



SECTION 3

Nursing Leadership Workforce Compendium

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CHAPTER 5

Academic-Practice Partnerships

Academic-practice partnerships, also referred to as academic-service partnerships, are “established strategic relationships that exist between educational and clinical practice settings to advance practice, education, innovation and research, leveraging the talents of the partners and thus advancing mutual interests and priorities” (Markaki et al., 2021, p. 2). Key attributes of these partnerships include formal relationships with ongoing communication, collaboration, leadership support across the partner organizations, exchange of resources, and engagement in scholarship activities with knowledge dissemination and documented impact. Guiding the academic-practice partnership are shared mission, vision and values with joint accountability and recognition for goal attainment.

AONL has a long-standing relationship with the American Association of Colleges of Nursing (AACN), the National League of Nursing, as well as other members of the Tri-Council, culminating in the development of guiding principles to advance our understanding of academic-practice partnerships in nursing (AONL, 2012). Although these guiding principles have been available since 2012, the presence of formal academic-practice partnerships varies across the country, ranging from nonexistent to well-integrated partnerships (Figure 1). This compendium section articulates what is and what is not an academic-practice partnership and offers exemplars for guiding the development, implementation and evaluation (Polancich et al., 2021) of these valuable partnerships.

Table 1. Academic-Practice Partnerships and Levels of Integration on a Continuum

| Characteristic | Level 0 | Level 1 | Level 2 | Level 3 |
|---|--|---|--|---|
| Extent of relationship between academic and practice partners | No academic-practice partnership relationship exists | Academic-practice relationship exists only for the clinical placement of students in a service facility | Academic-practice partnership relationship exists for select collaborative programs with or without the clinical placement of students in a service facility | Fully integrated academic-practice partnership relationship exists for the clinical placement of students in a facility plus joint involvement in collaborative programs inclusive of academics, research, scholarship, and practice. |
| Contractual arrangements between the academic and practice partners | None | Clinical affiliation agreement | Clinical affiliation agreement May or may not have a memorandum of understanding defining relationship | Clinical affiliation agreement with memorandum of understanding defining structures (inclusive or resource exchanges), processes and outcomes associated with the relationship |
| Systematic evaluation of outcomes associated with the academic-practice partnership | None | None | None to limited to isolated evaluation of outcomes associated with select outcomes | Well-developed and defined; applicable to documenting the value of the full partnership |

Key Lessons Learned from Academic-Practice Partnerships

Exemplars

1. Many organizations created strong academic-practice partnerships, which help develop innovative solutions to address patient care needs and provide students with unique clinical experiences working with front-line health care teams. This hybrid relationship creates a recruitment pipeline of qualified graduate nurses with special skills to adapt to a rapidly changing practice environment.
2. Academic-practice partnerships may significantly improve retention rates. These partnerships also promote scholarly inquiry and yield an additional pipeline of nurses pursuing advanced degrees.
3. Enhanced clinical experiences in specialty-service lines provide a conduit for new hires who are better prepared to enter the field as new graduates. Clinical experiences, with a concurrent specialty content elective, promote practice-ready, newly graduated registered nurses in areas traditionally reserved for experienced registered nurses.
4. Academic-practice partnership fosters critical joint appointments, combining the best of academic and clinical practice. These symbiotic and synergistic relationships frequently help integrate academic learning into practice, advance nursing practice and professional development. These partnerships engender a desire for continued learning and career growth.
5. The academic-practice partnership's sustainability depends on the established relationship among the key stakeholders, the needs and benefits achieved by each stakeholder.
6. human resources to help teams understand the unit type, expected patient population and acuity, scope of service, care delivery model, target ratios, caregiver requirements, admission/discharge criteria, and more.

Considerations for Nurse Leaders

A recent report on the nursing workforce revealed a projected shortage of 510,394 registered nurses by 2030 (Zhang et al., 2018). Researchers cite stress and burnout, enrollment and training barriers, ineffective policies and poor planning as factors contributing to the nursing shortage (Tamata & Mohammadnezhad, 2022).

An academic-practice partnership is a collaboration shown to prepare nurses for future practice, enhance community engagement and improve access to care (Markaki et al., 2021). These partnerships can be used as a tool to address the nursing shortage.

Types of Academic-Practice Partnerships

Apprenticeships: A nurse apprentice is employed by the facility and prepared for future practice by working alongside an experienced nurse to gain clinical experience (Alabama Community College System, 2022). Paid positions are determined by the health care facility and the availability of financial resources.

Unpaid Partnerships: Students are not employed and participate as part of the clinical training. (Spector et al., 2021).

Academic-Practice Partnerships with Community Centers: Partnerships with community health organizations providing students with practical experience in public and community health courses such as rural settings (Spector et al., 2021).

Benefits of Academic-Practice Partnerships

The AACN describes an academic-practice partnership as a formal and intentional relationship between a nursing education program and a practice setting for improving public health and advancing nursing practice. Some clinicians and nurse executives believe academic-practice partnerships are associated with reduced hospitalization lengths, increased patient satisfaction, reduction in complications and patient recovery (Gursoy, 2020). Advanced practice student nurses visible in the community through an academic-practice partnership has been linked to increased student enrollment (Karikari-Martin et al., 2021).

Through academic-practice programs, nursing faculty convey their practical and theoretical knowledge into the classroom (Gursoy, 2020). An exemplar from a COVID epicenter showed an established academic-practice partnership enabled nursing students to quickly help address the tremendous needs of patients and nurses during the crisis (Honig et al., 2012).

Opportunities for Nurse Leaders

- Identify potential partners such as academic institutions, health care organizations and community organizations.
- Develop formal collaborative relationships with the leaders at different levels of the organizations.
- Implement a joint advisory council with representatives from partner organizations.
- Collaboratively develop a shared vision, goals and indicators of success.
- Use the AONL Guiding Principles for Academic-Practice Partnerships and AACN Guiding Principles for Academic Partnerships as a framework.
- Consider the financial resources needed by the practice setting and educational organization and the return on investment for the partnership.
- Use the AACN Academic–Practice Outcome Matrix to evaluate program outcomes.

Assessment

Relationships between health care systems and academia range from an informal collaboration, to affiliate agreements, to a true academic-practice partnership. The goal of an academic-practice partnership is to strengthen the workforce by establishing pipelines of qualified nurses through education and clinical preparedness.

According to an integrative review by Bvumbwe (2016), mutual and shared goals, evidenced-based practice, resource sharing, collaboration and stakeholder communication are benefits of strong academic-practice partnerships. In order to determine the status of an existing or proposed relationship, potential partners need to complete an assessment looking at the current state, determine and engage key stakeholders, define mutual goals, establish metrics of success and outcome measures, develop an action plan and determine the evaluation period.

Affiliate agreements may be somewhat simple and establish the expectation for the health care system to provide clinical practice sites for the academic program. Furthering the relationship requires leadership dedication, work and a time commitment. As the relationship matures, the expertise of both sides will be leveraged to make improvements and strengthen academics and clinical practice. For example, faculty may make changes to curriculum based on feedback from the clinical team regarding student preparedness and performance. Meanwhile, clinical settings may integrate faculty to guide and nurture evidence-based practice and clinical inquiry. This may be accomplished through the incorporation of faculty into the professional governance structure to guide projects and develop evidence. A solid partnership will not only share goals but will have shared responsibility and accountability for outcomes. It may include financial support for faculty appointments and programs that will be mutually beneficial. A solid academic-practice partnership will have a return on investment for nurses in their practice and the profession of nursing.

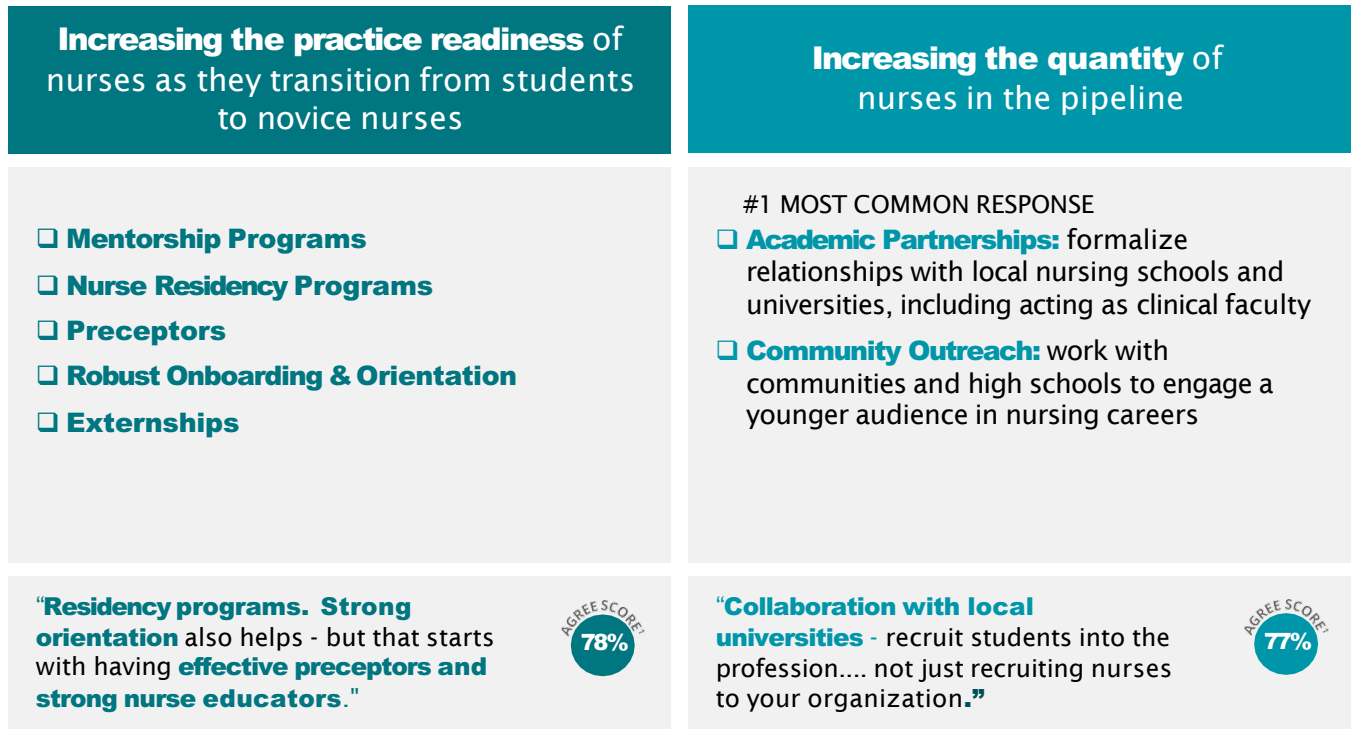
Findings from AONL National Survey – Remesh

When asked, nurse leaders stated two key strategies to improve the nurse workforce:

- Strengthen academic partnerships and community outreach, including high schools, to build and maintain an external nursing talent pipeline.
- Develop robust externship, nurse residency and onboarding programs with supporting elements, such as mentors and preceptors to accelerate the practice readiness of new nurses.

When asked what best practices or innovations were successful for strengthening the nurse workforce, nurse leaders most often stated that increasing the practice readiness and quality of nurses in the pipeline was necessary (see Figure 2).

Figure 1: Improving the Practice Readiness and Onboarding



Innovation Synopsis, Wrap-Up Summary, Sustainability

Academic and clinical partners can benefit from academic-practice partnerships by clearly articulating and mutually determining the goals, including improvements in training and hiring the next workforce generation, improving training opportunities and expanding the breadth and quality of clinical research. Effective academic-practice partnerships take time to build and refine. While successful academic-practice partnerships vary, there are numerous examples of benefits from collaborative academic-clinical relationships. These include opportunities to leverage resources from academia and clinical sites and ensuring the sustainability of these partnerships. Most importantly, through these collaborations, academic-practice partners can improve the practice readiness of new nurses, improve clinical outcomes and reduce health care costs.

