Nursing Administrative Officer: *Transforming Nursing Leadership in Acute-Care Hospitals*

Jackline G. Opollo, PhD, RN, MSN, MPH, Angelia Lloyd-Busby, MBA, BSN, RN, Kashundra Foreman, BSN, RN, and Donna Richardson, DNP, RN-NEA-C

According to the International Council of Nurses (ICN), senior nurse managers and nurse executives have a mandate to scale up nursing leadership skills and decision-making authority globally.[1] To this end, ICN sponsors 3 leadership programs for nurse leaders in developing and developed countries: Leadership in Negotiation, Global Leadership Institute, and Leadership for Change. All these programs are geared towards developing a high caliber of nurse leaders who possess competencies to address the demands for patient safety and quality in today's complex global healthcare environment. Huston[2] asserts that the nurse leader for 2020 must embrace a global perspective regarding healthcare and professional issues. Nurse leaders must be politically perceptive, adaptive to rapid change and chaos, and highly adept in decision making, team building, and collaboration.[2,3]

BACKGROUND

Although the house supervisor role is embedded in hospital settings in the United States, little is known about the role in other countries. Discussing the evolution of the house supervisor role within the US context, provides useful evidence for others interested in implementing innovations and improvements in nursing leadership globally. The nursing leadership hierarchy in hospital settings across the United States can be complex and confusing. However, a key distinction is usually made between executive and clinical management roles.[3] The house supervisor is a hybrid role. Usually, when patients cannot resolve their nursing care concerns with their primary nurse, they are advised to follow the chain of command. Often, this means the charge nurse, unit supervisor, unit manager, house supervisor, or director of nursing. Typically, unit managers are responsible for managing and directing daily unit operations during business hours. In most US hospitals. the term "house supervisor" or "nursing administrative supervisor" is used interchangeably across different settings to refer to nursing leaders who provide leadership oversight in acute care facilities particularly during off shift hours.

Unlike the unit manager whose function is dedicated to a particular unit, the house supervisor's duties go beyond typical nursing duties and include overseeing clinical, administrative,

and operational activities for the entire hospital in the absence of unit managers and executive leadership.[4] Another key distinction between unit managers and house supervisors lies in the fact that unit managers usually have employees who report directly to them. This means that unit managers are responsible for hiring, developing, promoting, and terminating employees. Because house supervisors are typically not responsible for specific clinical departments, they usually do not have direct reports. However, at any given time, they are responsible for supporting nursing staff and all levels of hospital employees across different departments. This places the house supervisor in a unique, but frequently ambiguous, role. Understanding the functions of this role is important in illustrating the complexity and preferred future of this evolving role.

Depending on hospital size and organizational structure, nurse managers and house supervisors may report directly to a director of nursing, vice president of nursing, or the chief nursing officer. Despite the embedded role of the house supervisor in US hospital settings, few articles have explored the definition, training, functions, qualifications, scope of practice, and complexity of this evolving role. A simple search for the terms "house supervisor" or "nursing supervisor" in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database reveals a dearth of literature on this topic. Meanwhile, a simple Google online search of the terms reveals a plethora of job advertisements and job descriptions that highlight a range of qualifications and scope for individuals who assume this role.

According to Khoury et al.[5] today's nurse managers cannot thrive in leadership positions because they lack formal management training. Consumers, along with regulatory, accreditation, and professional bodies demand that institutions create a new vision for nursing leadership.[6] Traditionally, house supervisors across the United States have been responsible for providing nursing leadership in hospital settings during evenings, nights, weekends, and holidays. Irwin and Luciano[7] describe the house supervisor as a coordinator, supporter, and communicator. Although this role has been described as a mind expander, it has also been described as frustrating and time-consuming.[7,8] In many hospitals, house supervisors are often responsible for managing staffing resources; facilitating admissions, discharges, and transfers; and resolving conflicts throughout the hospital.[4,7,8] In 1992, Miami Valley Hospital (MVH) transitioned from the term evening/night/weekend nurse manager to the title administrative officer.[9] With the support of the directors of nursing at MVH, a self-managed work group developed a framework for the functioning and autonomy of the administrative officer. The success of this transition was summarized in this formula: *EMPOWERMENT = AUTHORITY + KNOWLEDGE + ACCOUNTABILITY.*[10] Rich and Porter-O'Grady[11] insist that nurse executives who possess the knowledge and data regarding leadership capacity and effective skill sets must translate that evidence in nursing leadership practice. Bamford-Wade[12] challenges nurse leaders to interweave 3 concepts: shared governance, transformational leadership, and action processes as a framework for challenging existing structures and creating innovative strategies in nursing leadership. To our knowledge, the title nursing administrative officer (NAO) is unique to Parkland Memorial Hospital. The NAO role creates a new vision for the future of nursing leadership that can propel the profession to a new level of excellence.

HOUSE SUPERVISOR PAST, PRESENT, AND FUTURE

Parkland is a busy 800-bed level 1 trauma safety-net hospital. Parkland's emergency department (ED) has been described as one of the busiest EDs in the nation, with over 140,000 ED visits in 2012 and 40,000 visitors daily.[13] On September 27, 2011, Parkland Health and Hospital System was required by the Centers for Medicare & Medicaid Services (CMS) to implement a Systems Improvement Agreement (SIA). This SIA included a Corrective Action Plan (CAP) with 499 corrective action items. Thus, if Parkland was to remain viable and renew profitability, an organizational turnaround was imperative. Transforming nursing leadership and improving communication with the executive team was a central tenet of the CAP. Burritt[14] asserts that leadership that is focused on reenergizing and empowering a workforce is critical to putting an organization on a positive, healthier course. It is against this background that the NAO role was developed and implemented at Parkland. The NAO role emerged from the traditional house supervisor role. This innovative NAO role would ensure that nurse leaders were qualified, accessible, visible, present, and empowered to resolve patient safety concerns 24 hours a day.

Historically at Parkland, there were 2 house supervisors during the evening shift and only 1 house supervisor on the nightshift. The supervisors worked off-shift hours and were primarily responsible for managing daily hospital staffing needs 90% of the time. The supervisors were expected to round hospital wide and act as first responders to a range of emergencies, as well as manage patient, staff, and physician conflicts. Because of the limited number of house supervisors, time constraints, and limited management scope and authority, the supervisors were frequently unable to address clinical, administrative, and operational safety concerns promptly. Moving away from the traditional model and subsequent to the CMS CAP initiative, today, the NAOs at Parkland are no longer consumed with staffing duties. Rather, the NAOs provide leadership oversight to staffing specialists whose primary role is to allocate human resources based on census, acuity, and unit needs. Additionally, there is now an increased number of NAOs per shift. Two NAOs are assigned to each shift, including business hours. This added coverage has allowed for targeted rounding, continuity of care, and service recovery. The NAOs are responders to a range of hospital emergencies. For example in a code blue, NAOs are integral in monitoring crowd control, noise, infection control, reallocating staffing resources, and facilitating prompt placement of patients in the intensive care unit. NAOs also escalate issues of concern to executive leadership as well as provide support, coaching, and mentoring to staff