist within the profession, in health care, and in society at
714 large. Nurse leaders must accept their roles as evidence seekers, creators, equity practitioners, change
715 agents and influencers for health and practice equity. Nursing's history is deeply rooted in social justice.
716 Therefore, nurse leaders are expected to act during this critical time when nurses must have a stronger
717 voice, autonomy, independence, and full practice authority. Nurses must become leaders of social
718 change by taking inventory of their collective whys and purpose to understand their responsibilities to
719 dismantle racist systems and confront dissonant cultural norms where nurses practice and work. This
720 must become nurse leaders' North Star- beyond the fundamental act of caring.

721
722 See Appendix C for a non-exhaustive list of numerous frameworks, models, sets of accountabilities for
723 nurse leaders who want to activate principles and practices to realize diversity, inclusivity, health equity,
724 and social justice in organizations and society at large. Having unconscious or implicit bias is part of the
725 human condition and every person is affected. This bias is formed through lived experience and
726 education and shaped by the leader's self- identity, beliefs and worldview formed from the influence of
727 their cultures, society, family, faith groups, governments, social media, and popular culture. Author
728 Shawn Ginwright (2022) notes that to reimagine justice for everyone, four pivots are necessary. We
729 need to pivot from lens to mirror, transaction to transformation, problems to possibilities and hustle to
730 flow. Therefore, the *Nursing Leadership: Scope and Standards of Practice* has embraced these tenets
731 and incorporated them into this document serving as a foundation for all the accountabilities and
732 standards for nurse leaders.

733

734 **Role Accountabilities and Responsibilities**

735 Although nurse leaders practice in many diverse settings and roles with varying degrees of influence,
736 core accountabilities remain the same. Accountability denotes being answerable for and to oneself and
737 others for one's actions and the impact on individuals, organizations, neighborhoods, communities, and
738 populations. Inclusion of an engaged interprofessional team helps assure achievement of evidence-
739 based practice and optimal outcomes. The accountabilities are listed in alphabetical order without
740 priority.

741

742 **Accountabilities for Health Advocacy and Policy**

743 The purpose of health advocacy and policy is to advance and expand the common good by enabling a
744 reciprocal relationship between nurses and society at the individual, organizational, and societal levels
745 (ANA, 2015; Keller & Ridenour, 2021). Policy making work enables goal-directed decision-making about
746 health that is the result of an authorized public decision-making process. It is also critical that nursing
747 expect a response from society to ensure a reciprocal relationship (ANA 2002; Keller & Ridenour, 2021).

748
749 Nurse leaders have the power to enable social change and ensure visible impact. The key is engaging
750 with power at multiple levels. If we try to achieve policy change without engaging with power, we are
751 putting our faith in powerful people with potential blind spots to problem solving (Wei, 2021).
752 Additionally, nurse leaders can ensure change to ensure justice, equity, diversity, and inclusion in health
753 care; in nursing; and for populations, communities, patients, and families individually, organizationally,
754 and societally (Keller & Ridenour, 2021).

755
756 A multi-faceted approach is required to channel change: (a) create conducive workplace cultures, (b)
757 produce the evidence, (c) create an advocacy strategy to channel this evidence, (d) use frames of
758 reference, (e) access the right people, (f) use the right platforms, and (g) use reflective and
759 implementation frameworks to ensure that change can take place (CDC, 2021; Mason et al., 2021;
760 Russell & Fawcett, 2005; Wei, 2021). Advocacy and policy implementation challenge the status quo and
761 disrupt the structures, processes, and cultures that prohibit or restrain the betterment of health,
762 society, and the profession of nursing.

763
764 The accountabilities for health advocacy include:

- 765 1. Create workplace cultures to ensure the appropriate communication forums that support
766 a. Diversity of thoughts and opinions
767 b. Advocacy and policy that take informed risks
768 c. Tolerance for risk
769 d. Advocacy for and response to societal and nursing professional needs
770 e. Characteristics of thinking, being, and acting courageously
- 771 2. Generate and monitor scientific and empirical evidence to illuminate issues of nursing practice,
772 healthcare delivery, efficiency, effectiveness, justice, equity, diversity, and inclusion in health
773 care, in nursing, and for populations, communities, patients, and families.

- 774 3. Engage in storytelling and reflective practice
- 775 4. Focus reflections on the effectiveness of nursing practice processes on health outcomes,
- 776 delivery systems, efficiency and effectiveness of specific healthcare delivery systems, equity of
- 777 access to effective and efficient nursing practice processes and nursing practice delivery
- 778 systems, and social justice (Russell & Fawcett, 2005).
- 779 5. Create alliances to influence and shape policy from the nursing unit, boardroom, community
- 780 groups, legislative branches, and the media.
- 781 6. Utilize a policy framework, such as the CDC Polaris implementation policy framework.
- 782 <https://www.cdc.gov/policy/polaris/policyprocess/index.html>



783 Figure 2. CDC Policy Framework (<https://www.cdc.gov/policy/polaris/policyprocess/index.html>)

785

786 Digital Technology

787 The evolution and complexity of health care, technology, and information have resulted in the need to

788 move from a “nice to know” mindset about health information systems and technology to a “need to

789 know” for nurses’ competence in the care of patients and communities in the 21st Century. With the

790 increased use of information systems and technology, digital transformation has made patient care

791 more dynamic, rapid, and complex. As key players and decision-makers in health care, nurse leaders

792 must have the knowledge, skills, and abilities to adopt, adapt, and innovate to harness the potential that

793 exists to advance health and health outcomes.

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The accountabilities for digital technology include:

1. Build and sustain structures that support digital transformation, technology adoption, and the identification of the right technology and its applied use. This will require relying on expertise in healthcare informatics, strategic alignment of technologies that support and enhance clinical workflows and practices, and processes to drive efficiencies and improve health outcomes.
2. Assure evidence-based resources are available to practitioners in the organization and incorporate this body of knowledge in the applicable technologies used at all levels of clinical practice to spark innovative inquiry.
3. Ensure the full capability that technology brings now and for the future in areas such as robotics, telehealth, artificial intelligence, data aggregation, and documentation. Technology provides opportunities to support new care models and approaches to nursing practice. Simulation learning is one example of technology-based learning that is pervasive and widely available to support all clinicians new to the profession and in all levels of academic preparation, as well as to support advanced learning.
4. Recognize the impact of technology on payment structures and reimbursement, the opportunity to decrease administrative and overall work burden for care providers and work teams, and as appropriate to the setting, the significance technology will play in improving patient quality and safety across all care settings.
5. Identify workflows in the organization(s) to understand what process steps do not add value to the work, burden the workers and lead to burnout, and identify those unnecessary human touches that are nonessential and can be safely automated.
6. Articulate return on investment of a technology purchase as well as the key performance metrics anticipated by the technology deployment.
7. Collaborate with senior executives and other key stakeholders in the organization(s) to ensure that the plan for technology transformation aligns clearly with the organization's strategic vision and goals and is linked to the workforce strategy.

Emergency Mitigation thru Recovery

The multiple definitions of disaster and emergency are useful in reminding the nurse leader that any event that is out of the ordinary that calls for a response has come to be known as the disaster response (ICN, 2019). A disaster is an emergency that exceeds the capabilities of the local community and

826 warrants assistance from State, and possibly Federal, resources (Gebbie & Qureshi, 2002). The nurse
827 leader should be prepared to respond and lead through the four phases of emergency management:
828 mitigation, preparedness, response, and recovery (AACN, 2021). The phases of the emergency response
829 are not linear and can occur simultaneously.

830

831 The nurse leader is a member of the interprofessional team that leads through the response. The nurse
832 leader is the resource for staff throughout the phases of the response and should also develop
833 partnerships with community leaders and associations to identify resources that can be utilized in an
834 emergency.

835

836 The nurse leader accountabilities include:

837

1. Mitigation & Preparedness

838 a. Build capacity of staff to respond, and advocate for mechanisms to build capacity in the
839 organization.

840 b. Test the ability of the team to perform and lead through disaster drills and learn from
841 and improve upon the ability of the team to respond in the future.

842 c. Conduct the Hazard Vulnerability and Risk Assessment Analysis and communicate the
843 analysis and plan for continuity of operations during an event.

844 d. Implement the Incident Command System (ICS) and train future leaders to step into
845 roles within the ICS.

846 2. Capacity Building

847 a. Collaborate across diverse disciplines to coordinate the mission-driven efforts
848 (Brownson, Fielding, & Green, 2018).

849 b. Advocate for funding for professional nursing development, improvements in the
850 electronic medical record (EMR) and other data management systems, additional
851 equipment and supplies, and additional funding for staff positions.

852 c. Develop multidisciplinary committees to establish lines of communication prior to an
853 emergency that can become important during the response.

854 d. Increase academic partnerships for utilization of these resources during a response

855 e. Partner with local public health clinics, home health agencies, military installations,
856 correctional settings, and other organizations where nonhospital-based care is provided.

