

# Leading in the Public Eye

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As nursing leaders, we are bound to uphold nursing's Social Policy Statement, which underscores our professional commitment to society to improve the health of individuals, families, and populations.<sup>1</sup> Nurse leaders in the Veterans Health Administration (VA) are privileged to serve perhaps the most hon-

orable population: Men and women of the military services. The VA mission statement is deeply enculturated in everything we do to fulfill President Lincoln's promise "[t]o care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring those who are America's veterans.<sup>2</sup>

The VA is the largest integrated health care system in the United States, serving over 9.1 million enrolled veterans, and the largest nursing workforce in the nation (80,000 nursing staff).<sup>3,4</sup> Today's VA continues to meet veterans' changing medical, surgical, and quality-of-life needs. New programs provide treatment for traumatic brain injuries, post-traumatic stress, spinal cord injury, suicide prevention, women veterans' health care, and more. VA has expanded outpatient and specialty clinics and established telemedicine and other services to accommodate a diverse veteran population, continuing to cultivate ongoing research and innovation to improve the lives of America's patriots.

With all its complexity, what remains impressive about VA is its juxtaposition of traditional and evolving transformational leadership practices. How these 2 very different styles relate to each other creates very unique challenges for the nurse leader. The VA is a vast, highly bureaucratic health care organization, where change can be exceedingly slow. Governmental regulations and constraints limit flexibility and expedience in resolving problems. Given that Congress establishes the budget for VA, the exposure to negative press, including public and congressional scrutiny, is high. Yet, VA is revolutionary in transforming health care from a system that focuses on illness to one that promotes wellness. System-wide changes have increased access to care while containing costs, improved the quality and safety experience of our veterans, and extended care delivery through telehealth technology and innovative community-based programs.

## LEADERSHIP FRAMEWORK

Distilling Porter-O'Grady's and Malloch's<sup>5,6</sup> quantum leadership principles helps to make sense of these challenges and frames the context of the dynamic role of nurse leaders in the VA.

**PRINCIPLE 1: The leader looks at every activity in the organization through the eyes of quantum systems.** *This requires a focus on integrated, horizontal relationships vs. top down, vertical "silo" relationships and decision making. A multifocal approach facilitates collaboration, communication, and relationships across the organization to affect change and achieve quality outcomes.*

Essentially, the U.S. Congress operates as the "board of directors" for the VA. Under the watchful eye of the federal government, the VA health care system undergoes myriad policy and practice changes—burdensome on one end, but spurring innovation on the other. Given that the secretary of Veterans Affairs is a presidential appointment, the Department of Veterans Affairs is ranked as a Cabinet-level executive department. Shifting political platforms and directions are common with presidential and congressional elections reverberating to regional networks and local hospitals. The downstream effect of changing leadership priorities has the potential to cause confusion at all levels of the organization. Yet, each secretary of Veterans Affairs is on a singular path to improve services across the VA. Through VA Secretary Robert A. McDonald's "MyVA" initiative, an organizational realignment with 5 districts has been established, facilitating delivery of services and more effective customer service to the veter-

an. In addition to improving the veteran experience, MyVA transformation objectives include: improving the employee experience; establishing a culture of continuous improvement; improving internal support services; and enhancing strategic partnerships.<sup>4</sup>

**PRINCIPLE 2: Create the broadest possible vision with any number of variables in which people are free to form and unfold new ways of working and creating.** *Maintain awareness that any decision or change that is made at any level of the organization has an impact on the whole organization. Service-level perspectives and decision making are linked with other perspectives, which in turn, impact the whole organization. The work of the system changes as new innovations are introduced, experiences evolve, and environmental forces change.*

Last year, Congress passed the Veterans Access, Choice and Accountability Act (VACAA), providing \$10 billion for a Veterans' Choice Fund to increase patient access to non-VA care. This bill also provided \$5 billion to expand VA's capacity to provide timely care to veterans by recruiting additional nurses, physicians, and other health care providers. Normally, it may take 12 to 18 months to implement a law; however, VACAA was drawn up in a very brief period, and required implementation in an even shorter time frame. This mandate, which provides veterans the option of choosing non-VA care (over VA care), will be embedded in all of VA's business practices as more services are transitioned to the community. By accelerating access to care, to date, VA met the expectations of a total of 1.5 million individual VA beneficiaries. The long-term implications of VA Choice are unknown and may ultimately decrease services in VA hospitals. An expected impact of VA Choice is that VA hospitals will become more competitive with the private sector to become the "provider of choice." This puts greater emphasis on strategies that empower employees to deliver excellent customer service, improving or eliminating processes (Lean and Lean Six Sigma), and creating more productive and veteran-centric internal operations. The end result is an expanded health care network for veterans and improved access to care.<sup>7</sup>

**PRINCIPLE 3: Create a balance between structural and mechanical formality and relational and intersectional dynamics, recognizing the contribution of each to the other and of both to the whole.** *The leader must be adaptable and relationship-focused within the context of processes and structures, sustaining balance among the organizational, structural, and process elements and human dynamics (changing behavior).*

Nurse leaders in the VA must be flexible and adaptable to ever-changing external and internal health care initiatives and directives, and buffer employees and patients from top-down stresses stemming, in particular, from outside forces. Negative press releases, congressional inquiries, Office of Inspector General (OIG) inspections, site visits from veteran service organizations (VSO), and Freedom of Information Act (FOIA) requests often cause reactive responses among hospital leaders. However, the feedback from oversight groups and external reviews has become a means of improving processes and fostering a culture of continuous improvement and organizational learning. In his recent presentation at the Veterans

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