Exemplars by Geographical Location

WEST



USC VERDUGO HILLS HOSPITAL (GLENDALE, CALIF.)

USC Verdugo Hills Hospital partnered with select local nursing programs to provide on-site clinical experiences providing a recruiting pipeline from the academic institutions who participated in the partnership. Specialty training programs were highlighted, focusing specifically on surgical services. For example, the universities provided AORN 101 content in a simulation environment and the hospital mirrored content in clinical experiences through its surgical suites. Within this partnership, students were eligible for \$10,000 in tuition reimbursement for BSN and MSN programs. The partnership also funded a simulation manikin to the university and nursing-related scholarships.

Outcomes – The program provided high-quality academic didactic support through simulation, complemented by 1:1 clinical preceptorship at the hospital. It proved to be an economical way to support multiple academic institutions with a small number of student nurses interested in surgical services. It also increased preparedness for student nurses to practice independently. Contact Theresa Murphy at theresa.murphy@med.usc.edu.

MIDWEST



BARNES-JEWISH COLLEGE (ST. LOUIS)

Shortly after announcing its ability to offer full-ride scholarships to pre-licensure nursing students, Barnes-Jewish College Goldfarb School of Nursing received an additional 150 applicants for enrollment into its upcoming term. The scholarship, sponsored by BJC Healthcare, is structured as a forgivable loan upon completion of a three-year work commitment. Scholarship recipients, who qualify based on financial, diversity and merit criteria, receive career opportunities at one of BJC HealthCare's 14 hospitals after graduation. The scholarship holds mutual benefit to students, the college and BJC HealthCare, and is a valuable resource to stabilize the nursing workforce. It enables students to access excellent education and career opportunities; it supports Goldfarb's strategic goal of fostering an exceptional, diverse, high-potential, resilient student body; and it strengthens BJC's access to a diverse, prepared, proactive nursing workforce. **Outcomes** – Barnes-Jewish College and BJC's ongoing collaboration ensures that the scholarship continues to be financially beneficial, operationally manageable, marketable and equitable for all partners. To date, 90 full-ride scholarships have been awarded, with additional scholarships slated for the future. While the scholarship is intended for incoming students, five students received it during their final academic term. The five students are currently working in roles in different units at St. Louis Children's Hospital and Barnes-Jewish Hospital in intensive care, oncology, cardiothoracic care and the pregnancy assessment center. Contact Angela Clark at angela.clark@barnesjewishcollege.edu.



CHAMBERLAIN UNIVERSITY (CHICAGO)

In partnership with Association of periOperative Registered Nurses, Chamberlain University's Introduction to Perioperative Nursing Program is a workforce preparedness initiative addressing critical shortages of perioperative nurses. The founding employer partners include Loyola Medicine, Ochsner Health and Emory Healthcare. Additional partners include Advocate Health, MedStar and Children's National. The program comprises a 16-week online training module in perioperative nursing with content developed by AORN and available through Chamberlain University. Modules are one hour per week, approximately 45 minutes to one hour for completion. Designed in alignment with perioperative industry-specific competencies identified by AORN, it is a non-credit program offered at no additional cost to student nurses enrolled through Chamberlain University's BSN program. Completion of this program provides a specialty badge micro-credential. Program completion and passing the final exam are required. Clinical placements are determined based on preceptor availability at partner locations. **Outcomes** – A three-year grant of \$1.2 million was awarded to Chamberlain University from the American Nurses Foundation. The program offers student nurses a pathway to enter the workplace with a clear understanding of perioperative nursing aligned with clinical experience. Students also receive a free, one-year AORN student membership upon enrollment. The original goal was a minimum of 100 student nurses in each cohort, with over 300 student nurses per year. In January 2022, five additional campuses participated, increasing the opportunity for 100 additional student nurses to participate. In May 2022, another three campuses joined, increasing enrollment opportunities by another 240 student nurses. In September 2022, three more campuses were added, increasing the number by 230 student nurses. By the end of 2023, the goal is for the perioperative program to be offered by all Chamberlain University campuses. Contact Danika Bowen at danikabowen@chamberlain.edu.



GUNDERSEN HEALTH SYSTEM (LA CROSSE, WIS.)

In January 2021, Gundersen Health System created a team to interview hundreds of front-line staff to understand turnover and retention. Acting on the information gained from these interviews, "people first" became the priority. Two teams were built to address recruitment and retention. **Outcomes** – The teams created trainee models for medical assistants (MAs), certified nursing assistants (CNAs) and unlicensed patient attendants in partnership with local academic schools to assist with non-clinical tasks for the inpatient setting. The teams assessed the need for flexible scheduling and shorter working requirements, focusing on eliminating on-call support. Leveraging video technology for sitter needs also was incorporated. Contact Christina Flisram at cmflisra@gundersenhealth.org.



UNIVERSITY OF IOWA (IOWA CITY)

The University of Iowa College of Nursing and the University of Iowa Hospitals & Clinics partnered to create a program focused on developing future nurse leaders. The Young Nurse Leader program highlighted pre-licensure student nurses interested in nursing leadership as a career pathway. An application process was established, with a small cohort of student nurses selected. The program provided students with 1:1 mentorship, didactic content and monthly small group engagement opportunities. Educational content focused on leadership styles and concepts, leadership theories, professional identity, budget and finance, implementation science, healthy work environments, coaching for values and innovative care delivery models, all in the context of real-life application. **Outcomes** – Six undergraduate students, through two cohorts, completed the program. Students said nurse leader mentorship and didactic content aided in their leadership vision and professional identity. Nurse leaders facilitating mentorship roles expressed personal satisfaction in giving back to aspiring nurse leaders. Contact Dan Lose at daniel-lose@uiowa.edu.



THE OHIO STATE UNIVERSITY (COLUMBUS)

The James Comprehensive Cancer Center at The Ohio State University Wexner Medical Center hosted a five-day evidence-based practice program for nursing and interprofessional leaders, offered by the Helene Fuld National Institute for Evidence-Based Practice in Nursing and Healthcare. This program consisted of two cohorts and 40 hours of experiential and research-based learning promoting EBP process, strategies for implementing EBP and resources to guide, create and sustain infrastructures to support EBP in health systems. The goal was to address the Quintuple Aim in health care: improving patient experience, improving population outcomes, reducing costs, increasing the well-being of providers through empowerment, and addressing diversity, equity and inclusion. The Fuld Institute is an international hub for teaching and disseminating best practices in EBP to improve health care quality, safety and patient outcomes. The Fuld Institute, in collaboration with EBP leaders at the James Comprehensive Cancer Center, conducted a randomized controlled trial to evaluate the results of the immersion program with the two cohorts of nursing and interprofessional leaders. **Outcomes** – A two-cohort, one-year randomized control trial culminated in supporting findings that align with EBP initiatives woven into each participant’s clinical setting. The study found that both cohort leaders improved EBP knowledge, competencies, beliefs, implementation and self-efficacy. Contact Bernadette Melnyk at melnyk.15@osu.edu.

SOUTHEAST



UNIVERSITY OF ALABAMA AT BIRMINGHAM (BIRMINGHAM, ALA.)

In 2016, the University of Alabama School of Nursing and the Department of Nursing at University of Alabama Medicine partnership was established to strengthen nursing education and improve health across the region and state. The goal is multifaceted: to develop a refined executive leadership structure responsible for designing and implementing partnerships, align goals with organizational and health care pillars, and create an infrastructure for data-driven, programmatic evaluation of clinical and operational outcomes. The partnership is based on a shared mission, vision, and values creating a common language and goals for professional practice. The partnership leaders created an annually reviewed strategic plan, which establishes standards and aims for student engagement, clinical and educational programmatic development, nursing excellence with Magnet® and national rankings and quality improvement with clinical, operational and financial outcomes across the academic, practice and research missions. **Outcomes** – The partnership established growth in educational programs and improved clinical, operational and financial outcomes. An evaluation template was developed, serving as a blueprint for evaluation metrics by operationally defining measures according to defined strategic priority pillars. Outcomes are translated annually into an infographic used across the organization for communication and dissemination. In fiscal year 2021, the medical center employed approximately 50% of the University of Alabama’s BSN graduates; 24 faculty practices aligned for approximately \$467,000 in reimbursement support; 102 University of Alabama School of Nursing staff appointments were made, totaling approximately \$1 million. In addition; faculty research received more than \$7 million and 42 partnership dissemination activities took place. Also in fiscal year 2021, the medical center had nine U.S. News and World Report ranked programs; ranked number six in NIH ranking for funding; received its fifth consecutive Magnet® designation; saw 54 DNP projects completed with a health system focus; had greater than \$5 million in cost avoidance for nurse-led clinics; saw greater than 70% sustained reduction in HAPI from its 2018 baseline; and had student- and faculty-supported pandemic care teams. Contact Shea Polancich at spolancich@uabmc.edu.



PHOEBE PUTNEY MEMORIAL HOSPITAL (ALBANY, GA.)

Phoebe Putney Health System developed partnerships with secondary and post-secondary academic institutions to address the nursing faculty shortage. Each partnership is unique, including career exploration for middle and high school students, funding of part-time classroom and clinical instructors, funding of full-time faculty positions and success coaches and developing health care pathways for MAs, CNAs and licensed practical nurses (LPNs) beginning in high school. Most recently, Phoebe Putney Memorial Hospital invested \$35 million in creating a Living and Learning Community for student nurses, new graduate nurses and early career nursing professionals. **Outcomes** – The projected number of new nurse hires between 2023 and 2030 is 1,519. The monetary investment is supported by eliminating 125 contract nurses within one year of hiring 125 new graduate nurses. These partnerships create long-term nursing pipeline expansions to ensure enhanced nurse retention via community integration. Phoebe Putney Health System first year turnover by year: 29.3% (2018); 22.5% (2019); 31.9% (2020); 14.5% (2021). Contact Tracy Suber at tsuber@phoebehealth.com.



NORTON HEALTHCARE (LOUISVILLE, KY.)

In 2016, Norton Healthcare developed an employment model that intentionally invested in the student nurse. While in development, the Kentucky Department of Labor asked to partner with Norton Healthcare, opening a new apprenticeship pathway for health care. The Student Nurse Apprenticeship Program was built to support the accredited ADN and BSN student nurse, focusing on 1:1 RN pairings in acute care to immerse and increase a student nurse's readiness for RN practice. SNAP is a 12- to 18-month program divided into three tiers: culture, clinical and confidence, with each tier serving a specific readiness for RN practice purposes. Student nurses are competitively paid for their time in SNAP, completing between 330-390 program hours. Six service lines are supported: critical care, emergency services, inpatient specialty, obstetrics, pediatrics and surgical services. There is no working contract or required commitment to Norton Healthcare post-SNAP graduation. **Outcomes** – SNAP became Kentucky's first pre-licensure nursing registered apprenticeship program, and the first of its kind in the United States. In 2017, Cohort 1 of SNAP welcomed 130 student nurses into the program. Since 2017, over 1,000 student nurses have accepted employment through SNAP, with Cohort 7 beginning in January 2023. SNAP graduates retained at Norton Healthcare RN is at 90%, with 6% relocating out of the working area and 4% to an outside organization. Continued retention of SNAP graduates remains, with first-year RN to second-year RN at 92%. SNAP graduates average two weeks less of new graduate RN orientation time. Over 22 accredited ADN and BSN academic institutions are represented in SNAP, locally and across the country. Student ages range between 20-41, with representation from over 130 zip codes and six ethnicities. Academic institutions use the SNAP objectives to align with course and clinical credit. The Health Professional Education in Patient Safety Survey (H-PEPSS) tool is used, with statistically significant responses related to SNAP graduates having higher perceived self-confidence in patient safety compared to non-SNAP new graduate nurses. Through SNAP, Norton Healthcare has avoided over \$33 million due to RN retention. During the COVID-19 pandemic, SNAP student nurses completed an additional 16,300 hours in response to Norton Healthcare's patient care needs. A SNAP infographic is used to aid in disseminating the program's metrics. Norton Healthcare's financial assistance and career coaching also are available to SNAP employees. In conjunction with SNAP's success, Norton Healthcare's Institute for Education and Development was awarded its third consecutive designation as a National League of Nursing (NLN) Center of Excellence for Creating Workplace Environments that Promote the Academic Progression of Nurses. Contact Brittany Burke at brittany.burke@nortonhealthcare.org.