857 3. Emergency/Disaster Drills

- 858 a. Conduct and actively participate in drills.
- 859 b. Encourage the team to interact and communicate with other departments and external
- 860 stakeholders.
- 861 c. Assess the feasibility of the plan and the team’s ability.
- 862 d. Implement the plan.
- 863 e. Conduct an after-action debriefing to identify strengths and weaknesses thus allowing
- 864 for improvements in the planning process (FEMA 2020).
- 865 4. Hazards Vulnerability and Risk Assessment (HVRA)
- 866 a. Conduct a Hazards Vulnerability and Risk Assessment (HVRA) with key stakeholders
- 867 within the organization.
- 868 5. Continuity of Operations Plan (COOP) and the Incident Command System (ICS)
- 869 a. Implement the organization’s emergency/disaster management plan.
- 870 b. Integrate all logistics and operational aspects that include the organization’s Continuity
- 871 of Operations Plan (COOP), the Incident Command System structure and its various
- 872 roles (e.g., incident commander, branch chief, safety officer, etc.) to command, control,
- 873 and coordinate the emergency response within an interprofessional team.
- 874 c. Review and evaluate the organization’s COOP for any deficiencies and work with
- 875 organizational leadership to address them prior to an actual emergency.
- 876 d. Lead the implementation of evidence-based interventions and help the team to cope
- 877 with the increasing ethical dilemmas that they may encounter during the emergency
- 878 and while implementing crisis standards of care.
- 879 6. Response & Recovery
- 880 a. Conduct a debrief with staff and determine other opportunities for building the capacity
- 881 to respond to future emergency situations.
- 882 b. Engage nurses and other stakeholders in debriefing to determine what went well and
- 883 where opportunities exist to mitigate and prepare for the next emergency.

885 **Health and Wellbeing of Self and Those They Lead**

886 Well-being is an inherently complex concept, encompassing an individual’s appraisal of physical, social

887 and psychological resources needed to meet a particular psychological, physical, or social challenge

888 (Dodge et al., 2012). The 2019 National Academies report *Taking Action Against Clinician Burnout*

889 (NASEM, 2019) adopted an existing definition of well-being: “an integrative concept that characterizes

890 quality of life with respect to an individual’s health and work-related environmental, organizational, and
891 psychological factors. Well-being is the experience of positive perceptions and the presence of
892 constrictive conditions at work and beyond that enables workers to thrive and achieve their full
893 potential (Chari et al., 2018)”.

894
895 Wellbeing is a nurse leader responsibility and arises from inherent human dignity and their professional
896 ethical mandate to invest in their own integrity and well-being so they can execute the responsibilities of
897 their role (ANA, 2015a). The fourth prong of the IHI Quintuple Aim calls for leaders to focus on clinicians’
898 work environment to decrease burnout (Nundy, Cooper, & Mate, 2022). Nurse leaders are accountable
899 for implementing and evaluating this aim in their organization. The Stress First Aid (SFA) model describes
900 seven actions leaders can take to respond to their own stress and that of others (VA National Center for
901 PTSD, 2018):

- 902 • Check: assess current level of stress, functioning, risks, and need for intervention
- 903 • Coordinate: inform others of the situation if needed, provide referrals for further assistance if
904 needed
- 905 • Cover: ensure physical safety of person affected by stress and the whole team, provide
906 psychological safety
- 907 • Calm: reduce physiological arousal and negative emotions, listen, provide calming information
- 908 • Connect: be a support to the individual or refer them to a support, foster social connections
909 and support
- 910 • Competence: mentor and facilitate the individual’s return to full functioning, assist with
911 problem solving to manage future stress
- 912 • Confidence: mentor the individual back to full confidence.

913 914 **Innovation**

915 The nursing profession’s social contract with society requires consistent advancement and progress in
916 the jobs and specific circumstances that nurses are trying to achieve (ANA, 2015; Christensen et al.,
917 2016). To advance our social contract, leaders should engage in resourcing, supporting, and developing
918 innovations These innovations include processes, technology, new products, product enhancements,
919 customer control, services, teamwork, new markets, or alliances (Joseph et., al., 2019a). The impact of
920 this progress may be gradual, short term, or long-term (Joseph, et al., 2019b).

921

922 Innovations may not entail the same risks or provide similar rewards. The generic types of innovations
923 are incremental, semi radical, or radical/disruptive (Davila, Epstein, and Shelton, 2013; Christensen et
924 al., 2016). The following are nine types of nursing innovations 1) creating care delivery models; 2)
925 transforming processes to improve care; 3) developing patient care interventions; 4) advancing research
926 and translational methods; 5) facilitating communication and collaborations; 6) developing nurse led
927 products; 7) harnessing technology and data; 8) enabling role transitions; and 9) developing teaching
928 methods (Joseph et. al, 2019a). Nurse leaders need to have the will for disruptive change and a
929 strategic thinking mindset for innovation with a clear understanding of the problem they are trying to
930 solve. The discovery of innovations may require a different mindset, partnerships, and collaborations
931 across disciplines or industries such as banking, broadcasting, and manufacturing. This new mindset will
932 require discovery skills, risk-taking, and feeling supported (Joseph, 2016).

933

934 *Nurse leaders are accountable to:*

- 935 1. Enable discovery skills through:
 - 936 a. Associating: Making connections across unrelated questions, problems, or ideas.
 - 937 b. Questioning: Asking questions to understand how things are today, why they are that
938 way, and how they might be changed or disrupted.
 - 939 c. Observing: Watching the world around them, including customers, products, services,
940 technologies, and other companies, to gain insights into and ideas for new ways of
941 doing things.
 - 942 d. Networking: Finding and testing ideas through a diverse network of individuals who
943 vary widely in their backgrounds and perspectives.
 - 944 e. Experimenting: Constantly trying out new experiences and piloting innovative ideas.
 - 945 f. Implementing: Operationalizing new experiences and innovative ideas with
946 multidisciplinary feedback ensuring that nurse-created/nurse-led innovation is both
947 seeded and implemented into your organization.
- 948 2. Identify gaps in practice that are known or needed.
- 949 3. Encourage others to look at problems from many different angles.
- 950 4. Suggest new ways of assignment completion.
- 951 5. Re-examine critical assumptions.
- 952 6. Seek differing perspectives through inclusion of internal and external resources.
- 953 7. Revise approach with prismatic thinking.

- 954 8. Set high quality targets.
- 955 9. Enlist deep and diverse domain expertise for the problem you are trying to solve.
- 956 10. Iterate innovations to reach goal.
- 957 11. Learn from experience and experiments.
- 958 12. Promote a growth mind set (Dweck, 2006, 2009, 2016)
- 959 a. Embrace challenges
- 960 b. Persist in the face of setbacks and failures
- 961 c. See effort as the path to mastery
- 962 d. Learn from criticism and failures
- 963 e. Find lessons and inspiration in the success of others

965 **Legal and Regulatory Compliance**

966 The nurse leader plays a key role in the development, education, implementation, and evaluation of the
 967 organization's compliance with various applicable federal and state laws and regulatory actions. The
 968 nurse leader is responsible, along with the other organizational leaders, for ensuring compliance and a
 969 safe work environment.

970
 971 Nurse leaders are accountable to:

- 972 1. Understand and abide by applicable local, state, and federal laws and regulations.
- 973 2. Evaluate all applicable laws and regulations as it relates to the organization and the nursing
 974 workforce,
- 975 3. Advocate for changes to enhance professional nursing practice, protect the public, and
 976 promote health equity.
- 977 4. Uphold the state(s) nurse practice act
- 978 5. Comply with and exemplify professional standards
- 979 6. Support all applicable legal standards to promote safe, evidence-based, quality healthcare
 980 delivery systems.
- 981 7. Understand and comply with vicarious liability – the nurse leader is accountable for the nursing
 982 practice of the organization as well as their own practice.

983 984 **Networking, Partnering, and Collaboration**

985 Today's nurse leaders are expected to extend their leadership acumen and expertise broadly, to enable
986 a wide span of professional and societal influence and impact. These nurses navigate complex networks
987 of care as the industry evolves, consolidates, and strives to address disparities, cost, and access issues.
988 One of the critical roles of nurse leaders is building dynamic community partnerships with a vast group
989 of stakeholders to assure population health and safe transitions across the care continuum.

