

Servant Leadership in Nursing Administration and Academia Shaping Future Generations of Nurses and Interdisciplinary Team Providers to Transform Healthcare Delivery

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To lead in today's healthcare environment requires decidedly new management and leadership approaches that can inspire all levels of employees to embrace a new era of complexity and constancy of change while also striving for excellence in the process.

One of the most useful leadership styles that works across the healthcare continuum in academic health centers, academia (training), and other clinical sites is servant leadership. Similar shared decision-making styles such as appreciative inquiry (AI) are also useful and collaborative, rather than top-down, authoritarian ones that usually do not engage all members of the caring team. Certainly, with the Affordable

Care Act (ACA) and the rapid development of new systems of healthcare delivery, the time for “freezing” under the traditional Lewin¹ change theory model is no longer as effective or even possible. The call for a transformational leadership model has never been more urgent in order to get needed buy-ins from partners and employees in the service organizations along the continuum of care.

Perhaps the most powerful document to support the need for transformational leadership is *The Future of Nursing. Leading Change, Advancing Health*² calling for nurses to be full partners in healthcare delivery redesign. It also positions nurses to lead change while advancing health.

In addition, the recent Josiah Macy Jr. Foundation Conference Recommendations state:

Leadership of both healthcare and health professions education organizations must create new vision and mission statements and operational processes that meaningfully incorporate patients, families and communities as partners.^{3(p7)}

The recommendation also cites the “sweet spot” where clinical practice reform, health profession education reform, and patients, families, and communities intersect.^{3(p3)} Furthermore, the document calls for leaders in health professions education and in healthcare to commit in preparing teams to partner for optimal care.^{3(p8,9)} This is supported by the Interprofessional Education Collaborative⁴ *Core Competencies for Interprofessional Collaborative Practice*, which calls for substantive and intentional joint education of members of healthcare professions in order to better outcomes and have a more patient- or client-centered system.

Because the United States still ranks number 1 worldwide in cost for healthcare, the need for reform and transformation to decrease waste and increase quality and safety are paramount, while delivery systems must change accordingly. This cannot be accomplished without new visionary leadership styles and collaboration among stakeholders, i.e., providers, payers, and those who are getting the care and resources.

Nalley⁵ discusses how nursing leadership is critical to current healthcare and nurse leaders need to be ready to prepare the next generation. Cultivating nurse leaders takes place at every level of the career ladder and it begins with setting the right example. Nurses are in key positions to foster and influence the next generation regarding patient care and outcomes, therefore; they must play an active role in all aspects of healthcare leadership.

Who can best address these challenges but the nurse servant leader? Under the Triple Aim Framework initiative from the Institute for Healthcare Improvement⁶ there are 3 goals to be addressed while also improving delivery systems: increasing quality and satisfaction to enhance patient experiences, increasing health of populations, and decreasing cost per capita for healthcare. This daunting task has a sense of urgency with the ACA reimbursement structure and incentives for value and outcomes versus numbers of procedures or numbers of beds.

According to the Blue Ridge Academic Health Group⁷ health in the United States is a complex adaptive system (CAS) that is now transitioning to the accountable care model. “Power is the main currency in a traditional system, whereas influence is the main currency in a CAS.”^{7(p13)} Therefore, leadership models must adapt accordingly in health professions education and in practice arenas, so that power is shared and change is embraced.

Servant leadership is a concept that has been tied to religious theology; however the current understanding of

the concept is rooted in the work of Robert K. Greenleaf who is the Founder of Greenleaf Center for Servant Leadership. Greenleaf⁸ coined the term more than 40 years ago, describing several traits manifested by leaders, including managing people with respect, honesty, love, and spirituality in a way that encourages others to be the best that they can be.

Greenleaf’s work on the concept of servant leadership has made impressions on healthcare industry leaders, educators, and others seeking frameworks to improve in areas of leadership, management, service, and personal growth. Larry Spears, former chief executive officer and editor for Greenleaf Center, built upon Greenleaf’s work and concluded that servant leaders have the following 10 attributes: listening skills, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and ability to build community.⁹ Greenleaf, Spears, and other scholars published several works that have provided a theoretical framework for the concept of servant leadership.^{10–14}

Although servant leadership has gained momentum over the years, few studies have been done to explore the concept of servant teachers in nursing education. Nursing faculty that incorporate the principles of servant leadership into the practice of nursing education have a powerful gift that inspires students to achieve and do great things with the support of the servant teacher. Servant teaching can be conveyed in the classroom and clinical and the community setting by creating an environment where students feel comfortable, appreciated, and supported in their learning. Servant teaching is also a way to develop nursing students to become civically engaged adults who value community and service to others.⁸

Listening and empathy are critical skills that a teacher must exemplify in the role of servant teacher. Through listening, understanding grows, and problems can be better understood, and solved.¹⁰ Robinson¹⁵ described servant teachers as empathic true listeners when they make themselves available to students with open-door policies and being available during critical times. Students respect and think highly of faculty who take time for them, listen attentively, and treat them as peers. Nursing faculty who exemplify servant teaching impart behaviors that students may emulate. When students feel that someone is listening and responding to them, they are likely to demonstrate the same skills in professional practice. Nursing faculty who practice servant teaching elevate the profession by teaching and inspiring students at all levels of academia to be the sacred stewards of nursing practice and professional values.

One pedagogical approach that has shown promise for nursing faculty as servant teachers in preparing students to become responsible civic leaders and citizens is service learning. This is a form of active and experiential learning that gives one’s time and talents in a sustained relationship. Reisling et al.¹⁶ studied and reported the positive outcomes of service learning with nursing students in the community setting. Mueller and Billings¹⁷ further reported that service

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