UNIVERSITY OF KENTUCKY (LEXINGTON)

For more than 15 years, UK HealthCare and the University of Kentucky College of Nursing have had a robust academic clinical partnership. Shared goals of the collaboration include student nurse selection, the desire to expand class sizes and availability of clinical instruction, the hiring of nursing graduates into the health system and the creation of scholarly work within health care. In 2013, a seven-year formal partnership agreement was executed with the University of Kentucky and Norton Healthcare to prepare five cohorts of 20 to 30 RNs and advanced practice leaders. **Outcomes** – Partially funded collegiate clinical positions in the college and joint appointments for nursing leadership support the shared goals. Seven service-specific nurse scientist positions were created leading to 36 Institutional Review Board (IRB) approved or exempt clinical inquiry projects, 129 presentations at regional, national and international conferences and 29 publications. Faculty positions within the health system’s professional governance councils, strategic planning and Magnet® teams promote evidence-based practice. Academia is further integrated into practice through a student nurse academic credit-based practicum, which has increased in number and expanded year-round. An accelerated path for LPNs to obtain their BSN also was developed. Recognition of exemplary faculty and clinical sites is celebrated during Nurses Week. The University of Kentucky and Norton Healthcare partnership yielded 99 DNP APRNs and 25 DNPs in Leadership. Select Norton Healthcare leaders held joint appointments, supporting the University of Kentucky DNP curriculum with onsite courses at the Norton Healthcare Learning Center, a University of Kentucky remote location. DNP projects aligned with Norton Healthcare’s acute and primary care initiatives, while also creating a workforce development strategy. Contact Brandy Mathews at bgmath2@uky.edu.



VIRGINIA'S EARN WHILE YOU LEARN MODEL

This model of clinical education provides a framework designed to prepare practice-ready nurse graduates. The model, supported by a statewide coalition of academic and clinical leaders, the State Board of Nursing and employers, aims to address the critical demand for more nurses and bridges the gap between education and practice. The training program provides structured coursework and on-the-job training, plus full-time benefits while training to jumpstart their career. This apprenticeship-like model is being considered for other clinical roles, like surgical technologists, and other non-clinical roles. Teams within the state are starting to consider mentor models and opportunities for nursing assistants to join night and weekend shifts to better understand the differences before they graduate.

NORTHEAST



DARTMOUTH HITCHCOCK MEDICAL CENTER (LEBANON, N.H.)

The Workforce Readiness Institute is a key workforce strategy partnership between Dartmouth Hitchcock Medical Center and Colby-Sawyer College as a mechanism to develop talent to work in critical front-line roles. Training is offered for LPNs, MAs, surgical techs, pharmacy techs and ophthalmic assistants. The Workforce Readiness Institute includes opportunities for existing RNs to complete a BSN and an option for an accelerated nursing degree. For ongoing advancement, the development of the MSN degree includes three role options. A DNP degree is scheduled to launch in fall 2023. Other health-related programs at Colby-Sawyer College are developed and have associate, baccalaureate, and master’s levels. Financial support and career guidance is offered to employees. **Outcomes** – Since 2014, over 1,000 people have trained through the Workforce Readiness Institute programs and joined the Dartmouth Hitchcock Medical Center team. Many of the graduates continue

in their career development path, with a final testing pass rate over 95%. From those who attend training, there is an increased desire for continued learning and career growth through internal programming. In nursing, most Colby-Sawyer College student nurses identify Dartmouth Hitchcock as their primary choice of employment, with a high percentage of BSN graduates joining the nurse residency program upon graduation. The first cohort of 20 accelerated BSN student nurses graduated in December 2022, with over 90% indicating they plan to join Dartmouth Hitchcock as a nurse. The majority of Dartmouth Hitchcock seasoned nurses identify Colby-Sawyer College as their school of choice when pursuing advanced nursing degrees. Contact Debra Hastings at debra.p.hastings@hitchcock.org.



NEW YORK-PRESBYTERIAN HOSPITAL (NEW YORK)

In 2014, New York-Presbyterian Hospital partnered with the Columbia University School of Nursing to advance nursing research to improve patient care outcomes. The partnership promotes scholarly inquiry by creating a pipeline of nurses pursuing advanced degrees. This partnership involves multi-level collaborative initiatives including jointly appointed nurse scientists designed to connect New York-Presbyterian staff nurses with PhD-prepared nurses through mentoring and coaching. A Master's in Advanced Clinical Management and Leadership was created to advance the education of BSN-prepared RNs, emphasizing care coordination and clinical leadership. Also available is the PEACE Model Deep Dive workshop and additional educational offerings for nurses, including Nursing Grand Rounds and the Annual Nursing Research Symposium. In addition, between April and June 2020, New York-Presbyterian Hospital and Columbia University School of Nursing created a program to support the high volume of patient needs resulting from the COVID-19 pandemic. During the summer, 80 senior pre-licensure student nurses were hired as nursing technicians throughout the hospital's multiple locations. In 2019, in another New York-Presbyterian Hospital partnership with Pace University, both parties worked together to design a concurrent three-credit elective course providing perioperative specialty content and simulation activities. Key hospital leaders participate in classroom sessions to engage students and provide a front-line nurse perspective on a career in perioperative nursing. At the end of the course, the New York-Presbyterian's recruitment team connects with the students to provide information on employment opportunities as a perioperative new graduate RN. **Outcomes** – The New York-Presbyterian Hospital and Columbia University School of Nursing academic-practice research fellowship is a two-year program aligning school of nursing faculty members with hospital nurses for research support and dissemination of findings through the Writing for Publication workshop. The PEACE Model is a published curriculum with 2,500 trainees in the Deep Dive workshop. From the partnership, there are 85 nurse-led studies. Formal, structured hospital-based research councils were established to include securing resources for nurses to conduct and lead both research studies and EBP projects. The Annual Parade of Posters is organized by the nursing evidence-based practice and research committees at New York-Presbyterian campuses. In 2020, the Columbia University School of Nursing was awarded the 2020 New Era Academic Nursing Award by the AACN. Regarding the summer student program, under the supervision of clinical nurse teams, student nurses assisted with patient care activities on all shifts. Faculty rounding and weekly seminars at the school provided additional support as the students adjusted to their new roles. The Pace University partnership recognized 92 student nurses who completed the perioperative course. Contact Reynaldo Rivera at rrr9001@nyp.org.

Additional Resources

[Academic-Practice Partnerships \(aacnursing.org\)](https://aacnursing.org)

[Guiding Principles for Academic-Practice Partnerships | AONL](#)

Carter, E. J., Cato, K. D., Rivera, R. R., Kulage, K. M., Liu, J., Vose, C., & Larson, E. (2020). Programmatic details and outcomes of an Academic-Practice Research Fellowship for clinical nurses. *Applied Nursing Research*, 55, 151296. <https://doi.org/10.1016/j.apnr.2020.151296>

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AACN'S ACADEMIC-PRACTICE PARTNERSHIP ON-DEMAND WEBINARS

- [Innovative Primary Care Nursing Academic Practice Partnership](#)
- [IPE Exemplars to Improve Collaborative Practice for Population Health](#)
- [Seeking Inclusion Excellence by Understanding Microaggressions in Health Professions Students](#)
- [Crimson Care Collaborative - An Award Winning Interprofessional Academic-Practice Partnership](#)
- [Accreditation Guidance on Developing & Implementing IPE: Deep Dive -2019 HPAC-National Center Report](#)
- [Enabling IPE Through Health Communications & Health Technology](#)
- [Building Clinical Partnerships to Advance Interprofessional Education](#)
- [How an Innovative Academic-Practice Partnership is Improving Patient Outcomes](#)
- [Implementing IPE to Serve the Underserved](#)
- [Linking to Improve Nursing Knowledge](#)
- [Getting Beyond Engagement: The Marriage of Education and Practice](#)
- [Advancing Healthcare Transformation: The New Era Award – A Focus on Faculty Practice](#)
- [A New Era for Academic Nursing: From Concept to Action](#)
- [Academic-Practice Partnerships That Improved the Health of Populations](#)
- [Navigating the Pitfalls of DNP Projects Through an Academic-Practice Partnership](#)

- Building Successful Academic-Practice Partnerships: The Arizona State University Experience
- Building Successful Academic-Practice Partnerships: The Stony Brook University Experience
- Building Successful Academic-Practice Partnerships: UAB and Birmingham VA Medical Center
- Academic Progression for the Diversity of the Nursing Workforce: Examples from RWJF's APIN Program
- Academic Practice Partnerships: Linking the Best of Both Worlds
- Iowa Academic-Practice Collaborative: Creative Partnership Strengths
- Maximizing Nursing Education and Healthcare Impact through Innovative Academic-Practice Partnerships
- Leveraging Community Partnerships to Support School Based Health Care
- Academic-Practice Partnerships in Action



PRESENTATION SLIDES FROM OTHER AACN'S ACADEMIC-PRACTICE PARTNERSHIP WEBINARS:

- Academic-Service Partnerships: Efficiency and Efficacy Between Organizations
- A Twelve-Year Look Back: The University of Pennsylvania Nursing Academic-Practice Partnership
- Linking Education and Practice for Excellence in Public Health Nursing
- Academic Practice Partnerships: Building Bridges to Care for Veterans
- Harnessing the Power of Community Partners to Change Practice
- The Indiana University Nursing Learning Partnership
- APIN: Academic-Practice Partnerships in Action
- The Clinical Excellence Initiative
- Building Academic-Practice Partnerships: The Rush University GNE Model
- Academic-Practice Partnerships: If Not Now...When?
- The Importance of Academic-Practice Partnership

Academic-Practice Partnership Subcommittee Membership

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Brandy Mathews

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CHAPTER 6

Culture of Inquiry

Creating a culture where leadership thrives within and across systems must be a deliberate commitment from all levels of nursing leadership and the c-suite. A method for creating a culture to thrive is developing a culture of inquiry. A culture of inquiry strengthens nursing practice while enhancing safety, quality and the patient care experience by combining the best available evidence with clinical expertise (Christiansen, 2016; Joseph, 2019). When nurse leaders provide strategic support and a favorable climate for organizational learning to thrive, they reinforce the value of evidence-based practice and foster the cultural transformation necessary to achieve practice innovation and generate workforce solutions (Osborne & Gardner, 2015). The chief nurse executive sets the tone and the social and psychological context, which cascades to directors, managers and direct care nurses.

The AONL Culture of Inquiry subcommittee developed recommendations to assist nurse leaders in cultivating and supporting a culture of inquiry, which is the foundation of nursing and leadership practice. The subcommittee defined a culture of inquiry as a workplace custom fostering inquisitiveness through social and structural processes to stimulate and nurture communication, belonging, questioning, psychological safety, use of evidence, learning and innovation. Inquisitiveness is a motivational attribute to engage in sincere questioning (Watson, 2015). Without this asset, a person may become apathetic and disengaged (Morgan, 1998). Inquisitiveness is sometimes termed curiosity and has been linked to adaptability, thinking more deeply and rationally about decisions and producing more creative solutions.

Nurse leaders who demonstrate or encourage inquisitiveness gain more respect from their teams and inspire employees to develop more trusting and collaborative relationships with colleagues. The most effective nurse leaders look for ways to nurture their employees' curiosity to fuel commitment, regardless of the priority or organizational focus (Saile & Schiecher, 2012). Tsai (2011) described organizational culture as the beliefs and values that exist in an organization, the beliefs of the workforce and the inherent value of employee work that will influence their attitudes and behavior.