990

991 The nurse leader is accountable to:

- 992 1. Communicate, articulate, and advocate the role of nursing to a diverse group of constituents
993 and consumers.
- 994 2. Collaborate and influence both internal executives and external community leaders relative to
995 workforce development, financial viability, and improving health and health outcomes.
- 996 3. Participate in increasing awareness, visibility, and engagement relative to marketing,
997 organizational reputation, and brand recognition, as well as an organizational and professional
998 presence in social media.
- 999 4. Serve as thought leader and catalyst to foster and embed innovative multisector collaboration
1000 and engagement.
- 1001 5. Support a research agenda and evidence base describing the impact of nursing interventions,
1002 including multisector collaboration, on social determinants of health, environmental health,
1003 health equity, and nurses' health and well-being.
- 1004 6. Develop and support partnerships to include academic-to-practice and practice-to-practice
1005 partnerships for innovation and smooth care transitions, as well as outreach to patient
1006 advocacy groups, community, professional organizations, nonprofit agencies, payers, political,
1007 business, and industry leaders.
- 1008 7. Practice cultural humility and empathy, with a clarity of message to engage others.
- 1009 8. Provide a safe space for questions, thoughts, and opinions to be shared, discussed, and
1010 debated.

1011

1012 **Patient and Population Health**

1013 The nurse leader advocates not only for the protection and rights of individuals, families, significant
1014 others, groups, communities, and populations, but also for healthcare providers, nursing and other
1015 professions, and institutions and organizations, especially those related to health and safety (ANCC,
1016 2021). The nurse leader advocates through awareness, planning, and integration by establishing a

1017 setting that affirms and supports an environment of assurance, conviction, and support with all nurses
1018 (Sitzman & Watson, 2018). Moreover, the nurse leader encourages the involvement of individuals in
1019 their own care and decision-making and believes the patient should be the person most prominent in
1020 guiding care and advancing their own health and wellbeing.

1021

1022 The nurse leader is accountable to:

- 1023 1. Ensure health equity, social justice, safety, and wellbeing for individuals and populations.
- 1024 2. Create an environment of practice that is safe, empowering, engaging, and satisfying, for both
1025 nurses and other healthcare professionals, to contribute to desirable and optimal outcomes
1026 (Andermann, 2016).
- 1027 3. Develop an agenda that advances the health of the individuals cared for within an organization
1028 and any individual patient or population within the community, with special emphasis on those
1029 who are currently, or have been historically, marginalized.
- 1030 4. Prepare nurses and other appropriate healthcare professionals, to effectively execute
1031 responsibilities in terms of training, resources, and support.
- 1032 5. Engage in activities that enhance access to timely and necessary resources that mitigate and
1033 eliminate barriers to care, health disparities, racism, discrimination, inequity, stigma, and social
1034 injustice (Weinstein et al., 2017).
- 1035 6. Collaborate with all healthcare professionals, other employees and care team members, and
1036 community-based support service providers to create an environment in which the provision
1037 of patient and population health uses effective strategies to secure the resources patients and
1038 their significant others need to maintain safety, health, and wellbeing (ANCC, 2020).
- 1039 7. Assure that health information is clear, accessible, and adequate for patients, providers, and
1040 caregivers.
- 1041 8. Integrate patient and population advocacy into the design, implementation, and evaluation of
1042 policies, regulations, programs, care delivery processes, services, and systems with the
1043 ultimate outcome of improving health and wellbeing for all.
- 1044 9. Develop, promote, and implement health policies that reflect best practice evidence and result
1045 in the patient's and populations' access to fair, equitable, timely, and necessary health and
1046 human services and resources (IOM, 2011; NASEM [Wakefield et al.], 2021).

1047

1048 **Healthy Work Environments That Optimize Outcomes**

1049 The nurse leader is the primary voice of the discipline of nursing and thus has responsibility for
1050 establishing, implementing, and maintaining the scope and standards of nursing practice within a
1051 positive work environment where nurses are engaged and excel. The nurse leader must be strategic,
1052 innovative, and a mentor, influencer, and coach. They must be advocates for the professional nurse and
1053 versed in structural empowerment to assure a diverse, equitable, and inclusive workforce that optimizes
1054 outcomes (Sisk et al, 2021).

1055

1056 The nurse leader is accountable to:

- 1057 1. Collaborate and co-create a human-centered environment of care that is tailored to meet the
1058 varied needs of the patient and the community, across diverse practice settings.
- 1059 2. Lead, design, innovate, and evaluate care delivery models and systems that advance and
1060 facilitate health equity through the complex work of aligning public health, health care, social
1061 services, and public policies to eliminate health disparities (NASEM, 2021).
- 1062 3. Seek opportunities to expand sphere of influence through partnerships and work in new
1063 settings that connect health and health care for all humanity (NASEM, 2021).
- 1064 4. Develop a high performance, high value practice environment essential to attaining strategic
1065 organizational goals and nursing excellence in practice.
- 1066 5. Foster healthy work environments and the implementation of practices that support nurse
1067 engagement, nurse retention, interprofessional collaboration, patient safety, quality, and
1068 outcomes (Lal & Pablico, 2021).
- 1069 6. Influence governance structures that empower the team to achieve improved patient
1070 outcomes and optimize organizational business positions in the healthcare marketplace (Sisk et
1071 al, 2021).
- 1072 7. Measure, monitor, and improve outcomes related to patient and caregiver experience, clinical
1073 quality, nurse sensitive indicators, and other regulatory and accreditation outcome metrics.

1074

1075 **Safety, Quality, Risk Management**

1076 Nurse leaders are responsible for creating a culture of quality and safety, as well as operationalizing
1077 strategies that optimize outcomes and proactively mitigate risk. Value based care that highlights
1078 outcomes divided by the cost to produce those outcomes must be considered (Porter & Teisberg, 2006).
1079 Evidence must guide decision making and practice in a culture of ongoing improvement, learning, and
1080 empowerment. The ANCC Magnet and Pathway to Excellence recognition programs highlight the focus

1081 on evidence based, highly reliable, culturally relevant, quality and safety components to optimize
1082 outcomes.

1083

1084 Four reports from the Institute of Medicine provide insight and rationale to aid nurse leaders in
1085 improving safety and quality: *To Err Is Human: Building a Safer Health System* (1999), *Crossing the*
1086 *Quality Chasm* (2001), *Patient Safety: Achieving a New Standard of Care* (2003), and *Keeping Patients*
1087 *Safe: Transforming the Work Environment of Nurses* (2003). These reports brought significant attention
1088 to the idea of treating errors as systems' failures. One model for error prevention and mitigation is the
1089 Just Culture approach. "Just Culture" is a culture in which frontline operators and others are not
1090 punished for actions, omissions, or decisions that are commensurate with their experience and training,
1091 but in which gross negligence, willful violations, and destructive acts are not tolerated. This process
1092 focuses on addressing error-prone systems by supporting error reporting, error reduction, and patient
1093 safety while assuring the psychological safety of employees.

1094

1095 The Agency for Healthcare Research and Quality (AHRQ) (2019) defines a high reliability organization
1096 (HRO) as one that operates in a complex, hazardous environment for extended periods of time without
1097 serious accidents or catastrophic failures. It is a proactive approach in which, despite the complexity of
1098 level of care delivery and inherent risk, problems or failures are effectively anticipated and mitigated.

1099

1100 The nurse leader is accountable to:

- 1101 1. Assure that quality is a priority and is systematic, continuous, data-driven, and rigorous
1102 processes of assessment, innovation, implementation, evaluation, and diffusion or translation
1103 of the evidence or best practices into tangible strategies or policies for improving population
1104 health.
- 1105 2. Create a system of quality and safety within a culture of safety that shifts the primary focus
1106 from managing hazards to anticipating and preventing problems before they occur.
- 1107 3. Promote a just culture investigating errors as most are often the result of systems failures
1108 rather than individual failures.
- 1109 4. Promote a system of reporting concerns (i.e., actual or potential safety events, good catches,
1110 near misses), peer review, quality outcomes that emphasize transparency and public trust as
1111 well as assure that nurses own and are accountable for their practice and improve efficiency
1112 and outcomes while reducing cost.

1113 5. Reduce the potential for malpractice litigation and financial risk based on the value-based
1114 reimbursement models. (Porter & Teisberg, 2006).

1115

1116 **Strategic and Financial Stewardship**

1117 The nurse leader is responsible for contributing to strategic planning, allocating, monitoring, analyzing,
1118 implementing, and evaluating organizational outcomes, workforce development, and the overall fiscal
1119 well-being of the enterprise. Strategic planning is a process that involves reinventing the organization's
1120 needs, environmental conditions, customer, organizational capabilities, and weaknesses that are
1121 designated with the goals of determining on the organizational mission, goals, and strategies (Rasouli,
1122 Ketabchi Khoonsari, Ashja' ardalan, Saraee, & Ahmadi, 2020). The strategic planning process is
1123 proactive, vision-directed, action-oriented, creative, innovative, and oriented toward positive change
1124 (Clyne, 2011).

1125

1126 Recent developments in healthcare financing provide nursing with an opportunity to move from the
1127 traditional model of nursing as an expense and cost center to a progressive model where nursing
1128 contributes to the preservation of revenues through evidence-based practice. Nursing resources are key
1129 contributors to reimbursement, risk reduction, and revenue generation. Current practices require
1130 shifting from a focus on staffing numbers to an emphasis on the efficient utilization of all resources
1131 including people, material, and intellectual capital. Further, nurse leaders must focus on efforts that
1132 reduce negative patient outcomes, discharge delays, and unnecessary readmissions or transfers with an
1133 emphasis on value-based care, positive outcomes, metrics of safety, quality, and service that result in
1134 positive outcome such as CMS star ratings, Leapfrog, HCAHPS, and other applicable regulatory and
1135 accreditation standards.

