

Lessons in Nursing Leadership: *Transition From Academic Medical Center to Community Practice*

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Careers are a journey, and I have found that I have returned to my roots. I started my nursing career as a registered nurse (RN) in a rural community hospital and enjoyed it for 5 years before yearning for more specialization and opportunities. I left the community practice setting to increase my knowledge in critical care and emergency nursing at a large academic medical center in the Midwest. This involved a commute of 100 miles round trip. I experienced a variety of staff nurse positions, and branched into leadership positions. I held positions as an assistant nurse manager, nurse manager, nurse educator, clinical director, and nurse administrator. I always enjoyed a challenge and liked to do many things so always considered myself a utility player.



On my commute of 100 plus miles round trip daily, I drove through the community where I had worked for 5 years of my career. This community was now a formal part of the academic medical center health system. A physician leader contacted me to let me know there was a chief nursing officer (CNO) position open at that location and encouraged me to apply if interested. I felt that maybe this was the time to start a new chapter in my professional career after 23 years in the large tertiary setting. I got my interview calendar and noticed that it ran from 8:00 a.m. to 5:00 p.m. with a dinner in the evening with colleagues and spouses. The realization hit me that this role was about community, culture, and wanting the very best for the individuals who reside in that space. I went to the interview with some trepidation but found that I enjoyed every minute of the day. By the time that the evening dinner rolled around, it felt like I had known these people for years. I was subsequently offered the position and accepted.

Although the community practice setting was in the same health system, the change that I experienced was nothing short of transformational in my personal leadership journey.

It is my hope that by sharing lessons learned I can provide context to nursing leaders of the challenges and rewards of working within the community practice.

LESSON 1: YOU ARE CARING FOR A COMMUNITY

An important learning for me was the importance of the medical center to the community and the impact of community involvement. Medical centers in rural settings are often the economic engine for the area and can often serve as one of the largest employers. Community members expect healthcare leadership participation on boards representing the medical center. It is vital that you be personable, approachable, and a good listener. Nurse leaders are one face of the healthcare organization in the community, and the ability to network and forge strong relationships is key to success.

Governing board members of rural healthcare centers are passionate about their role, and cultivation of strong working relationships with them is important. I was appointed to the governing board of the American Red Cross chapter within a month of starting my new position. I became involved in a variety of charities and volunteer work.

LESSON 2: RESOURCES ARE LIMITED; HOWEVER, TEAMWORK TRUMPS ALL

One of the challenges of working in a rural community is that you do not have all the resources available to you that are present in a tertiary setting. The reality shock of going from a nursing department of 3000 plus to one of 200 was startling. A support infrastructure was present; however, it was not as resource rich as I was used to. I would ask, "Who can do this for me?" and then I would open up my desk drawer, take out a mirror and look into it and say, "I will." I marveled at how much work could be done by a limited number of people. Everyone wears different hats, and I am proud to say, "I never heard the statement, 'that's not my job.'" Fewer resources mean that people need to work together as a team and use their collective effort to accomplish the greater goal.

The beauty of working within a smaller institution is you get to know everyone who works there. I served as administrator on call, and there was a severe motor vehicle accident that had numerous victims transported to the emergency department. I initiated incident command, and more than 92 employees presented to the hospital at midnight on a summer Saturday night to assist with care of the patients and families. Everyone I spoke to that night came with the question, "How can I help?" Their unselfish actions and support demonstrated how much the employees cared about their community and each other.

LESSON 3: CHANGE IS MAGNIFIED IN A SMALLER ENVIRONMENT

Never underestimate the impact of change. A review of nursing practice demonstrated the need to change the nursing model of care and skill mix in the inpatient setting shortly after I started in my role. I proposed that the nursing model for care be RN and nursing assistant versus RN, licensed practical nurse (LPN), and nursing assistant. This change necessitated deliberate weighing of options, decision-making, and support from administrative leadership and the board of directors. A workforce management plan was developed that provided options for LPNs that included educational assistance packages, severance, or alternative employment.

The full gravity and weight of the CNO role fell heavy on my shoulders the day that I had to meet with the LPNs and their union business agent to announce the change and what this would mean to their daily life. Although I knew in my heart it was the right thing to do for the organization and patients, it was difficult for me to stand in front of the LPNs that I had worked with as a staff RN many years ago and share this news. Upon leaving that meeting, all the nurse managers and I rounded on every unit in the hospital so that it was shared immediately with coworkers. It was a very difficult time for me personally and professionally, but I am thrilled to share that a number of the LPNs have now completed educational programs and are employed as RNs in the medical center.

The amount of interest in the community to the nursing model change was another key learning for me. I was glad that I had media training experience in my previous role to assist me while I was interviewed by reporters from multiple

media outlets including press, radio, and television. Changes in the workforce are big changes in a rural community.

LESSON 4: WORKING WITH COLLECTIVE BARGAINING GROUPS BUILDS LEADERSHIP SKILLS AND SAVVY

My collective bargaining experience had been a relatively small component of my previous experience because nurses were not unionized in the academic medical center. I now was working in a setting that had multiple unions and contracts requiring negotiation within my first year. It is vital that you build a strong relationship with human resources professionals in your organization. This served as a critical building block for my knowledge of working with collective bargaining groups. Learn as much as you can from your human resources professionals and also seek additional education through reading and seminars to help you establish confidence and competence when dealing with unions.

Negotiating the first union contract was a solid learning experience for me because I had 2 seasoned human resources professionals, a finance officer, and nurse leaders who were resilient on the bargaining committee with me. The meticulous preparation for negotiation and knowing the concerns/needs of the nursing staff were vital for a successful negotiation session. Remember, contract negotiation is a process and try very hard to not take statements made personally.

LESSON 5: YOU ARE NEVER ALONE

Building a network of peer support is invaluable to a CNO, especially when changing practice settings. I took for granted all the curbside consults I did daily with nurse administrators in the office suite at my previous location. It was important for me to build a network of nurse leaders who were experienced in the CNO role in a community practice setting and could provide guidance and advice. The CNO role can be an extremely lonely position and particularly when making major changes as shared earlier in the article. CNOs across the health system met on a monthly basis in a nearby city for a day every month. I made the mistake of not participating in this meeting fully until I had been in the role for several months. I felt it so important to be present and visible onsite that I missed some important support and sharing with a collective group.

Do not hesitate to pick up the phone and call a trusted peer to talk over issues and concerns. All of them have been in the same tough situations, and if anything, they will help you cope with your predicament. The relationships that I have with other CNOs has been a guiding and sustaining force in my career.

LESSON 6: MENTOR AND PRECEPT NURSE LEADERS AND NURSING STUDENTS IN THE COMMUNITY SETTING

Succession planning is essential to the professional practice of nursing. The use of technology and advanced degrees available

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