Key Findings From AONL Research

To better understand how nurse leaders can thrive by promoting a culture of inquiry and make recommendations to foster this culture, the subcommittee asked three questions in the Deloitte focus group and survey (2022). Findings from these questions are presented below.

Figure 1: In what situation or circumstances would you or another leader feel comfortable taking a risk (in the context of change) and why?

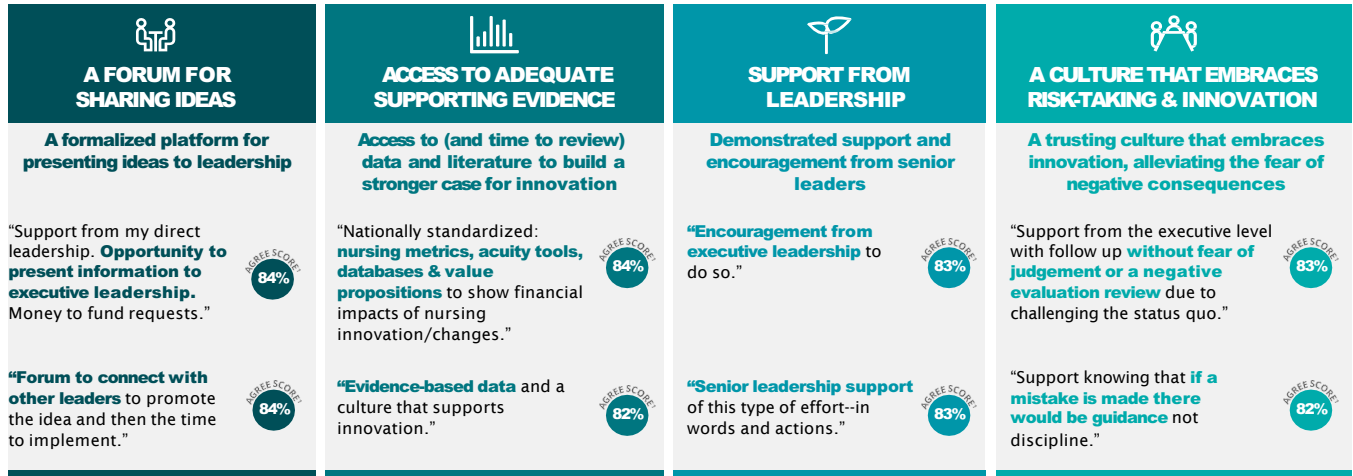


Figure 2: What type of support and tool(s) would you need to question more and challenge the status quo or innovate?

THE ENVIRONMENT: DRIVING CHANGE

To feel more comfortable and effective when challenging the status quo, Nurse Leaders are seeking a platform for sharing ideas, access to evidence, leadership support, and trust

What type of support and tool(s) would you need to question more and challenge the status quo or innovate?



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¹ Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.

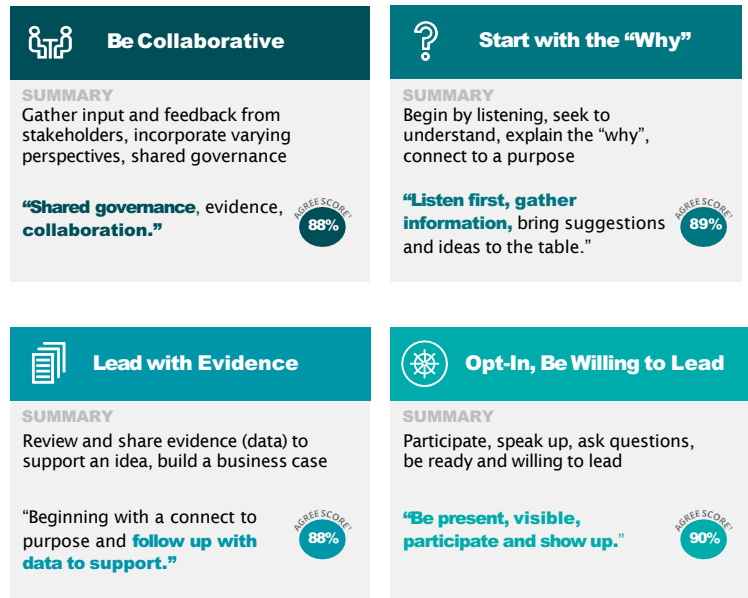
Figure 3: How do you influence decision-making within your department across systems and power structures?

THE ENVIRONMENT: DRIVING CHANGE

To influence decision-making, Nurse Leaders recognize the importance of leaning in, collaborating, and presenting evidence that’s grounded in a purpose for change

How do you influence decision-making within your department, across systems, and power structures?

¹ Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.



The following are additional findings from the Deloitte study (2022):

- Culture: 49% of nurse leaders reported culture as being very important for change.
- Driving and influencing change: 90% of nurse leaders reported motivation to influence and drive change when responses for motivated and very motivated scores were combined.
- Sharing ideas and concerns: 84% of nurse leaders reported feeling comfortable with idea and concern sharing when responses for agree and strongly agree were combined.

When asked what type of resources were needed to stimulate a culture of inquiry, nurse leaders reported:

- A formalized platform to present innovative ideas to executive leadership
- Access to adequate evidence
- Encouragement from executive leadership
- A culture that embraces risk-taking and innovation

The common themes derived this study were related to communication and bolstering workforce commitment to implementing new processes, standards, policies and innovations. The study also identified the need for executive leaders to prioritize a culture of innovation and transform the status quo.

In the AONL Foundation’s Longitudinal Nursing Insight Study (2022), nurse leaders reported multiple challenges, including maintaining the standard of care, communicating and implementing new policies and adopting new technologies and innovations.

Figure 4: Top challenges identified by nurse leaders



Common themes from this study were the increased need for innovations to manage current challenges, as well as communicating, adopting and sustaining protocols and innovations. The findings from both the Deloitte and Longitudinal studies support the need to foster a culture of inquiry.

Importance of Nurse Leader Values and Communication Style

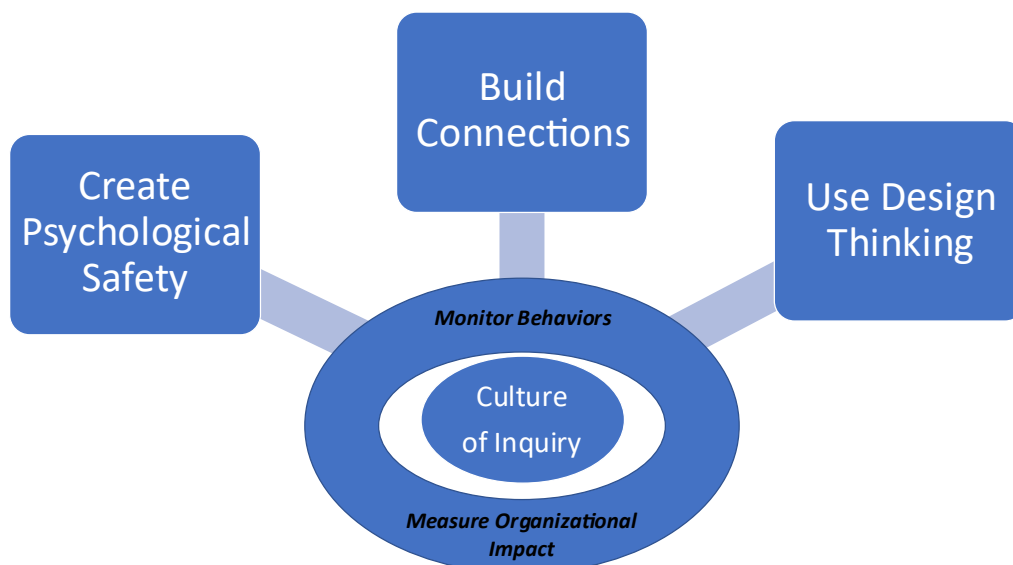
A leader’s values bridge the intent and purpose of their communications. According to Raso (2020), leading with your values demonstrates how you express or share your values, using your values to explain the rationale or the “why” for decisions or actions, and “living” those behaviors. Hence the phrase, “walk the talk.” By using highly relational spoken word, a leader impacts the employee’s psychological state. These psychological states are expressed with distinctly positive or negative outcomes for the follower, leader, organization and its stakeholders and customers (Mayfield & Mayfield, 2014). To positively impact the follower and organization, leaders use motivational language consisting of three facets of communication: direction-giving, empathetic, and meaning-making (Mayfield & Mayfield, 2021).

Behaviors in direction-giving language include performance feedback, autonomy and resources, whereas empathetic language includes experiences, politeness and removal of barriers. Behaviors in meaning-making language include purpose, storytelling, innovation and guidance. Motivational language fosters a positive emotional culture of joy, companionate love, pride and gratitude, in turn enhancing an employees’ identification with the organization and perceived cultural fit (Mayfield & Mayfield, 2022; Yue, Men & Ferguson, 2021).

A culture of inquiry will elevate nursing leadership’s ability to challenge the status quo, ensure organizational adoption of new processes, services and innovations, and improve communication, commitment and organizational performance (AONL, 2022). All levels of leadership should focus on enabling inquisitiveness through social and structural processes that stimulate and nurture effective communication, belonging, questioning, psychological safety, use of evidence, learning and innovation. Nurse leaders may sustain a culture of inquiry by creating environments that engender psychological safety, build connections and use design thinking procedures (see Figure 1).

To ensure that nurse leaders are thriving, these combined approaches will require periodic self-assessments for behavior changes and organizational measures to evaluate the impact of ongoing improvements.

Figure 5: Framework to Foster a Culture of Inquiry



Key Definitions, Tools and Resources

Create Psychological Safety

Psychological safety within a team is defined as “a shared belief that team members will not be rejected or embarrassed for speaking up with their ideas, questions, and concerns” (Bresman & Edmonson, 2022). Psychological safety directly relates to workplace productivity, team innovations and promotes feelings of inclusion, trust and belonging. The nurse leader is an important differentiator of psychological safety at the team level and the behaviors exhibited within the team. In a volatile, uncertain, complex and ambiguous health care environment, it is imperative nurse leaders create a safe space to learn, where team members can contribute to the success of an organization and are supported (Brown, 2021). When a person’s psychological safety deteriorates or is compromised, there is a fear of retaliation, damaged integrity, stagnated creativity and repressed ideas. A disrespectful interaction can result in a “disproportionately toxic impact on engagement and belonging” (Gube & Hennelly, 2022). Psychological safety is a fundamental human driver for motivation and is supported within Maslow’s Hierarchy of Needs beginning with a desire for security and safety, belongingness and esteem/accomplishments attainment. Psychological safety is essential to promulgate integrity, innovation and inclusion. It is the foundation for organizational resilience (Gube & Hennelly, 2022).

Goal: Nursing leaders create psychologically safe environments where voices are heard and people are empowered by:

1. Communicating with civility and transparency and ensuring receptivity to feedback; leaders empower confidence by encouraging and engaging in honest and nonjudgmental conversations. Align words with actions.
2. Ensuring clarity about expectations for ethical decision-making and integrity; taciturn and vague expectations can have consequences.
3. Personally support and invest in diversity, equity, inclusion and belonging – how do team members’ bridge expertise and background boundaries by sharing ideas and asking key questions? Frame differences as a source of value.
4. Structuring meetings to include a specific goal for information sharing; inviting diverse perspectives into the conversation, listening and repeating back the idea to ensure the authenticity of communication.
5. Utilizing inquiry to contribute ideas; open-ended and shared ownership questions reduce barriers.
Examples:
 - a. What do you hear about “X”?
 - b. How can I help?
 - c. What did I do to put you into this challenging situation?