1136

1137 Nurse leaders have responsibility and accountability to:

1138 1. Develop, communicate, implement, and evaluate the nursing and organizational strategic plan
1139 and tactics.

1140 2. Prioritize actions that achieve the vision and mission.

1141 3. Create a shared governance/decision-making model that engages staff at all levels in
1142 developing, implementing, and evaluating care delivery models.

1143 4. Fosters concepts of high reliability, use of evidence-based data and metrics in goal setting and
1144 decision making, aligning nursing to the organization's strategic outcomes.

- 1145 5. Demonstrate financial management skills to assure organizational success, including:
- 1146 a. understand organizational financial processes
- 1147 b. use concepts of economics, cost benefit analyses and business models to set priorities
- 1148 and measurable goals
- 1149 c. manage financial resources using concepts of economics, finance, accounting, cost
- 1150 benefit analysis and effectiveness of business models
- 1151 d. support financial health recognizing it is influenced by nursing, clinical decisions, and
- 1152 outcomes and participate in activities related to system bond ratings, investing and
- 1153 attainment of operating margins.
- 1154 6. Lead in integrating and balancing the financial needs of patient care, clinical enterprises,
- 1155 innovation, facility planning, and employee development to influence healthcare outcomes for
- 1156 patients, populations, and the community.
- 1157 7. Navigate the financial environment to assure that resources are available to support patient
- 1158 care, appropriate service delivery models, human capital needs, and workforce needs.
- 1159 8. Articulate and justify the impact that nursing practice has on outcomes, cost, and the long-
- 1160 term financial viability of the organization.
- 1161 9. Participate in solicitation and procurement of philanthropic gifts and additional funding
- 1162 sources.
- 1163 10. Model fiscal management and transparency while empowering nursing staff to participate in
- 1164 financial management.
- 1165

1166 **Workforce Strategy**

1167 The complexity of healthcare systems demands that nurse leaders use a strategic approach to workforce

1168 stewardship when creating a healthy work environment, designing succession plans, forecasting an

1169 adequate and equipped workforce, and developing staff to support the strategic aspirations of the

1170 organization. This also includes understanding the challenges of current state, projecting the future

1171 state, setting direction, maximizing nursing professional practice, and engaging front line staff in

1172 decisions to support a positive work environment in a culture of well-being (Weston, 2022). Workforce

1173 planning may require the nurse leader's involvement at the institutional, local, state, regional, national,

1174 and international level. Workforce effectiveness requires predicting supply and demand needs,

1175 conducting market surveillance, increasing diversity, improving data collection and analysis, and

1176 deploying human resources. A Nurse Think Tank led by ANA and their partners AONL, HFMA, IHI,

1177 American Association of Critical-Care Nurses identified key recommendations for staffing and work
1178 environment. These recommendations may be found here:

1179 [https://www.nursingworld.org/~49940b/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-
1180 think-tank-recommendation.pdf](https://www.nursingworld.org/~49940b/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-
1180 think-tank-recommendation.pdf)

1181

1182 Nurse leaders are accountable to:

- 1183 1. Translate the legal framework of HR, employee relations, compensation practices, talent
1184 acquisition and development, labor relations, and performance management.
- 1185 2. Create a healthy work environment that ensures clinicians psychological and physical safety.
- 1186 3. Evaluate scope of practice and minimum safe staffing levels including frontline expertise in
1187 decisions regarding staffing.
- 1188 4. Implement Inclusive Excellence, a change-focused iterative planning process whereby there is
1189 deliberate integration of DEI ideals into leadership practices, daily operations, strategic
1190 planning, decision-making, resource allocation and priorities.
- 1191 5. Build a flexible workforce with flexible scheduling, flexible shifts, and flexible roles.
- 1192 6. Address burnout, moral distress, and compassion fatigue as barriers to nurse retention.
- 1193 7. Incorporate well-being of nurses as an organizational value.
- 1194 8. Develop an organization-wide formalized and customizable total compensation program for
1195 nurses in collaboration with HR that is stratified based on market intelligence, generational
1196 needs and an innovative and transparent pay philosophy that is inclusive of benefits such as
1197 paid time off for self-care and wellness and wealth planning for all generations (Partners for
1198 Nurse Staffing Think Tank, 2022).
- 1199 9. Establish mechanisms that provide for identification and mentoring of staff for career
1200 progression.

1201

1202 **Closing Statement – recap and transition to standards**

1203 The accountabilities articulated in this scope of practice statement reflect what nurse leaders are both
1204 accountable to and for in nursing leadership roles across the continuum of care. The nursing leadership
1205 role is both complex and nonlinear. To achieve these accountabilities, the nurse leader must
1206 demonstrate competence within the context of the role, education, experience, and the type of
1207 organization led.

1208

1209

Standards of Nursing Leadership Practice

1210 The Standards of Nursing Leadership Practice are authoritative statements of the actions and behaviors
1211 that all nurse leaders are expected to perform competently. These published standards may serve as
1212 evidence of the nursing leadership specialty standards of practice, with the understanding that the
1213 application of the standards and accompanying competencies depends on context, circumstances, or
1214 situation. The following standards define the competencies that nurse leaders will need to demonstrate
1215 to lead their organizations, the specialty, and the profession both now and into the future.

1216

Standards of Practice

Standards 1-6: Assessment, Diagnosis, Outcomes Identification, Planning, Implementation, Evaluation

1220 The nursing process includes: assessment, diagnosis (Identification of Issues, Problems, and Trends),
1221 outcomes identification, planning, implementation, and evaluation. The nursing process has been taught
1222 in nursing education since 1958 when Ida Jean Orlando developed it as a “systematic approach to care
1223 using the fundamental principles of critical thinking, client-centered approaches to treatment, goal-
1224 oriented tasks, evidence-based practice, and nursing intuition.” (Orlando, 1960; Toney-Butler & Thayer,
1225 2022).

1226

1227 Nurse leaders use these steps of assessment, diagnosis, outcomes identification, planning,
1228 implementation, and evaluation in every setting in which they practice. These fundamental standards
1229 are the building blocks upon which all other standards and competencies are derived.

1230

1231 The nurse leader **assesses** the workplace environment, the community, and their outcomes, collecting
1232 data, identifying gaps in performance to the strategic plan, engaging others in the healthcare team and
1233 community, recognizing their internal biases and values, and identifying barriers to optimization of
1234 processes and outcomes. These assessments are provided within the legal, ethical, and regulatory
1235 frameworks using appropriate analytical models and information technology.

1236

1237 The nurse leader utilizes information obtained from assessment to **identify issues, problems, and trends**
1238 that will impact clinical care, quality, safety, and experience of their constituents, organizations,
1239 systems, communities, and populations. When identifying the diagnosis, the nurse leader engages
1240 members of the team in analysis, prioritization, and planning to support optimal outcomes.

1241
1242 **Outcomes identification** involves the nurse leader’s ability to both identify and lead in the identification
1243 of optimal outcomes. Collaboration with stakeholders to understand contemporary scientific evidence,
1244 resources, benefits, costs, risks, and experience helps drive a coordinated approach to optimal
1245 outcomes.

1246
1247 The nurse leader, in concert with the interprofessional team(s), develops a **plan** that defines, articulates,
1248 and establishes the evidence-based strategies and alternatives that will provide expected, measurable,
1249 and meaningful outcomes. These plans are iterative in nature and continuously monitored using data
1250 and evidence both qualitative and quantitative to drive optimal safety, quality, and experience.

1251
1252 The nurse leader then **implements the identified plan** in a collaborative way that integrates human,
1253 fiscal, environmental, and technical resources, mitigating risk and driving high reliability. This involves
1254 both short and long term efforts and initiatives.

1255
1256 Finally, the nurse leader **evaluates** the performance and progress toward the outcomes. This is by
1257 synthesizing data, collaborating with internal and external stakeholders, and iterating the process to
1258 maintain the trajectory to the expected optimal outcomes. This information is shared and documented
1259 in ways that translate the evaluation into process or structural changes that may include policy,
1260 procedure, protocol, or evidence revisions as appropriate.

1261

1262 **Standards of Professional Performance**

1263 The following professional performance standards and the accompanying competencies have been
1264 reordered to reflect the perspective of nurse leaders.

1265

1266 **Standard 7. Leadership**

1267 The nurse leader leads within the professional practice setting, healthcare industry, community,
1268 profession, and society.

