The Journey of 10,000 Miles Begins With 1 Step

Lucy Leclerc, PhD, RN-BC

The journey to providing world-class health care can be gauged by various metrics: some are more tangible and concrete, such as patient satisfaction scores, whereas others aren't necessarily readily seen or felt. Nursing identity, role clarification, and owning nursing practice are all less measurable, yet immeasurably vital elements of a journey to excellence. In our world of immediate gratification with instant everything from messaging to downloads to "show me the results…now," the world of professional nursing practice challenges the perceptive norms of our health care world. Things that take time, such as cultural change related to how nurses see themselves as professionals, elbow to elbow with their interdisciplinary colleagues as well as their peers, doesn't happen overnight. Developing and nurturing professionalism in nursing takes time, authentic presence of leaders, engagement of colleagues, and somehow creating a feeling of value in the contribution of each nurse from the bedside to the boardroom. So how does that happen? Not an easy answer, but the professional practice team at WellStar Cobb is on a mission to make it happen. This is the story of a team's vision to define themselves and become owners of their practice.

"What is professional practice and what exactly do you do?" Repeat a hundred times. When I first started at WellStar Cobb Hospital last year as the director of professional practice, I was unprepared for the number of times I was met with the preceding question. Not just non-nurses such as physicians, C-suite execs, or pharmacists, but nurses themselves! I arrived at a time when the department had just shifted its moniker from professional development to the more apropos term, professional practice. Changing that 1 word threw us all off, but if we look at the reason why, we should all be excited about it. Development is a more narrow term that focuses on an actionable process in which nurses engender growth, clinically and professionally. Development, as a departmental identifier, implies the team's purpose is to provide development opportunities, which isn't necessarily a bad thing, but puts the onus on the team rather than the ownership on each registered nurse as a member of a profession. Practice is inclusive of much more than development.

Practice embodies the idea that our nursing world is complex and requires critical thinking, self-governance, crucial conversations, teaching, learning, growing, mentoring, nurturing, transparency, competence, caring, authentic presence, intuition based in experience, and continually seeking to improve. Oh, and what about research, academic mobility, advanced practice, participation in professional organizations, and serving our community? Registered nurses have really important roles! Finally, think about the basic meaning of the word *practice* and consider its parallel use in medicine. We're all familiar with hearing the concept of physician practice. Physicians practice medicine. What do nurses do? Do we commonly say that we practice nursing? Or do we say, "I'm a nurse" and then list a bunch of tasks to validate our existence? Moving from development to practice is a way for nurses to recognize that we indeed practice nursing as a member of a profession. The monumental task before us, though, isn't necessarily convincing others that we're professionals, it's convincing ourselves. Defining and owning our practice is the first step. When I first hit the beautiful and diverse world that is Cobb Hospital, I realized, in the mantra of a well-schooled student of psychology, that we needed to start with ourselves. Our team had to be able to answer the FAQ of the year, which is who are you and what exactly do you do?

The Nursing Professional Practice Team at WellStar Cobb Hospital is a dynamic team of 3 clinical nurse specialists (CNSs), 8 clinical nurse leaders (CNLs), and 12 clinical nurse educators (CNEs). The team is led by a PhD-prepared RN with American Association of Colleges of Nursing certification in Nursing Professional Development (me). An interesting aspect of our team is that the 23 team members are deployed in every clinical department, from the emergency department to the operating room, to labor and delivery to neonatal intensive care unit, and to every acute care unit inbetween. In contrast to the situation with most nursing teams, there's no central location for our team where we see each other every day. In fact, when I arrived, I soon realized that some nurses on our team had not ever met each other. During my initial assessment, I made 2 foundational observations: first, our team didn't feel like a team because of the geographical challenges; and second, we were having serious identity crises within each role and as a team. Despite the continual enthusiasm of others to try to get to know what a professional practice team is and does, we had a hard time with our elevator speech. We really couldn't say what our vision and mission were. We even had a challenging time explaining to people how the 3 roles truly were different and how they worked as a collaborative team. We each knew our role as a CNS or CNL or educator, but there were challenges in translating that to our partners and customers. We were in that awkward adolescent phase where our voices cracked and we were morphing from the more easily understood "development team" to the less tangible "practice team."

The first big step was to gather for team-building retreats. As I said earlier, our team needed a venue to develop collegial relationships between CNLs, CNSs, and educators. We had to meet, greet, and get to know each other. We had to learn how to play off of each other's strengths. It was a first step. After the first few retreats, I gathered a subgroup with representative CNLs, CNSs, and educators to start an appreciative inquiry (AI) process that would put us on the road to identity crisis recovery. For those less familiar with AI, it's a model of research or change theory designed to engage stakeholders in self-determined transformation.[1,2] AI differs from traditional change theories because rather than focusing on a problem or deficiency as a foundation for change, AI focuses on current strengths and positive aspects of what's working well in an organization or entity. The beauty of AI is best described by one of AI's prolific organizational theorists, Bushe, who states: "Appreciative Inquiry advocates collective inquiry into the best of what is, in order to imagine what could be, followed by collective design of a desired future state that is compelling, and thus, does not require the use of incentives, coercion, or persuasion for planned change to occur."[3] AI is based on an assumption that the questions we ask will lead us in a particular direction and that the evolution of an entity will occur in parallel to the questions we most persistently and passionately pursue. AI is not just a positive way to approach a problem, it's actually transformational because it's a collective effort and hinges on the creative generation of new ideas to address old problems. In its simplest form, AI allows those at the epicenter of the problem to discover, dream, design, and deliver transformational and positive change.[1–3]

DEFINE AND DISCOVER

As I stated earlier, we were experiencing a crisis in identity, collectively and by role. We were now on a mission to define ourselves. In one of our early AI sessions, the subgroup of CNLs, CNSs, and educators developed a first draft of defining each of the roles.[4–8] They then presented it at our collective team meeting, and what you see in Figure 1 is the result of input from every team member. It may seem simple, but this exercise was eye-opening because the team discovered overlap in certain domains such as education and competencies. The team gained perspective on how to best complement each other rather than duplicating efforts. Discussion was lively, and in the spirit of AI, we maintained a focus on what worked well in each role.

DREAM

You've got to love a change process that allows you to dream. When it came time to consider a future state, the team initially reverted to a natural inclination to state what currently existed rather than what could be. There was a sense of surprise that they could consider something different, that they could create a vision and mission that was of their own accord, developed with their own unique knowledge of their professional roles. This contrasted with their experience and history of being defined by other entities such as parallel professions (physicians) and a top-down nursing leadership mandate. It took some convincing, but they quickly embraced the ability to dream of a future state over their former way of practice based in tribal knowledge.