Motivational Language (Mayfield & Mayfield, 2022):

Motivational Language Theory is a leadership communication model designed to improve leader-to-employee conversation, derived from management, social science and communication theory. It incorporates direction-giving, empathetic and meaning-making language and assists to drive organizational well-being and to improve employee performance, retention, and job satisfaction.

- ~ Direction-giving language: goals based on a vision, how to carry out and expected rewards.
- ~ Empathetic language: concern for well-being
- ~ Meaning-making language: use of cultural values, storytelling, how “we make sense of relationships and life events.”

6. Devising a process for team members to have a safe route to raise concerns and know how to access and use it.
7. Promoting teamwork using tools such as [TeamSTEPPS](#) and CREW Resource Management; encouraging out-of-the-box thinking.
8. Using motivational language, direction-giving language, empathetic language, and meaning-making language to motivate and change behaviors and cultivate an environment of inclusion.
9. Allowing opportunities for risk-taking and learning from failure, without fear, judgment or adverse consequences.
10. Providing consistent access to information, support, resources, structural empowerment and opportunities to advance front-line nurse leaders and nurses.
11. Investing in evidence-based data, nationally standardized tools and nursing databases to show the value and financial impact of nursing.
12. Monitoring progress with validated survey tools and measures that evaluate engagement, integrity and organizational culture; devise and implement a roadmap for improvements and transformation.

Tools to Monitor Behaviors

- **Self-Assessment Tool: Value-Based Decision-Making.** This tool is for all levels of nursing leadership as a reminder to use values in their decision-making. The four values include: 1) values of integrity, 2) value of diversity, and inclusion, 3) value of lifelong learning, and 4) value of the entire leadership team. Most importantly, you can use this self-assessment to reflect and monitor how you use these values in decision-making and understand how to change in future interactions. (See Appendix B)
- **The Safety Organizing Scale: Development and Validation of a Behavioral Measure of Safety Culture in Hospital Nursing Units**
- **AHRQ - Team STEPPS**
- **Self-Assessment Tool: Values-Based Decision-Making.** Reminds all levels of nursing leadership to use values in their decision-making. The four values include: integrity, diversity, inclusion and lifelong learning. Most importantly, you can use this self-assessment to reflect and monitor how you use these values in decision-making and how to change in future interactions. (See Appendix B).
- **The Integrated, Outcomes-Predictive, Culture and Engagement Survey for Everyone (SCORE).** Measures employee culture, wellness and engagement in one integrated survey.
- **Kouzes and Posner’s book, The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations.** This 2017 book highlights five best practices to make extraordinary things happen through employees by modeling the way, inspiring a shared vision, challenging the process, enabling others to act and encouraging the heart.

Methods for Team Coordination and Training

- **Crew Resource Management Training.** Crew resource management has become a popular umbrella term to increase patient safety by considering the role that human factors play in health care delivery. Team STEPPS is a common program with proven outcomes, demonstrating how to successfully integrate communication and teamwork into a health care system. Topics and content generally used in crew management training include communication, situational awareness, leadership, teamwork, decision-making, briefing, error management, workload management, closed loop communication, SBAR, stress management, re-evaluation, speaking up and red flags.
- **University of Virginia’s Darden School of Business Curriculum and Book: Giving Voice to Values.** The authors discuss that most of us already want to act on our values, but also want to feel that we have a reasonable chance of doing so successfully. What if I were going to act on my values? What would I say and do? How could I be most effective?
- **How Leaders and Leadership can increase psychological safety.** The Center for Creative Leadership

Resources

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Building Connections

Connection building is foundational in a leadership role. A connection or point of contact can have many characteristics in a leader-to-employee relationship. It might be a leader's voice in a nurse's ear, a pat on the back or an annoying phone call. However, repeated connections between people may emerge into a relationship (Rosenblatt, 2010). Listening, affirmation, eye contact and sincerity create trust, respect and valuing the other person (Huber & Joseph, 2022). Kanter's theory on structural empowerment identifies the key aspects of a professional work environment supported by leaders are access to information, resources, support, and the opportunity to learn and develop (1993).

Goal: Nursing leadership creates work environments to foster relationships.

1. Use verbal, physical, leadership and organizational affirmations to recognize each other.
2. Make decisions grounded in your professional and organizational core values.
3. Foster trust using character, communication and capability.
4. Be transparent while communicating – own any shortcomings to demonstrate you are human – this helps employees to trust leaders, and they are more apt to help to provide realistic feedback and problem-solve.
5. Develop a repository to log leaders' strengths, goals and preferred types of recognition.
6. As you engage in connections, learn what is important to employees and what they care about.
7. Use a storytelling framework to incorporate meaning into the conversation.
8. Create formal recognition programs using primary drivers, support structures and processes.
9. Use the Donabedian framework to build one's case for communicating.
10. Create social opportunities to celebrate the entire team.
11. Carve out uninterrupted time to connect with employees; executive leaders and the C-suite should demonstrate encouragement and consistently support listening tours that allow employees to "be heard."

Rebuild a Foundation of Trust

1. Invest in basic human needs
2. Understand the needs of all individuals
3. Intensify human connection
4. Create open spaces for listening
5. Begin the healing process
6. Move from transactional to relational communication
7. Invite thoughtful input
8. Transform the current narrative
9. Dissolve silos
10. Commit to transforming the human experience in healthcare
11. Elevate nurse leadership

Rushton et al., (2021)

Tools to Monitor Behaviors/Measures/Surveys

- 1. Motivational Language Self-Assessment Tool** - Developing competency with motivational language can improve employee outcomes of retention, motivation and behavior change. This self-assessment tool allows all levels of leadership to reflect on their use of motivational language during employee interactions. This tool can also be used as an organizational survey. The organizational survey is available for public use and it has high reliability and validity (Mayfield & Mayfield, 2017).
- 2. AONL Nurse Leader Competency Assessment Tool** –The AONL Nurse Leader competencies can be used to reflect on your leadership performance and outlines leadership development opportunities. These competencies include knowledge of the health care environment and clinical principles, leadership, professionalism, business skills and principles, and the leader within.
- 3. Perceived Authentic Nurse Leadership Tool** –The Authentic Nurse Leadership Questionnaire (ANLQ) is a validated instrument for nurse leaders and to measure nurse leaders' tendency to produce socially desirable responses, as measured by the Index of Social Desirability. The tool measures whether a person answers questions honestly; it is a measure of person integrity, a key attribute of the transparency component of ANLQ.
- 4. Code of Ethics for Nurses | ANA Enterprise ([nursingworld.org](https://www.nursingworld.org))** - A statement of the ethical obligations and duties of every individual who enters the nursing profession and should not be negotiable.
- 5. IHI Framework for Improving Joy in the Workplace** - Identifying, understanding and leveraging all assets that can be brought to bear within the health care environment, joy in our work should be one of health care's greatest assets and system priorities. The four steps to enable joy are: a) ask staff what matters most, b) identify unique impediments to joy in work in the local contexts, c) commit to a systems approach to making joy in work a shared responsibility at all levels of the organization, and d) use improvement science to test approaches to improving joy in work in your organization. The nine strategies to foster joy at the individual, manager and senior levels include physical and psychological safety, meaning and purpose, choice and autonomy, camaraderie, teamwork, participative management, daily improvement, wellness and resilience and real-time measurement. The framework can be used and tested in your organization.
- 6. C-Suite Roles and Competencies to Support a Culture of Shared/Professional Governance** - Modeling empowerment by the C-suite executives enables alignment between councils and all levels of nursing leadership, allowing organizations to achieve the goals for shared or professional governance. Three best practices for C-suite alignment include conducting rounds with staff at the unit level, asking questions to identify issues and gather staff input; creating direct ties to unit managers and staff; and encouraging employees to become problem solvers for patients, patient safety and quality patient care.

Resources

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Storytelling is a valuable, multifaceted strategy for nurse leaders to creatively engage with their teams and maintain a human and caring connection. It has the ability to bring meaning and insight into practice and patient care, professional commitment and growth.

Design Thinking

Design thinking is defined as a set of cognitive, strategic and practical procedures or tools used for problem-solving, thinking outside the box or innovating. It is a comprehensive approach that can help individuals, teams or forums to systematically extract, teach, learn and apply human-centered techniques (Lipmanowicz & McCandless, 2021). The process may include developing self-awareness, recognizing oppression, embracing complexity, engaging in questioning to challenge assumptions; developing new ways of thinking, being intentional about improving products, processes, or services; and helping to test services, products or processes to uncover new ways to meet health care delivery and workforce needs (Huber et al., 2019; Lipmanowicz & McCandless, 2021). A popular method is called liberatory design, and it calls for teams to notice, reflect, see the system, empathize, define, inquire, imagine, prototype and try.

Facilitators for design thinking include the availability of existing literature to ease the transition, participant enthusiasm, a detailed understanding of barriers and streamlining goals. While barriers included limitations in existing literature, ample time to implementation, social pressure influence and poor concept definition (Rahemi et al., 2018). Design thinking requires organizational commitment, risk-taking, crossing borders, collaborating and unleashing the power within (Marshall, 2019; Joseph et al, 2016; Crenshaw & Yoder-Wise, 2013).

Goal: Nursing leadership utilizes design thinking processes to problem solve, utilize evidence and reimagine the work of patient care and the workforce.

1. Use problem-solving and design thinking tools to reimagine patient care and workforce issues.
2. Create forums for nurse leaders to promote ideas, present to executive leadership and allow time and resources to implement.
3. Use the IHI's four steps to improve joy in the workplace.
4. Use the University of Iowa's implementation framework for the sustainability of evidence and knowledge.
5. Ensure the team has access to journals and/or a library.
6. Hire personnel with research competencies.

To ensure the sustainability of a new process, innovation or EBP, by using Iowa's Implementation Framework

- Phase I: Create awareness and interest
- Phase II: Build knowledge and commitment
- Phase III: Promote Action and Adoption
- Phase IV: Pursue integration and sustained use

(Cullen et al., 2022)

Tools to Monitor Behaviors/Measures/Surveys

1. **The SCAMPER Technique:** Substitute, Combine, Adapt, Modify/Magnify, Purpose, Eliminate/Minimize and Rearrange/Reverse is an individual or team brainstorming technique to innovate.
2. **Liberating Design - Mindsets and Modes to Design for Equity, Stanford University:** This design thinking approach uses methods from across the field to create learning experiences that help people unlock their creative potential and apply it to the world. This allows a liberatory process and practice to generate self-awareness to liberate designers from habits that perpetuate inequities. It can shift the relationship between the people who hold power to design and those impacted by designs, and foster learning and agency for those involved in and influenced by design work, creating conditions for collective liberation. It uses a design deck to invoke stances and values to ground and focus one's design practice and uses modes to provide process guidance for one's design practice.
3. **Appreciative Inquiry - Center for Appreciative Inquiry:** The Appreciative Inquiry Model is one of the key positive organizational approaches to development, collective learning and organizational engagement. It focuses on what's working, rather than what's not working, and leads to people co-designing their future. The method utilizes questions and dialogue to help participants uncover existing strengths, advantages or opportunities in their communities, organizations or teams.
4. **OVID Synthesis Clinical Evidence Manger** - A workflow management solution that organizes, standardizes, and accelerates quality improvement, evidence-based practice and research projects across one's institution.
5. **Iowa's Implementation for Sustainability Framework** - The four phases in the Iowa Implementation for Sustainability Framework represent the nonlinear nature of implementation within complex health systems in which clinicians work and patients receive health care. The framework phases and strategies provide guidance on when to use strategies and suggest how to bundle them by crossing domains to address the cognitive, motivational, psychomotor, social and organizational influences. Contact UHCNursingResearchandEBP@uiowa.edu or 319-384-9098.