1269

1270 **Competencies:**

1271 The nurse leader:

- 1272 • Practices analysis and deep thinking beyond the data to challenge the status quo and enable
- 1273 better outcomes.
- 1274 • Demonstrates intentional actions to overcome and persevere in one's goals.
- 1275 • Communicates a compelling and inspiring mission, vision, and values of nursing excellence.
- 1276 • Engages in intersectionality, ensuring broad stakeholder engagement.
- 1277 • Capitalizes on opportunities and takes strategic risks.
- 1278 • Fosters an equitable and inclusive workplace where workforce diversity, belonging, and
- 1279 individual differences are valued and maximized in all settings.
- 1280 • Embodies thought leadership at macro and micro levels utilizing nursing leadership acumen to
- 1281 ensure the nursing perspective and influence is heard, understood, and embedded in decision
- 1282 making.
- 1283 • Develops the ability of others to perform and contribute to the achievement of their goals
- 1284 consistent with the organization's vision and mission.
- 1285 • Makes and influences timely decisions to improve the professional practice environment,
- 1286 outcomes, health services, and policies.
- 1287 • Creates an environment that stimulates empowerment and engagement, and advocates for
- 1288 positive innovation and change.
- 1289 • Fosters shared power of nursing governance and structure integrating nursing from the point
- 1290 of care to executive levels to improve health equity and quality outcomes.
- 1291 • Influences and persuades others about the value of nursing, quality and safety principles,
- 1292 builds consensus, and gains cooperation to accomplish goals.
- 1293 • Acts as a catalyst for change by seeking new information and ideas and rapidly adapting to new
- 1294 information, changing conditions, and unexpected obstacles.

1295

1296 **Standard 8. Environmental Health**

1297 The nurse leader practices in a manner that advances global health, environmental safety, and health
 1298 focused on the relationships between people and their environment, promoting human health and well-
 1299 being, and fostering healthy and safe communities.

1300

1301 **Competencies**

1302 The nurse leader:

- 1303 • Promotes a practice environment that reduces work-related environmental health risks and
- 1304 hazards to minimize the risk of illness and injury, including but not limited to:
- 1305 ○ Safe patient handling and mobility
- 1306 ○ Supporting & modeling an environment of self-care
- 1307 ○ Prevention of incivility, bullying, and workplace violence
- 1308 ○ Exposure reduction strategies
- 1309 ○ Disposal of products and hazardous materials
- 1310 • Uses the nursing process to assess for and communicate environmental health risks and
- 1311 exposure reduction strategies
- 1312 • Co-creates strategies to promote healthy communities, including:
- 1313 ○ Facilitation of partnerships that promote sustainable environmental health policies and
- 1314 conditions.
- 1315 ○ Advocacy for positive social, political, and economic influences on environmental
- 1316 health issues.
- 1317 ○ Advocacy for the judicious and appropriate use of environmentally safe products in
- 1318 health care.
- 1319 • Advances environmental concerns and complaints through advocacy and appropriate reporting
- 1320 mechanisms.
- 1321 • Promotes sustainable environmental health policies and conditions that focus on prevention of
- 1322 hazards to people and the natural environment.
- 1323 • Uses community assessment data and plans to develop policies, recommendations, and
- 1324 programs addressing threats and social determinants of health as well as prevention of hazards
- 1325 to both the people and the natural environment.
- 1326 • Promotes the six standards of a healthy work environment: (AACN, 2016)
- 1327 ○ Skilled communication
- 1328 ○ True collaboration
- 1329 ○ Effective decision making
- 1330 ○ Appropriate staffing
- 1331 ○ Meaningful recognition
- 1332 ○ Authentic leadership
- 1333

1334 **Standard 9. Ethics**

1335 The nurse leader integrates ethics in all aspects of practice.

1336

1337 [*The Code of Ethics for Nurses with Interpretive Statements (2015)* established the ethical framework for
1338 the profession. The Code of Ethics is foundational for all nursing practice with principles of doing no
1339 harm, benefiting others, and loyalty and truthfulness. The Code of Ethics is also combined with social
1340 justice and changing the context of health care and the important connected relationship between the
1341 nurse and patient.]

1342

1343 **Competencies**

1344 The nurse leader:

- 1345 • Demonstrates compassion and respect for the inherent dignity, worth and unique attributes of
1346 every person.
- 1347 • Recognizes that the nurse's primary commitment is to the patient, whether it's an individual,
1348 family, group, community or population. [Disparities in healthcare are essential to
1349 acknowledge.]
- 1350 • Promotes, advocates for, and protects the rights, health, and safety of the patient and staff.
- 1351 • Assesses the authority, accountability, and responsibility for nursing practice, decision making
1352 and acts as a consultant with the obligation to promote health.
- 1353 • Practices the same duties to self as to others, to include and promote health and safety,
1354 preserve character and integrity, maintain competence and continue personal and professional
1355 growth.
- 1356 • Maintains and improves the ethical environment of the work setting that are conducive to safe
1357 and quality health care.
- 1358 • Advances the profession through research scholar inquiry, professional standards development
1359 and generation of nursing and health policies.
- 1360 • Collaborates with other health professionals and the public to protect human rights, promote
1361 health diplomacy, and reduce health disparities.
- 1362 • Articulates nursing values, maintains the integrity of the profession, and integrates (multiple
1363 actions) principles of social justice into nursing and healthcare policies.

1364

1365 **Standard 10. Resource Stewardship**

1366 The nurse leader commits to appropriate utilization of resources to achieve and sustain excellence in
 1367 outcomes.

1368

1369 **Competencies:**

1370 The nurse leader:

- 1371 • Drives a system approach to resource stewardship in healthcare related organizations.
- 1372 • Uses an ethical, DEI and values driven evidence-based framework to improve the health index
 1373 of the ecosystem.
- 1374 • Develops the business case and ROI for systems and workforce changes to achieve optimal
 1375 outcomes.
- 1376 • Ensure engagement of clinical staff in selection, systematic deployment, and innovation of
 1377 information systems inclusive of evaluation of IT systems on workflow/burden.
- 1378 • Partners with inter-professionals and departments to establish a culture of inter- professional
 1379 practice.
- 1380 • Assures value in terms of quality, cost, access, and experience.

1381

1382 **Standard 11. Quality of Practice**

1383 The nurse leader sets the direction and contributes to quality nursing practice in all settings and
 1384 environments to ensure optimal outcomes.

1385

1386 **Competencies**

1387 The nurse leader:

- 1388 • Transforms care delivery models and environmental design to ensure the delivery of safe care
 1389 that is evidence-based, accessible, and affordable to all.
- 1390 • Ensures compliance with accreditation with local, state, and federal regulatory standards,
 1391 while advocating for policies, and legislation that promotes quality, safety and affordable
 1392 health care for individuals, communities, and populations across the continuum of care.
- 1393 • Educates the organization's governing body regarding the value of nursing in the context of
 1394 healthcare quality and safety.
- 1395 • Collaborates with a broad representation of interprofessional colleagues to guide evidence-
 1396 based quality and safety initiatives.

- 1397 • Integrates concepts of High Reliability Organizations (HRO) into daily practices in the
 1398 organization to reduce errors and improve outcomes (Weick & Sutcliffe, 2015).
 1399 • Drives quality and safety by ensuring staff engagement in practice change in the organization.
 1400 • Is proficient in the use of appropriate data and databases to inform quality and safety
 1401 decisions.

1402

1403 **Standard 12. Communication**

1404 The nurse leader communicates effectively in all areas of practice.

1405

1406 **Competencies**

1407 The nurse leader:

- 1408 • Communicates effectively and accurately to broad audiences, including individual patients,
 1409 families, and members of the interprofessional team, the organization, community, legislators,
 1410 key stakeholders, and others.
- 1411 • Demonstrates professional dexterity in written, spoken, and multimedia venues.
- 1412 • Possesses a high degree of emotional intelligence as evidenced by self-awareness, the ability to
 1413 self-regulate emotions, to demonstrate empathy and motivate others.
- 1414 • Adapts communication styles to reflect the needs of a dynamic, changing and sometimes
 1415 ambiguous environment, influenced by a variety of complexities including the organization,
 1416 political drivers, patients, the needs of the inter-professional team and the situation at hand to
 1417 ensure the highest probability of a successful outcome.
- 1418 • Engages in an assessment of their own communication skills and effectiveness and actively
 1419 seeks to develop proficiency.
- 1420 • Creates a psychologically safe environment by modeling and promoting effective verbal and
 1421 non-verbal communication skills, including active listening, establishing leader presence,
 1422 demonstrating openness, receptivity, kindness, and compassion.
- 1423 • Recognizes that:
- 1424 ○ Communication shapes organizational culture and society and is impacted by cultural
 1425 and social factors including attitudes, values and beliefs which may be influenced by
 1426 gender, race, religion, geography, sociopolitical and socioeconomics.
 - 1427 ○ Communication is essential to ensure safe care and quality outcomes for patients and
 1428 the healthcare team.

- 1429 ○ Conflict is potentially beneficial and can be used as a vehicle to establish a foundation
1430 for positive change.

