

Advanced Practice Nursing Organizational Leadership Model

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ABSTRACT

Advanced practice registered nurses (APRNs) have been used by organizations to meet the needs of their patients. However, there is a lack of organizational structure in place for appropriate APRN supervision. Oftentimes, there are non-APRN supervisors who lack understanding of APRNs, leading to poorly defined roles, credentialing, understanding of scope of practice, and lack of shared governance. With an advanced practice nursing organizational leadership model, there is evidence for improved job satisfaction, retention, and accountability for APRNs. The proposed model includes use of a chief of advanced practice officer and APRN supervisors.

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Nurse practitioners (NPs) define the standards of excellence in patient care, not only for individual patients but also the entire health care community. Numerous health care organizations across the country have embraced the use of NPs to meet the health care needs of communities and decrease health disparities. The employment of NPs continues to grow. Many NPs work in isolation without appropriate leadership or management from another peer provider. This can negatively impact their work environment and ultimately influence meaningful patient care.

NPs do not fit directly into the categories of nursing or medicine but are a distinctive group of providers with unique concerns. NPs, using a hierarchy of expanded clinical and decision-making skills, professionalism, and work experiences,¹ are different than their registered nurse colleagues. Organizations have hired NPs without fully evaluating and assessing management issues, such as poorly defined roles, credentialing and privileging, practice standards and regulations, and lack of shared governance, which may affect this model of patient care.^{2,3} The absence of an advanced practice nursing (APN) organizational leadership model has led to inappropriate supervision by persons unaware of an NP's scope of practice. Gardner et al⁴ noted there should be a re-evaluation of traditional beliefs regarding nursing care,

and supervision rather than simply adding NPs to assist with health care needs.

The use of leadership within all levels of an organization can be difficult for many institutions. However, this is vital in developing healthy work environments.⁵ Key elements identified by the Nursing Organizations Alliance for positive work environments include a culture rich in communication and accountability; visible, credible, and competent leaders; decision making shared at all levels; encouraged professional practice growth and development; and value of nursing's professionals and their contributions to health care practice.⁵ Ultimately, this change can lead to higher-quality patient care and patient outcomes. Health care organizations, employees, patients, and the surrounding community will benefit from NPs having a new organizational leadership model. As a result, institutions should form and incorporate APN organizational leadership models to improve their employees' job satisfaction, retention, and accountability.

JOB SATISFACTION

Two important characteristics to successful work environments are job satisfaction and empowerment.⁶ Although many NPs enjoy their professional responsibilities, many are dissatisfied with their work environments. Issues associated with job dissatisfaction

of NPs can include burnout, depression, sleep disturbances, hypertension, physical stress, and emotional role limitations, which are easily misunderstood by supervisors who are unfamiliar with APN roles, scope of practice, rules and regulations, and job requirements.⁶ “Major sources of dissatisfaction were restrictive organizational policies and practices and a lack of recognition by supervisors.”⁶ NPs rely on their supervisors to provide information regarding job skills and competency, available resources within the organization and community, continued professional development and education, and connections within the overall organizational system. A major concern is the lack of appropriate supervision of NPs. The role status of NPs was least enhanced by non-APN supervisors because of their lack of understanding and lack of appropriate supervision.⁶

A significant hurdle for NPs working within an APN framework is ambiguity over their role definitions.⁴ When NPs are under the management and supervision of an RN with some clinical input from a physician, this can lead to an environment in which NPs’ concerns regarding scheduling, office space/needs, patient quotas, and ultimately quality of patient care are unheard or misunderstood. These ongoing concerns lead to dissatisfaction in an NP work environment as well as decreased job retention. By using NPs on interdisciplinary committees, they will provide clearer APN role definitions, voices to assist with patient care improvements, organizational policies, decision making, and a shared value within the organization.^{5,7}

Empowerment, which is a fundamental element of APN, can provide needed support, information, and resources to effectively complete NPs’ tasks while also providing a sense of motivation and belonging within the work environment.⁷ The employment of an APN organizational leadership model will create a venue for improved support systems for NPs while improving their job satisfaction and promoting professional development, resulting in improved patient outcomes.^{3,6} Appropriate organizational structure is noted to improve psychological empowerment and provides other benefits of improved job satisfaction that include improved productivity and job performance, lower absenteeism, and job retention.⁷ NPs who have direct influence over their professional practice through

empowerment will have an improved meaning in their work and feel as though they have a voice within the organization.

NPs need to feel valued and empowered in their positions within the inpatient and outpatient hospital settings in order to continue to provide quality patient care.⁶ As a licensed independent practitioner, it is crucial for an NP to not only have a sense of empowerment but also a working relationship and respect from their coworkers, peers, and management. APN supervisors will provide representation within the management structure to assist colleagues in understanding a well-defined role of the NP. Higher levels of structural empowerment and improved freedom over decision making in relation to organizational tasks and skill usage resulted in fewer job strain issues, such as interpersonal conflicts with management, conflicts with physicians, and lack of adequate resources.⁶

JOB RETENTION

The empowerment of NPs has influence over job retention.⁷ Supervisors’ inability to appropriately engage their employees can lead to the feeling of a lack of support, resulting in staff burnout or resignation. Participation on health care committees, professional development, and continuing education are various opportunities in which NPs can advance their career and clinical knowledge and stay up to date with the latest evidence-based practice, ultimately improving patient care. Promoting a work environment and management structure in which these activities and qualities are not only respected but also appreciated is important to job retention. Almost and Lashinger⁶ inform us that when employees gain access to support and perceive themselves as empowered and part of the hierarchy, they will benefit from improved morale and be less likely to change their environment. An APN supervisor can provide the necessary empowerment, both psychological and structural, to improve job retention. These supervisors are better equipped to ensure patient care is provided using the most up-to-date evidence-based clinical knowledge and optimize collaboration between NPs and other health care providers to better understand the hurdles between structural procedures and patient care. This creates a collaborative and supportive hierarchy that may lead to greater job retention.

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