Exemplars and Best Practices



SSM HEALTH CARDINAL GLENNON CHILDREN'S HOSPITAL (ST. LOUIS)

Establishing a culture of inquiry requires leadership buy-in with a chief nurse vested in a robust evidence-based practice and research program. A knowledgeable and committed group of individuals, proficient at ascertaining and instituting structures, systems and processes, is needed to establish an EBP and research program. Most importantly, it takes a workforce of nurses who are empowered to question their practice and seek solutions to improve the health and well-being of patients. Expected outcomes for staff development and culture of inquiry included creating an EBP and Research Council within the nursing shared governance structure, organizing EBP Cohort Workshops twice a year with protected time for nurses to participate (40 hours), hiring a nurse scientist to lead EBP and research activities. This resulted in more than 120 completed projects by nurses emboldened to disseminate via poster and podium presentations and journal publications and enhanced practice changes with evidence-based support.



WEST VIRGINIA UNIVERSITY MEDICINE (MORGANTOWN)

The organization needed a solution to organize, standardize and accelerate quality improvement, evidence-based practice and research projects. Leaders established an online platform to offer a single, cohesive view of projects. The online platform creates transparency and reduces duplication across teams while also fostering collaboration within projects by streamlining the literature search, appraisal process, implementation and dissemination. The nurse residents used this tool to complete an EBP project. The platform allows for easy access for individual or team work on brainstorming topics, formulating a PICO(T) question, completing a literature search, critiquing articles, and assembling an evidence table and presentations. Most nurse residents choose to complete their projects on a topic of a quality improvement from their unit-based Culture of Unit Safety Program. These projects improve quality and safety. Since introducing the tool, 85% of the nurse residents have successfully completed their projects. Projects have included a proning protocol for patients with ARDS, staffing numbers in correlation to patient falls, improving on-time surgery starts, therapy effects on weight loss surgery, COVID-19 vaccinations in adolescents and opioid use disorder. According to nurse residents this process makes it much easier to collaborate on projects, reduces duplication of projects, promotes change management and can standardize practices with an organization and across multiple sites.



UNIVERSITY OF KENTUCKY HEALTHCARE (LEXINGTON)

To address institutional barriers to inquiry, we developed, piloted, and expanded an innovative approach to addressing both institution and nurse-related barriers to clinical inquiry. The model incorporates both academic-clinical and research-practice expert dyads by partnering joint-appointed nursing faculty from a local college of nursing with a clinical nurse specialist at UK HealthCare. The dyads are positioned on dedicated service lines; thus, our model approaches clinical inquiry from a decentralized lens. This approach allows for a higher degree of purposeful interface between the experts and clinical staff, a higher degree of familiarity with patient populations and dedicated time and space to engage with staff about clinical questions impacting their practice and assist in the development of projects, implementation and evaluation of practice changes and dissemination. Our unique model, first piloted in 2018, has grown to incorporate service-specific dyads (trauma-surgery, pulmonary-medicine, ambulatory care, oncology, pediatrics, psychiatric-mental health and emergency services) leading to 36 IRB approved or exempt clinical inquiry projects, 129 presentations at regional, national or international conferences and 29 publications, all lead by or incorporating clinical nursing staff. Each dyad maintains records of projects on their service line and reports the progress to the Department of Nursing Professional Practice and Development and the Enterprise Nursing Research Council.



GEMS SHARED GOVERNANCE

This article highlights nine competencies to define nursing practice council effectiveness and provides a framework to enable alignment between councils and organizational leaders to advance goals at the individual, unit, department and organization level. These include: skillfulness, as a team or council; usefulness, in its focus on professional practice; effectiveness, in its practices for measuring progress; support from management, in its shared governance efforts; empowerment of nursing and nurses; improvement of patient safety, by ensuring success in organization-wide efforts. The framework also can improve patient care, by proactively identifying ways to improve patient care processes; provide leadership, on professional nursing practice for the nursing department; and enhance professional nursing practice, attracting communication and respect from other disciplines. This model provides opportunities for council reflections and opportunities for improvement. <https://pubmed.ncbi.nlm.nih.gov/27005400/>



GEISINGER HEALTH SYSTEM (DANVILLE, PA.)

This project enables timely review of nursing documentation compliance. It simultaneously created cost savings, and nurse leaders, nurse and staff satisfaction. As an example of time savings estimated thus far, the total transactions of suicide chart audit automation were 43,126 from 12/2021 through 7/2022, with realized benefits saved of \$634,168 and 10,780 hours (about 1 year, 3 months). Fifteen more automations are scheduled to go live as part of this work, and significant cost and time savings estimated, as well as simultaneous staff satisfaction. Nursing and supportive staff input documentation into the electronic health record, with the required data for nursing regulations flowing into discrete fields within the flowsheets (e.g., suicide precautions, non-violent and violent restraints). To save nurse leaders, team leaders and other nursing personnel time from the manual activity of reviewing nursing documentation, Geisinger Health System began chart audit automation (bot) in April 2022.

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Considerations for Nurse Leaders

1. Multiple inputs are necessary to foster a Culture of Inquiry, beginning with trust and transparency to develop collaborative relationships.
2. A natural extension of trust is the ability to be curious or ask questions related to current operations, seeking a better solution.
3. This curiosity can be facilitated through current structures such as professional governance and shared decision-making.
4. The administrative burden nurse leaders face can be daunting. Organizations should simplify the work rather than adding complexity through additional steps or asking leaders to do more of the same without streamlining the workload.
5. Nurse leaders deserve the time and space to connect with and empower their teams, to think creatively to garner their perspectives to design and test the best practices in leadership and care delivery.

Use Kanter's structural empowerment framework for leaders to thrive (1993). Ensure access to information, resources, support, and the opportunity to learn and develop.

Creating a Culture of Inquiry

Transforming the workforce and the practice environment requires strong nursing leadership at every level. Promoting a culture of inquiry presents the challenge of a culture change. A culture change for nursing leadership to thrive is an enduring journey that requires leading with transparency, psychological safety, continuous learning, curiosity and innovation. Leaders should use and build on existing structures for shared/professional governance and advancing care while providing space for design thinking as a methodology to generate ideas, challenge the status quo, reimagine nursing care delivery, allow risk-taking and elevate the discipline. A culture change requires frequent assessments and measurements to keep the momentum going forward to sustain change. This section includes tools and references to promote this transformation. Continued best practice development and research are needed to build a body of evidence on creating cultures of inquiry.

Sustainability

The Agency for Healthcare Research and Quality (AHRQ) defines sustainability as “when processes or improved outcomes last within an organization after implementation has occurred” (AHRQ, 2017). Sustaining a culture of inquiry and its associated hallmarks (i.e., effective communication, belonging, questioning, psychological safety, use of evidence, learning, design thinking, and innovation) requires ongoing assessment, measurement and transparent reporting of results. Strategic plans should be formulated to include organized actions, especially when results drift from pre-established parameters. Leaders should ensure specific tactics for sustainability are set when initiating a culture change project. (AHRQ, 2017). By being inquisitive, leaders can sustain a thriving and flourishing culture of inquiry (Gino, 2018). Iowa’s four-phase implementation framework has proven effective to guide implementation of evidence-based practice (Cullen et al., 2022). Additionally, AHRQ (2017) recommends using storytelling to bring the culture change alive and assist in sustainability. Particular attention should be given to onboarding new team members to present cultural expectations that enhance the benefits and promote participation in a culture of inquiry.

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Culture of Inquiry

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Consultant

Appendix A

Self-Assessment for Reflective Leadership Practice

A Values-based Decision-making Tool

What is values-based decision making?

It is making decisions grounded in core values. We will reflect on values of integrity, diversity and inclusion, growth mindset, values of leadership and the outcomes they facilitate or drive.

Please select **3 days** within the next two weeks **to reflect on your use** of values-based decision-making

Legend: A=Agree, DA=Disagree, and N/A=Not Applicable

| | Day 1 | | | Day 2 | | | Day 3 | | |
|--|-------|----|-----|-------|----|-----|-------|----|-----|
| | A | DA | N/A | A | DA | N/A | A | DA | N/A |
| <i>Our values of integrity</i> | | | | | | | | | |
| Today, I made a decision aligned with our core commitments to respect, dignity, safety, equity, fairness and inclusivity. | | | | | | | | | |
| Today, I recognized that my decision created tension between/among any of our core values. I have a plan to communicate that. I have a plan to resolve it. | | | | | | | | | |
| Today, I provided clarity about how this decision aligns with our values and mission. | | | | | | | | | |
| <i>Our value of diversity and inclusion.</i> | | | | | | | | | |
| Today, I recognized that my decision impacts members of our community differently (think of community broadly). I have a plan to address that. | | | | | | | | | |
| Today, I assured that all those who will be impacted by the decision participated in shaping the decision. | | | | | | | | | |
| Today, I heard and valued diverse views to shape our team's decision-making process. | | | | | | | | | |
| Today, I communicated the outcomes of this decision to all who have shaped it. | | | | | | | | | |
| <i>Our value of lifelong learning.</i> | | | | | | | | | |
| Today, I modeled a growth mindset. | | | | | | | | | |
| Today, I was thorough in taking into account learnings from both success and setbacks. | | | | | | | | | |
| Today, I rewarded others for learning from setbacks equally to rewarding success. | | | | | | | | | |
| We champion development plans for leaders at every level in the organization. Are they transparent? | | | | | | | | | |
| <i>Our value of the entire leadership team.</i> | | | | | | | | | |
| Today, decisions were made to cultivate the members of our team. | | | | | | | | | |
| Today, my/our patterns of thought and behavior conveyed to our staff that they were seen, heard and valued. | | | | | | | | | |
| Today, my/our patterns of thought and behavior conveyed to our staff that they were seen, heard and valued. | | | | | | | | | |

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Appendix B

Leadership's Reflective Use of Motivating Language

A Motivational Language Tool

What is Motivational Language?

Motivational language which is a communication approach to connect with followers. It consists of three facets of communication: direction-giving, empathetic and meaning-making language (Mayfield & Mayfield, 2020).

Please select **1 day** within the next three weeks **to reflect on your use** of motivational language.

Legend: A=Agree, DA=Disagree, and N/A=Not Applicable

| | Week 1 | | | Week 2 | | | Week 3 | | |
|---|--------|----|-----|--------|----|-----|--------|----|-----|
| | A | DA | N/A | A | DA | N/A | A | DA | N/A |
| Direction Giving Language | | | | | | | | | |
| This week, I gave my team new ideas related to their work. | | | | | | | | | |
| This week, I clearly defined my overall job responsibilities to my team or a leader | | | | | | | | | |
| This week, I explained specific job tasks in an understandable to way my team or a leader. | | | | | | | | | |
| This week, I clearly communicated work goal expectations to my team or a leader | | | | | | | | | |
| This week, I clarified complex goals to my team or a leader | | | | | | | | | |
| Empathetic Language | | | | | | | | | |
| This week, I expressed understanding when I saw a leader was discouraged at work. | | | | | | | | | |
| This week, I congratulated a leader for work achievements. | | | | | | | | | |
| This week, I praised the team for accomplishing steps towards a work goal. | | | | | | | | | |
| This week, I spoke positively about a leader's efforts regardless of the outcome. | | | | | | | | | |
| This week, I told a leader that I understood their work setback. | | | | | | | | | |
| Meaning-Making Language | | | | | | | | | |
| This week, I shared an inspiring story to help a leader better contribute to the work. | | | | | | | | | |
| This week, I discussed with the team or a leader how they are supporting their personal values through their job performance. | | | | | | | | | |
| This week, I told the team or a leader how their contributions help achieve organizational goals. | | | | | | | | | |
| This week, I told the team how new job innovations contributed to organizational values. | | | | | | | | | |
| This week, I told the team or a leader, how new work ideas contribute to organizational goals. | | | | | | | | | |



CHAPTER 7

Total Rewards

Nurse managers are crucial to an organization's success. Total rewards should be a critical part of any organization's strategies to attract and retain nurse leaders, particularly nurse managers. Nurse managers sit at the juncture of strategy, mission, finance, patient experience, quality, clinical and human resource outcomes; they typically have the largest scopes of work, compared to other health care managers. In general, they are leading the largest and most influential percentage of the health care workforce, without the appropriate total rewards packages offered to managers in other industries. Compensation plans often focus on traditional financial salary plus many maybe eligible for bonus/incentive plans. However, the non-salary part of a total compensation plan can be equally or more attractive, enhancing the total rewards package. Four parts to an effective and comprehensive Total rewards compensation programs include financial compensation, meaningful recognition, development/career advancement opportunities and wellness/self-care opportunities.