1431

1432 **Standard 13. Diversity, Belonging, and Inclusion**

1433 The nurse leader addresses structural racism and ensures diversity of thought in a safe workplace
1434 environment.

1435

1436 **Competencies**

1437 The nurse leader:

- 1438 • Demonstrates identification and actions to remove and prevent unconscious and systemic bias
1439 in care delivery and business operations.
- 1440 • Leads and supports initiatives that address racism, discrimination and bias in care delivery and
1441 business operations.
- 1442 • Encourages creative tension and differences of opinions.
- 1443 • Fosters an inclusive workplace where diversity and individual differences are valued and
1444 maximized to achieve the vision and mission of the organization.
- 1445 • Develops the ability of others to perform and contribute to the achievement of the goals
1446 consistent with the organization’s vision and mission.
- 1447 • Creates, promotes, and protects a culture that supports staff, patients, and stakeholders.

1448

1449 **Standard 14. Just and Equitable Practice**

1450 Nurse leaders embed and embody justice and equity across all dimensions of their practice.

1451 [These concepts are essential/core components of all nurse leader competencies.]

1452

1453 **Competencies**

1454 The nurse leader:

- 1455 • Demonstrates, by personal action, a lifelong process of introspection.
- 1456 • Challenges implicit bias and structural systems that foster marginalization of people and
1457 communities, and enhancement of their own cultural humility and inclusive excellence.
- 1458 • Creates an inclusive environment where people can flourish and contribute as their best self to
1459 advance the mission and vision of their organization.

- 1460 • Advocates for, implements, and sustains initiatives and programs that reduce, with the
1461 ultimate goal of eliminating, all forms of discrimination, marginalization, and inequity in
1462 healthcare delivery, business operations, and social policy.
- 1463 • Promotes shared governance and accountability through inclusivity in the design,
1464 implementation, and evaluation sustainment programs, policies and operations aimed at
1465 reducing barriers to care, increasing delivery of care, and addressing inequity.
- 1466 • Communicates to all audiences that the need for respectful and equitable practice is a
1467 fundamental ethical imperative for the nursing profession and is integral to nursing
1468 interactions and care delivery which embraces and celebrates human diversity.
- 1469

1470 **Standard 15. Collaboration**

1471 The nurse leader works collaboratively with others across the healthcare ecosystem to achieve strategic
1472 goals, optimize health outcomes, and advance health.

1473

1474 **Competencies**

1475 The nurse leader:

- 1476 • Builds effective relationships with key stakeholders to mutually assume
1477 accountability/responsibility for shared outcomes.
- 1478 • Proactively seeks input from internal and/or external stakeholders and experts across the
1479 healthcare ecosystem.
- 1480 • Influences, persuades, and builds consensus through alliances and partnership to support
1481 effective decision making, timely action and outcomes.
- 1482 • Amplifies the value of nurse leaders as experts in strategic planning, operations, innovation, and
1483 relationship building.
- 1484 • Advances interprofessional education and interprofessional care to achieve patient centered
1485 outcomes.
- 1486

1487 **Standard 16. Professional Practice Evaluation**

1488 The nurse leader evaluates one's own and others' nursing practice and leadership with the aim of
1489 maintaining or enhancing professional performance as part of accountability to the healthcare
1490 consumer, the nursing profession, and the diverse practice environments.

1491

1492 **Competencies**

1493 The nurse leader:

- 1494 • Evaluates organizational policies, procedures, and standards to guide and promote
- 1495 professional nursing and inter-professional evidence-based practice in diverse environments.
- 1496 • Assesses nursing practice for its consistency with regulatory requirements pertaining to
- 1497 licensure, relevant statutes, rules, and regulations.
- 1498 • Inspires the formal use of evidence-based evaluation frameworks in the examination of the
- 1499 condition and impact of nursing practice and leadership on organizational and consumer-based
- 1500 outcomes.
- 1501 • Takes action to achieve goals identified during evaluation of the direct or indirect role assumed
- 1502 in and contribution to the healthcare delivery systems.
- 1503 • Cultivates a culture of inquiry, innovation, and transformation with a focus on the future care
- 1504 delivery and professional nursing practice and leadership.

1505

1506 **Standard 17. Education**

1507 The nurse leader is responsible to assess one's own educational needs and that of the workforce to

1508 ensure optimal patient and workforce outcomes.

1509

1510 **Competencies**

1511 The nurse leader:

- 1512 • Develops and builds capacity for leadership including, professional development, mentorship,
- 1513 workforce development, advanced academic preparation, and succession planning.
- 1514 • Collaborates across practice, academia, and research to inform, access, and utilize new
- 1515 knowledge.
- 1516 • Influences intentional change and acts as a catalyst guided by leadership principles, evidence,
- 1517 theories, new trends, and new legislation, policies, or regulations.
- 1518 • Solicits feedback and develops a personal and professional career plan, through coaching,
- 1519 mentorship, sponsorship, and experiences that reflects growth and development,
- 1520 enhancement of knowledge, skills, abilities, and judgement for current and future role
- 1521 performance.
- 1522 • Provides feedback and opportunities for others to learn through formal and informal methods.

- 1523 • Facilitates a work environment supportive of ongoing education, sharing best practices,
- 1524 experiences, ideas with peers, the workforce, interprofessional colleagues, and C-suite.
- 1525 • Supports acculturation of those in the workforce by role modeling, encouraging, advocating,
- 1526 and sharing pertinent information.
- 1527 • Develops a competent cadre of nurse leaders by ensuring alignment between education,
- 1528 experience, onboarding, and assigned leader role.
- 1529 • Demonstrates commitment to mentoring others in the development of their professional
- 1530 growth and accountability.
- 1531 • Maintains current knowledge and skills relative to the role, population, specialty, setting,
- 1532 through nationally recognized certification.

1533

1534 **Standard 18. Advocacy**

1535 The nurse leader demonstrates advocacy for patients, families, communities, and the profession in all
1536 roles and settings.

1537

1538 [Advocacy may be internal to the organization or external with government entities, payers, professional
1539 organizations, community organizations, or any other policy making entity.]

1540

1541 **Competencies**

1542 The nurse leader:

- 1543 • Create alliances that influence and shape health policy, at all levels of government, as it effects,
- 1544 safe, quality, accessible and affordable health.
- 1545 • Promotes the patient's/consumers best interest when seeking, regulatory and or accreditation
- 1546 changes.
- 1547 • Aligns organizational strategies and policy that are informed by current developments in
- 1548 healthcare economics, policy, regulation, and legislation (knowledge of healthcare
- 1549 environment & clinical principles).
- 1550 • Champions health equity, social justice, safety and wellbeing for healthcare consumers,
- 1551 providers, and populations.
- 1552 • Creates a work environment that is safe, empowering, engaging, and satisfying for both nurses
- 1553 and other healthcare providers.
- 1554 • Acts courageously to stand for and respond to societal and nursing professional needs.

1555 **Standard 19. Scholarly Inquiry**

1556 The nurse leader creates and cultivates a culture of inquiry and innovation to transform care from
1557 academe to practice based on analysis and synthesis of current and future trends, best practices,
1558 evidence-based practice and practice-based evidence.

1559

1560 **Competencies**

1561 The nurse leader:

- 1562 • Demonstrates knowledge, skills, and abilities to strengthen and maintain a spirit of clinical
1563 inquiry, systematic questioning, and commitments to the discovery and application of nursing
1564 research, knowledge, and evidence.
- 1565 • Engages and supports others in professional development and lifelong learning best practices.
- 1566 • Evaluates current evidence to ensure best practices are integrated to achieve positive
1567 outcomes for the individual, populations and the communities served.
- 1568 • Cultivates and organization of inquiry and continual learning.
- 1569 • Lead initiatives that showcase the economic and value-based contributions of nurses and
1570 nursing, safety, and quality improvement.
- 1571 • Secures resources and best practices in translation and implementation science to advance
1572 innovations and care delivery across the continuum.

1573 **Glossary**

1574 **Ecosystem** – systematic integration of the practice of many diverse stakeholders, within and across all
1575 settings, including health care, education, academia, and communities

1576 <https://www.bcg.com/publications/2021/five-principles-of-highly-successful-health-care-ecosystems>

1577 [https://www.beckershospitalreview.com/hospital-management-administration/the-new-healthcare-](https://www.beckershospitalreview.com/hospital-management-administration/the-new-healthcare-ecosystem-5-emerging-relationships.html)

1578 [ecosystem-5-emerging-relationships.html](https://www.beckershospitalreview.com/hospital-management-administration/the-new-healthcare-ecosystem-5-emerging-relationships.html)

1579
1580 **High Reliability Organization (HRO)** – an organization with predictable and repeatable systems that
1581 support consistent operations while catching and correcting potentially catastrophic errors
1582 before they happen.

1583
1584 **Intersectionality** – a framework for conceptualizing the interconnected nature of diverse stakeholders
1585 and the acknowledgement of the importance of understanding overlap and differences

1586
1587 **Just culture** – a culture in which frontline operators and others are not punished for actions, omissions,
1588 or decisions that are commensurate with their experience and training, but in which gross negligence,
1589 willful violations, and destructive acts are not tolerated.

1590
1591 **Nurse leader** – “the face of health care, trusted professionals who provide impassioned care in diverse
1592 practice settings; lead with integrity, compassion, and humility; grounded in empathetic action and a
1593 commitment to human dignity. Using evidence and critical thinking, they inspire and create innovations
1594 that improve the health of patients and communities. As full healthcare partners, working with and
1595 through others, they advocate for a global culture of wellness. They are courageous leaders—not
1596 because they’re fearless—but because they rise to every health care challenge.” (Cline, Crenshaw, &
1597 Woods, 2022)

1598
1599 **Nursing leadership** – the specialty practice devoted to collaboratively and collegially setting the vision,
1600 mission, and values for health, human services, and social care. It is the practice of the art and science of
1601 nursing and nursing leadership for the communities in which nurse leaders serve and for the
1602 profession. It is the leadership, influence, empowerment, and governance of and with professional
1603 nurses and other team members that foster a culture of clinical excellence, innovation, transformation,
1604 advocacy, quality, safety, equity, diversity, inclusion, and engagement.

1605

1606 **Nursing leadership professional identity** – a sense of oneself associated with those nurses in the
1607 nursing leadership specialty and their relationship to others influenced by a set of characteristics, norms
1608 and values of nursing that result in an individual thinking, acting, and feeling like a nurse leader
1609 embracing their nursing leadership role in all settings and with all members of the interdisciplinary
1610 team.

1611

1612 **Prismatic thinking** – a way of thinking about and strategizing growth within oneself and an organization
1613 to innovate for the future. The model consists of four forces to drive or thwart growth in dyadic
1614 oppositions: collaborate vs. compete and create vs. control. The paradox of growth is that it is born from
1615 the tension and constructive conflict of these opposing forces and their agents.

1616

1617 **Professional identity** – set of beliefs, attitudes, and understandings about the professional role.

1618

1619 **Well-being** – an inherently complex concept encompassing an individual's appraisal of physical, social
1620 and psychological resources needed to meet a particular psychological, physical or social challenge.

1621

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 1647 [ford-co-founder-of-nurse-practitioner-np-profession-receives-u-s-surgeon-generals-medallion-for-](https://www.aanp.org/news-feed/loretta-c-ford-co-founder-of-nurse-practitioner-np-profession-receives-u-s-surgeon-generals-medallion-for-contributions-to-nations-health)
 1648 [contributions-to-nations-health](https://www.aanp.org/news-feed/loretta-c-ford-co-founder-of-nurse-practitioner-np-profession-receives-u-s-surgeon-generals-medallion-for-contributions-to-nations-health)
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1904 **Appendix A Framework for Nurse Leadership**1905 <https://www.nursingworld.org/~4a0a2e/globalassets/docs/ce/177626-ana-leadership-booklet-new-final.pdf>

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1908 **Appendix B Crosswalk of AONL, Future of Nursing, AACN Essentials**1909 **Competencies**

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COMMUNICATION AND RELATIONSHIP BUILDING		NCHL	FON	Essentials
Sub Domain	Effective Communication	<p>EXECUTION Communication Skills</p> <p>RELATIONS Interpersonal understanding</p>		
	Relationship Management	<p>BOUNDARY SPANNING Relationship and network development Collaboration</p>	<p>Recommendation #1 & Framework for Leadership ENGAGE THE COMMUNITY <i>Leading others</i> Facilitates opportunities to become involved in the community <i>Leading Health Care</i> Assess community needs and engage with other partners to address them <i>Leading Beyond Health Care</i> Lead and work with community and state and national coalitions to address structural and systemic barriers</p> <p>REPRESENT AND COMMUNICATE THE NURSING PERSPECTIVE <i>Leading Others</i> Lead and serve on staff work groups...participate in interprofessional collaboration <i>Leading Health Care</i> Lead and participate in multisectional collaboration...</p>	<p>Domain 3 POPULATION HEALTH ...describes collaborative activities among stakeholders for the improvement of an equitable population health outcomes</p> <p>Domain 6 INTERPROFESSIONAL PARTNERSHIPS Intentional collaboration across professions and care team members, patients, families and communities to optimize care enhance the health care experience and strengthen outcomes</p>
	Influencing Behaviors	<p>EXECUTION Community collaboration</p> <p>RELATIONS Impact and Influence</p>	<p>Recommendation #1 & Framework for Leadership ENGAGE THE COMMUNITY <i>Leading Health Care</i></p>	

	information and accomplish goals		Assess community needs and engage with other partners to address them Lead and work with community and state and national coalitions to address structural and systemic barriers	
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KNOWLEDGE OF THE HEALTH CARE ENVIRONMENT & CLINICAL PRINCIPLES		NCHL	FON	Essentials
Sub Domain	Nursing Practice and Application	<p>BOUNDARY SPANNING Organizational awareness</p> <p>VALUES Professional and social responsibilities</p>	<p>Recommendation #2 & Framework for Leadership IMPROVE EQUITY Lead with a health equity lens: implement policies and systems that promote equity and address racism, discrimination, and bias in the organization</p>	Domain 2 PERSON CENTERED CARE
	economics and Policy	<p>BOUNDARY SPANNING Organizational awareness</p> <p>VALUES Professional and social responsibilities</p>	<p>Recommendation #2 & Framework for Leadership ADVOCATE Advocate for organizational policies and structures that support nurses and promote equity</p> <p>Advocate for legislative and regulatory changes at the community, state, and national levels</p>	
	Regulation	<p>BOUNDARY SPANNING Organizational awareness</p> <p>VALUES Professional and social responsibilities</p>	<p>Recommendation #2 & Framework for Leadership ADVOCATE Advocate for organizational policies and structures that support nurses and promote equity</p> <p>Advocate for legislative and regulatory changes at the community, state, and national levels</p>	
	Evidence Based Practice	<p>TRANSFORMATION Information seeking</p>	<p>Recommendation #10 & Framework for Leadership IMPROVE HEALTH CARE</p>	SCHOLARSHIP FOR NURSING PRACTICE
	1. Transforms care delivery models and environmental design to ensure the delivery of safe patient care that is evidence-based, accessible, and affordable to all			
	2. Recognizes the impact of internal and external factors on care delivery and the organizational finances			
	3. Integrates quality & safety measures for patients into the care environment			
	4. Formulates objectives and priorities and implements plans across the continuum of care and practice settings consistent with long term interests of the organization			
	5. Aligns organizational strategies are informed with current developments in healthcare economics, policy and legislation.			
	6. Influences health care policy, at all levels of government, as it effects safe, quality, accessible and affordable health care.			
	7. Ensures compliance with accreditation and local, state and federal regulatory standards.			
	8. Leads / translates evidence-based research into practice			

				Implement programs and lead/translate research and evidence to improve quality of care address structural barriers and reach underserved populations	
Patient Safety and Quality	9. Ensures the use of patient safety and improvement sciences	EXECUTION Accountability Performance measurement Process and quality improvement	Recommendation #9 & Framework for Leadership IMPROVE HEALTH CARE Implement programs and lead/translate research and evidence to improve quality of care address structural barriers and reach underserved populations	Domain 5 QUALITY AND SAFETY	

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	LEADERSHIP	NCHL	FON	Essentials
Systems and Complex Adaptive Thinking	<ol style="list-style-type: none"> Provides visionary thinking to build a shared vision that is articulated to others and influences others to translate vision into action Develops new insights into situations; questions conventional approaches encourages new ideas and innovative designs, implements new cutting-edge programs/processes Encourages new ideas and innovative designs, implements new cutting-edge programs/processes Creates and executes strategies for complex situations 	<p>EXECUTION Achievement orientation Analytical thinking Initiative</p> <p>TRANSFORMATION Innovation</p>	Recommendation #6	SYSTEM BASED PRACTICE
Change Management	<ol style="list-style-type: none"> Acts as a catalyst for change by seeking new information and ideas and rapidly adapting to new information, changing conditions and unexpected obstacles Open to change and new information 	TRANSFORMATION Change leadership	Recommendation #6	
Diversity, Belonging and Inclusion	<ol style="list-style-type: none"> Cognizant of unconscious and systemic bias in care delivery and business operations Leads and supports initiatives that address racism, discrimination and bias in care delivery and business operations Encourages creative tension and differences of opinions Fosters an inclusive workplace where diversity and individual differences are valued and maximized to achieve the vision 	<p>EXECUTION Accountability VALUES Professional and social responsibilities</p>	<p>Recommendation #1 & Framework for Leadership IMPROVE EQUITY <i>Leading Others</i> Set a culture of equity, diversity, and inclusion among staff</p> <p><i>Leading Health Care</i> Lead with a health equity lens: implement policies and systems that promote equity and address racism, discrimination, and bias in the organization</p>	