Many times, nurse managers' total compensation is less than the clinical nurses they supervise, due to bonus programs, extra-shift bonuses, over-time pay, and weekend, night or holiday pay differentials. This inequity creates dissatisfaction among nurse managers especially since they bear 24/7 accountability. Due to staffing shortages, nurse managers often have to work at the bedside and are rarely compensated for the additional hours worked because their position is exempt.

Numerous articles on how to attract and retain nurse managers have been published, but very few mention how to structure total rewards in a significant and meaningful way. Most strategies focus on role, scope, span, empowerment, recognition and professional development. While all important, these strategies have limited impact if they do not address the underlying market competitive compensation and rewards. In reviewing the literature, the subcommittee found a significant gap in measuring the financial impact of nurse manager turnover. Only anecdotal accounts could be found on the average cost of nurse manager turnover and the impact of turnover on clinical and organizational outcomes.

Key Findings From AONL Research

According to a recent AONL survey conducted with Deloitte, nurse leaders' most appreciated benefits include health insurance, incentive bonuses, retirement plans with matching funds and paid time off. Nurse leaders identified retention bonuses, performance incentives, increased retirement matches and increased PTO accrual as benefits that would most likely prevent them from leaving in the next three months (Deloitte, 2022). A 2022 survey conducted by the American College of Healthcare Executives, found almost 16% of health care administrators would not recommend health care leadership as a good field for young people. The higher burnout scores were associated with two primary factors: poor sleep and low self-valuation.

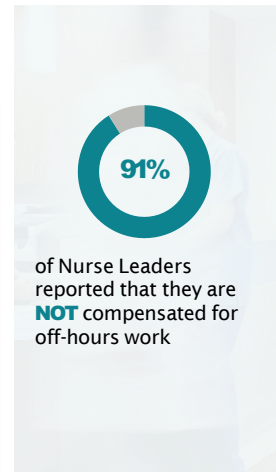
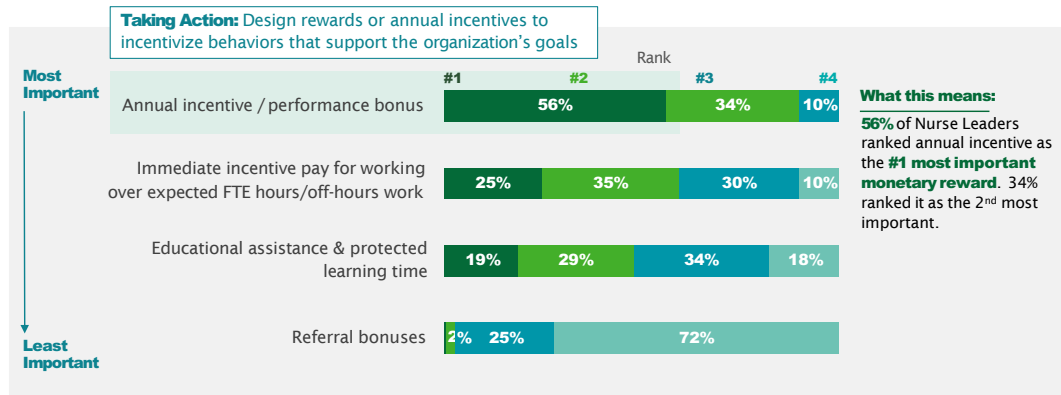
Figure 1: Preferred benefits among nurse leaders

THE ROLE: COMPENSATION & BENEFITS

Among monetary rewards, Nurse Leaders expressed the greatest interest in annual bonuses, followed by compensation for working outside of their scheduled hours

MOST IMPORTANT MONETARY BENEFITS

Please rank the following monetary rewards (aside from base salary) in terms of their importance to you.



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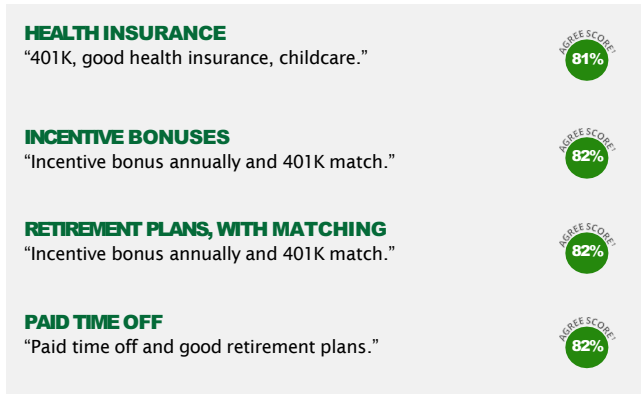
Figure 2: Most appreciated benefits among nurse leaders

THE ROLE: COMPENSATION & BENEFITS

The **most appreciated benefits**, and those that might **encourage Nurse Leaders to stay at their current organization**, are often related to bonuses, retirement plans, and PTO

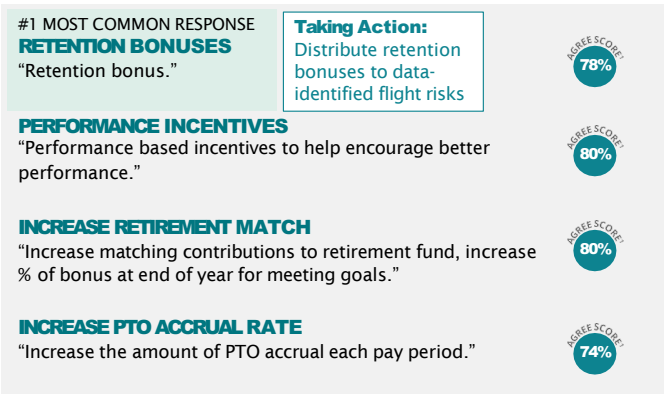
MOST APPRECIATED BENEFITS

Aside from current base salary, what is the compensation item (e.g., bonus) or benefit that you appreciate most from your employer?



TOPREVENTMEFROMLEAVINGIN THENEXT36MONTHS

Aside from adjusting current base salaries, what is the one thing your organization could do within the next 3-6 months relative to compensation/total rewards that would prevent you from leaving?



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 *Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.

Figure 3: Most important benefits for nurse leaders

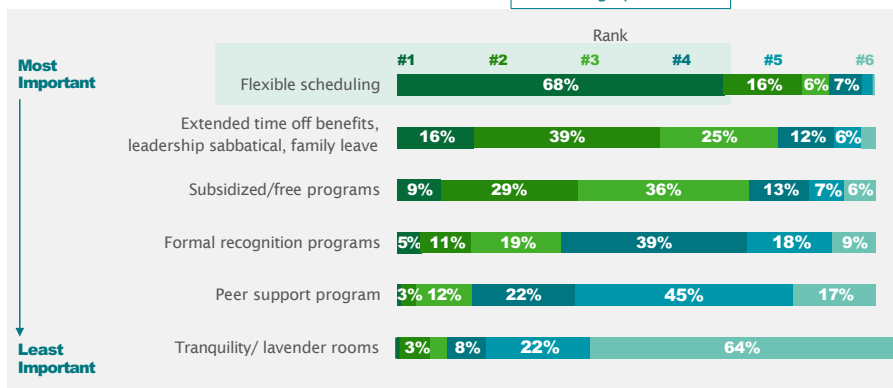
THE ROLE: COMPENSATION & BENEFITS

Among well-being programs, flexible scheduling was ranked as the most important by a sizable margin

MOST IMPORTANT NON-MONETARY BENEFITS

Please rank the following non-monetary benefits or well-being-related programs in terms of their importance to you.

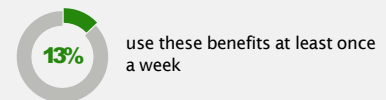
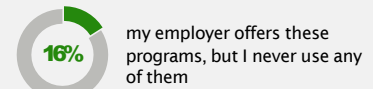
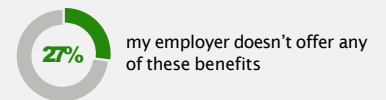
Taking Action:
Experiment with flexible scheduling options



*Top segments are based on professional demographics and excludes segments with n<20
 Segments shown tested statistical significance at 90% confidence
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AVAILABILITY AND USAGE OF NON-MONETARY BENEFITS

If your employer currently offers any of the benefits/well-being programs shown on the left, how often are you using them?



Benefits used weekly most often by:
 Supervise 101-300 Employees (32% use weekly)
 Suburban (20% use weekly)

Benefits used weekly least often by:
 Experience burnout every day (6% use weekly)

A total compensation package could include development and career advancement. Including tuition reimbursement, allocated days off for school, mini sabbaticals to pursue further learning, and organizational support for employees to publish research or to attend and speak at conferences in a formalized compensation package demonstrates to nurse managers their organizations are invested in their career progressions. Additionally, mini residencies in which nurse managers are mentored by rotating non-clinical members of the organization, as well as clinical and also external mentors, are an effective tool to aid in retention.

Mental and physical health are equally important components of overall health. As such, total rewards packages should include wellness and self-care benefits. The opportunity for “mental health days” and defined “working at home days” can significantly support nurse managers.

By focusing on the total rewards (financial and non-financial opportunities), nurse managers can effectively build a roadmap for their careers with the support of their organization.

Key terms

- *Total Rewards* – the combination of benefits, compensation and rewards that an employee could receive from their organization.
- *Compensation* – the money received by an employee from an employer as a salary or wages.
- *Equity* – shares in a company and their value (i.e., for-profit hospitals).
- *Bonus* – an amount of money added to wages on a one-time or ongoing basis for positive performance.
- *Salary* – fixed amount of compensation which is paid for employee performance.
- *Wages* – an hourly or daily-based payment for the amount of work completed or hours worked.
- *Benefits* – time off, health/life/disability insurance. In some instances, may be a payment or gift made by an employer.

Key Takeaways

1. Market analysis for pay should be completed every 6 months to 1 year depending on the market dynamics.
2. Conduct a total rewards optimization survey with nurse leaders.
3. Employers should produce total reward statements to educate and highlight the total value of compensation.
4. Nurse leaders’ eligibility for incentive-based bonus plans should be considered.
5. Provide hybrid work schedules and roles for nurse managers to create opportunities to work from home.
6. Provide personalized benefit packages (e.g., child and elder care benefits).
7. Provide administrative support models for nurse managers to remove burdensome administrative tasks.
8. Undertake a study to research the cost of nurse manager turnover on average and the impact to the turnover of clinical staff.
9. Increase paid time off for leaders.
10. Provide an interim leader coverage plan to allow for extended time off.

Exemplars



REMOTE WORK FOR NURSE LEADERS (TEXAS)

During 2020, Texas Health Eules-Bedford proposed a biweekly option for nurse managers to work remotely as a means to support front-line leaders to adapt to new professional and personal demands placed on them as a result of the pandemic. In addition, each month, leaders are encouraged to carve out half a day to reflect on their professional goals, review health care and business journals, or schedule self-care, whatever that might look like for each leader. On the days nurse managers work remotely, they spend their time reviewing and closing out event reporting documents, completing the written portion of an employee's quarterly performance management journal, responding to emails and other tasks that are frequently interrupted throughout the course of the managers workday, yet important to complete in a timely manner. Expectations are communicated to managers that they are to be available to come to the hospital if needed, and they must schedule their remote working days in advance with their supervisor, so that the manager can be supported while off site. Leadership presence and support for the unit staff is managed by the nursing director, or a nurse manager peer who are on site, who are intentional with team rounding and troubleshooting issues to avoid misperceptions of the program. While we started this practice as a result of the COVID-19 pandemic and the health care field's quick embrace of virtual meetings, our organization's leaders voiced support of continuing this practice as our work routines returned to pre-pandemic norms. Contact Julie Balluck at Julieballuck@texahealth.org.



NURSE LEADER RECOGNITION PROGRAM

Formal programs for meaningful recognition associated with international organizations and standards are especially meaningful. The DAISY Award is a gold standard for recognizing extraordinary nurse managers. It is driven by patient and family, peer and colleague nomination, making it especially meaningful, increasingly so when combined with internal recognition ceremonies hosted by an organization's leaders. The AONL Foundation's "Beyond Gratitude" program has proven effective in increasing the number of the DAISY awards and contributed to nurse managers' well-being.

Other local formal meaningful recognition programs – such as mentor of the month, system-wide recognition programs for certifications, achievement of goals or contributions to the community – go a long way in inspiring and motivating nurse managers. Differentiated practice programs that define levels of competencies for nurse managers with associated recognition and compensation programs provide an aspirational roadmap for advancement. Additionally, recognizing successful mock surveys for Magnet®, Joint Commission and others are helpful.

Informal programs that increase the visibility of nurse managers are also very effective. For example, rotating attendance and presentation to the board, medical staff and other forums are important for career progression. In addition, a culture of gratitude and appreciation can ease the burden of the nurse manager role, especially when it comes from respected leaders who sincerely recognize the value of what the nurse managers do. Contact Karlene Kerfoot at KKerfoot@symplr.com.



MARKET ANALYSIS BEST PRACTICES

Pay is an important part of an employee's total rewards package. Given the quickly changing economic environment, it is important to ensure staff nurses and leader salaries adjust alongside three factors: the relevant labor market, the organization's strategy, and an individual's specific pay within the range. To maximize effectiveness, nurse leaders should have a good understanding of how their organization uses these adjustments as part of total compensation.

Prior to the pandemic it was common to have annual market reviews of position salaries, including leadership roles. The review uses data to determine where these positions are aligned to the relevant market rates (i.e., leading, lagging, or at market). The review process does not necessarily produce a national average, but gives comparable data for similar organizations based on multiple factors (e.g., size and geography). The review process combined with an organization's strategy to lead or lag, informs decisions around the pay structure and where to make competitive adjustments.

Given the speed of market, organizations realized the competitive labor market requires a reviews more frequently than once a year. Organizations can address rapid changes through reviews using and monitoring workforce triggers such as vacancy rates, turnover, time to fill and perceptions of pay. When certain thresholds are hit, exit information may trigger a compensation review. Nurse leaders can be good partners by communicating with human resources when they start to see a pattern of workforce changes, specifically around reasons for voluntary departure.

The biggest daily influence nursing leaders can have at the individual level is knowing the pay range, where an individual sits within a pay range and ensuring they are paying attention to top talent who should be rewarded for their contributions to the organization. To do this, nurse leaders need to work with human resources to understand how best to make annual, mid-year or retention adjustments in line with the organization's direction. Each organization is different in the leadership discretion and processes used. Establishing a strong partnership with human resources is important to ensure you understand all factors for attraction and retention of top talent. Contact Daniel Gandarilla at Daniel.Gandarilla@atriumhealth.org.



BONUS/INCENTIVE MODELS

Organizations should assess equity of base pay for nurse managers with its other positions, -especially with non-nursing jobs. These can include equitable compensation for size of budget, FTE count, level of responsibility for overall success of the organization, complexity of the position (e.g. turnover/ complexity of patients, number of physicians and other professionals/departments, internal and external factors, interaction with students, etc.), 24/7 responsibility, seniority, geographic market and other factors.

The amount of bonus/incentive pay allocated to achieving organizational outcomes and improvement in outcomes should be commensurate with the position's span of control. These outcomes can include turnover of staff, engagement of staff, engagement of patients and family and achievement of nurse-sensitive clinical indicators. Value-based performance bonus plans can be structured to have individual achievements and organizational goals, the percentages of these plans is at the discretion of the organization's leadership. Retention incentives, such as deferred payments for incentives/bonuses can be considered. Contact Karlene Kerfoot at KKerfoot@symplr.com.



A COMMUNITY OF PRACTICE

Nurse managers need to have a peer support model. Barbara Mackoff's work on Nurse Manager Engagement with AONL and hospital health systems has resulted in communities of practice being developed at a national, local and hospital level. One hospital developed a community of practice to improve nurse manager retention and engagement. The hospital's employee engagement score achieved a 98 percentile. Surveys measuring nurse engagement and job satisfaction also got a big boost. In fact, that number jumped from 55% to 98% over four years. Contact Cole Edmonson at Cole.edmonson@amnhealthcare.com.



ORGANIZATIONWIDE PROTECTED ROUNDING (PATIENT/TEAM) TIME SUPPORT MECHANISM FOR NURSE MANAGERS (TEXAS)

Rounding with patients and staff is a well-known evidence-based tactic for improving the care experience of consumers, as well as validating a positive practice environment for clinicians. Texas Health Hurst-Euless-Bedford identified carving out time away from meetings, administrative tasks such as completing payroll or follow up from event reporting systems, and putting out fires as top challenges for nurse leaders. In response to feedback from front-line nurse leaders, the executive team supported protected time each day from 9 a.m. to 10 a.m., known as the "sacred 60" throughout the organization. During this time, no meetings or other activities may be scheduled, and leaders are encouraged to hold each other accountable to respecting this time by not scheduling any non-rounding activities. In late 2021, the organization launched Lean Daily Management, or Gemba rounds at the director level and above. These occur between 9 a.m. and 9:30 a.m., so all leaders within the organization round on their assigned departments. Since protected rounding time was already enculturated at the organization, it was easy to implement the Gemba rounds to support the process improvement efforts on every unit within the hospital. Outcomes such as patient net promoter scores and nurse satisfaction steadily improved since implementing protected rounding time. In addition this initiative supports nurse manager efforts by providing them with protected time to round with consumers and clinicians. Contact Julie Balluck at JulieBalluck@texashealth.org.



INTERIM-LEADERSHIP COVERAGE MODEL

Nurse leaders often struggle to fully disconnect during vacation and time off. Several organizations have implemented interim coverage leadership models. Models can vary but two models are commonly used:

- External Interims: Coverage for vacation, PTO or extended time off is covered for the leader by engaging a firm that supplies interim leaders. Organizations engage singular or multiple interim leaders to cover one or many leaders' time off. For example, one organization engaged a singular interim leader with a broad background in nursing and leadership to continually cover for the leader vacations, time off and sabbaticals throughout the year.
- Internal interims: Coverage for vacation, PTO and extended time off can be accomplished by hiring a "float" leader capable of covering areas that can rotate through the organization to cover services on a scheduled basis.

Generally, the coverage is coordinated by the executive nurse or the nurse leader council in an organization. Contact Cole Edmonson at Cole.edmonson@amnhealthcare.com.



TALENT REVIEW MODEL (OHIO)

For the past 10 years, OhioHealth has built and refined a robust Talent Review process to identify high performing and high potential leaders across the organization who are ready to take on new assignments, responsibilities or roles. Initially piloted in the nursing division before rolling out across the organization, the process has been a critical tool in identifying and promoting nursing talent across the system. The Talent Review process uses input from individual leaders about their experience as well as their current aspirations for personal growth and career development. Using this data, the nursing leadership team from across the system comes together in a collaborative talent review to discuss the future potential for all clinical nurse managers, administrative nurse managers and nursing directors from across the system. A performance by potential matrix, standard definitions of potential and ground rules are used to drive consistency in all discussions. These conversations help create visibility for system-wide talent, generating alignment between career opportunities and personal aspirations. The process also validates high-potential leaders and surfaces potential development action items for individuals. Coming out of the talent review, each nurse leader gets feedback on their strengths and development areas to help them continue to grow. This process has supported the internal movement and promotion of much of the nursing talent, from administrative nurse manager through chief nursing officer roles. Contact Alice Wheeler at Alice.Wheeler@ohiohealth.com.



ADMINISTRATIVE SUPPORT MODEL (OHIO)

Nursing and staff shortages in ancillary areas such as nutrition and respiratory care, and financial pressures leading to a reduction of support roles has increased the burden on nurse managers and front-line staff. Increased workloads lead to staff turnover, placing safety, quality and organizational culture at risk. Feedback from focused nurse manager listening sessions and data points, including patient satisfaction and associate engagement scores, demonstrated the need for a cross-functional position to support nurse manager administrative tasks. Ohio Health developed the unit service coordinator role to help with timekeeping, charge reconciliation, point-of-care scanning, clerical functions and focused service and safety rounds. Quick wins for nurse managers include more time to perform patient and associate rounding and reduced payroll errors. Contact Cynthia Latney at Cynthia.Latney@ohiohealth.com.



LEADER ELIGIBILITY FOR REFERRAL BONUS PROGRAMS (PENNSYLVANIA)

Sourcing nursing candidates is not the sole responsibility of talent acquisition. Nurses who practice at the organization are also highly valuable recruiters. They have their own professional and personal networks of colleagues who are potential hires. To incentivize and reward, Allegheny Health Network offers staff nurses a referral bonus for identifying and hiring experienced direct-care nurses into the organization. Initially limited to staff nurses, AHN recently expanded the program to include directors, nurse managers, assistant nurse managers and clinical supervisors. AHN grants referral bonuses for experienced nurses, but not graduate nurses.

In September 2022, AHN began including the nurse leader cohort in the referral bonus, resulting in a net increase of 48 new nurses to the organization that otherwise may not have been hired. The cost of enacting the practice is negligible compared to the value. Further, including this nurse leader cohort has motivated them to search their networks, informally market the organization externally, and improved their morale due to the inclusion. Contact Claire Zangerle at Claire.Zangerle@AHN.org.

Resources

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- Factors Affecting Burnout Among Healthcare Leaders. ACHE, Healthcare Executive November / December 2022.
- Deloitte. (2022). Remesh study: Addressing health care's talent emergency. Insights.
- Put an End to Nurse Manager Burnout <https://www.advisory.com/Topics/Nurse-Engagement-and-Burnout/2017/06/Put-an-end-to-nurse-manager-overload>
- 5 Ways to Stop Overloading Your Nurse Managers <https://www.advisory.com/Daily-Briefing/2019/08/06/nurse-manager-overload>
- The State of the Nation's Nursing Shortage <https://www.usnews.com/news/health-news/articles/2022-11-01/the-state-of-the-nations-nursing-shortage>
- Nursing and Manager Salaries https://www.payscale.com/research/US/Job=Nursing_Manager/Salary
- Nurse Manager Salaries <https://www.registerednursing.org/specialty/nurse-manager/>
- Nurse Manager Salaries Survey <https://www.salary.com/research/salary/hiring/surgery-nurse-manager-salary>
- Compensation Planning Solutions https://www.imercer.com/compensation-planning-solutions?phone=compgooglesearch&gclid=CjwKCAjwvvsqZBhAIeIwAqAHEIczJaQjbVq6p30eruoBjG_NNohpSA7snj6juC0vZ03-qxLEuCTYnDhoCGCQQAuD_BwE
- Implementing Total Reward Strategies <https://www.shrm.org/hr-today/trends-and-forecasting/special-reports-and-expert-views/documents/implementing-total-rewards-strategies.pdf>
- Want to Retain Your Staff? Invest in your managers in these 3 ways. Advisory Board. https://www.advisory.com/daily-briefing/2022/12/05/manager-investment?utm_source=member_db&utm_medium=email&utm_campaign=2022dec05&utm_content=member_headline_final_x_x_x_x&elq_cid=3923956&

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