	<p>and mission of the organization.</p> <p>11. Develops the ability of others to perform and contribute to the achievement of their goals consistent with the organization's vision and mission</p> <p>12. Provides feedback and opportunities for others to learn through formal and informal methods</p> <p>13. Creates, promotes and protects a culture that supports staff, patients/clients and stakeholders.</p>		<p><i>Leading Beyond Health Care Work to dismantle structural racism and discrimination</i></p>	
Decision Making	<p>14. Capitalizes on opportunities and takes calculated risks</p> <p>15. Identifies and objectively analyzes problems; evaluates relevance and accuracy of information, generates and evaluates alternative solutions, makes recommendations and decisions</p> <p>16. Makes timely decisions even when data are limited or solutions produce unpleasant consequences</p> <p>17. Understands the impact and implications of decisions</p> <p>18. Delegates appropriately</p> <p>19. Fosters professional governance in both philosophy and structure</p>	<p>EXECUTION</p> <p>Achievement orientation</p> <p>Analytical thinking</p> <p>Initiative</p> <p>SELF- AWARENESS & SELF- DEVELOPMENT</p> <p>Self confidence</p>		
Transformation and Innovation	<p>20. Fosters a culture of inquiry, innovation and transformation with a focus on the future</p>	<p>TRANSFORMATION</p> <p>Innovation</p>	<p>Recommendation #6</p> <p>&</p> <p>Framework for Leadership</p> <p>IMPROVE HEALTH CARE</p> <p><i>Leading Others</i> Encourage innovation and quality improvements in the workplace</p>	

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PROFESSIONALISM		NCHL	FON	Essentials Domain	
Sub Domain	Profession Accountability	<p>1. Upholds professional ethical principles in decision-making through personal, organizational and staff accountability</p> <p>2. Supports, promotes and role models standards of nursing and leadership professional practice (clinical, educational, certification and leadership) for colleagues and constituents</p>	<p>EXECUTION Accountability</p> <p>VALUES Professional & social responsibility</p>	<p>Recommendation #6 & Framework for Leadership REPRESENT AND COMMUNICATE THE NURSING PERSPECTIVE</p> <p>Leading Self Provide the nursing perspective the other health professionals, patients and communities</p> <p>Leading Health Care Lead and participate in multisectional collaboration...</p> <p>Leading Beyond Health Care Serve on boards and expert panels, pursue political office and appointed political positions, hold C-suite positions</p>	<p>Domain 1 KNOWLEDGE FOR NURSING PRACTICE</p> <p>Domain 9 PROFESSIONALISM</p>
	Professional Accountability	<p>3. Aligns behavior with personal values and determine fit with the organization's culture</p> <p>4. Ensures a just culture of accountability</p> <p>5. Ensures the voice of the patient is central and present in decision making</p> <p>6. Holds self and others accountable for measurable high quality and cost-effective outcomes</p> <p>7. Recognizes and responds appropriately to career opportunities for staff and colleagues</p> <p>8. Exhibits executive presence</p>	<p>EXECUTION Accountability</p> <p>RELATIONS Talent Development</p> <p>VALUES Professional & social responsibility</p> <p>SELF- AWARENESS & SELF -DEVELOPMENT Self awareness</p>	<p>Recommendation #7</p>	
	Advocacy	<p>9. Advocates for health care policy, at all levels of government, as it effects safe, quality, accessible and affordable health care</p> <p>10. Advocates in the patient's best interest seeking regulatory and or accreditation rule changes when necessary.</p>	<p>VALUES Professional & social responsibility</p>	<p>Recommendation #2 & Framework for Leadership ADVOCATE</p> <p>Leading Health Care Advocate for organizational policies and structures that support nurses and promote equity</p> <p>Leading Beyond Health Care Advocate for legislative and regulatory changes at the</p>	

				community, state, and national levels	
	Health Equity and Social Determinates of Health	11. Implements and maintains optimal, culturally competent health care across the lifespan, in all settings, addressing social determinants of health and health equity	EXECUTION Accountability VALUES Professional & social responsibility	Recommendations 1-9 & Framework for Leadership IMPROVE EQUITY Leading Health Care Lead with a health equity lens: implement policies and systems that promote equity and address racism, discrimination, and bias in the organization	
	Governance	12. Interacts and educates the organization's governing body regarding health care and the value of nursing 13. Interacts and educate the organization's governing body regarding quality and patient safety principles 14. Represents patient care issues to the organization's governing body 15. Represents nursing in the board room and C-suite	RELATIONS Collaboration	Recommendation #6 & Framework for Leadership REPRESENT AND COMMUNICATE THE NURSING PERSPECTIVE Leading Health Care Lead and participate in multisectional collaboration... Leading Beyond Health Care Serve on boards and expert panels, pursue political office and appointed political positions, hold C-suite positions	

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BUSINESS SKILLS AND PRINCIPLES		NCHL	FON	Essentials	
Sub Domain	Financial Management	<ol style="list-style-type: none"> 1. Understands the organization's financial processes. 2. Uses concepts of economics, cost benefit analyses and business models to set priorities and measurable goals 3. Manages financial resources using concepts of economics, finance, accounting, cost benefit analysis and effectiveness of business models 4. Supports financial health particularly as it is influenced by nursing and other clinical decisions and outcomes. 5. Participates in activities related to system bond ratings, investing and or attainment of operating margins 	HEALTH SYSTEM AWARENESS & BUSINESS LITERACY Financial Skills	Recommendation #5	
	Strategic Management	<ol style="list-style-type: none"> 6. Fosters high reliability concepts within the organizational structure. 7. Utilizes multiple sources of evidence-based data in goal setting and decision making 8. Ensures operational objectives are in place to achieve the strategic mission 9. Participates in the negotiation, monitoring and management of contract/service agreements 10. Aligns and creates nursing/clinical objectives, goals and tactics required to achieve the organization's strategic outcomes 11. Recognizes and supports the benefit and impact of technology on care delivery, clinical information, and financial outcomes 12. Uses evidence-based metrics to align organization's goals and objectives with patient outcomes 	EXECUTION Performance measurement Process and quality improvement TRANSFORMATION Strategic Orientation HEALTH SYSTEM AWARENESS & BUSINESS LITERACY Information Technology management	Recommendation #6, & #9	Domain 8 INFORMATION AND HEALTHCARE TECHNOLOGIES
	Human Resource Management	<ol style="list-style-type: none"> 1. Build and manage a diverse workforce based on organizational, professional nursing, clinical goals and outcomes, data, budget considerations, and staffing needs 2. Ensures that employees are appropriately recruited, selected, onboarded, educated, evaluated and recognized 3. Manages a multisector workforce and a variety of work situations 4. Ensures the presence of a safe and healthful work environment; 	RELATIONS Talent Development Team leadership HEALTH SYSTEM AWARENESS & BUSINESS LITERACY Human Resource Management SELF- AWARENESS & SELF - DEVELOPMENT Well being	Recommendation #3 & #4 & Framework for Leadership ADVOCATE Leading others Advocate to others, help other nurses be healthy and well,... Leading Health Care Advocate for organizational policies and structures that	

	<p>promoting self-care and empowerment</p> <p>5. Advances organizational policies that allow for employees to practice at the top of education/license</p> <p>6. Establishes mechanisms that provide for identification and mentoring of staff for career progression</p>		<p>support nurses and promote equity</p>	
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LEADER WITHIN		NCHL	FON	Essentials Domain
Sub Domain	Reflective Practice	<p>SELF- AWARENESS & SELF -DEVELOPMENT Self awareness</p>		Domain 10 PERSONAL, PROFESSIONAL, AND LEADERSHIP DEVELOPMENT
	Intentional Thinking	<p>SELF- AWARENESS & SELF -DEVELOPMENT Self awareness</p>	<p><i>Framework for Leadership</i> IMPROVE EQUITY <i>Leading self</i> Practice nursing with compassion and cultural humility understand and address own bias</p>	Domain 10 PERSONAL, PROFESSIONAL, AND LEADERSHIP DEVELOPMENT
	Career Development	<p>SELF- AWARENESS & SELF -DEVELOPMENT Self awareness Self confidence</p>		Domain 10 PERSONAL, PROFESSIONAL, AND LEADERSHIP DEVELOPMENT
	Personal and Professional Accountability	<p>EXECUTION Accountability</p> <p>SELF- AWARENESS & SELF -DEVELOPMENT Self-awareness Well being</p>	<p>Recommendation #7 & <i>Framework for Leadership</i> REPRESENT AND COMMUNICATE THE NURSING PERSPECTIVE <i>Leading Health Care</i></p>	Domain 10 PERSONAL, PROFESSIONAL, AND LEADERSHIP DEVELOPMENT

		13. Prioritizes self-care health behaviors through daily practices and routines; work-life integration		...serve in professional associations and organizations	
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1923 **Appendix C Frameworks, Models, Sets of Accountabilities**

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