



Leadership & Professional Development

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Developing Nursing Leaders for the Future: Achieving Competency for Transformational Leadership

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Are today's nurses ready for the challenge of leading healthcare reform based on best practices and current evidence, ensuring safety and quality in all aspects of care, integrating principles of patient-centered care, and leading interprofessional teams while being fiscally responsible, ethical, caring, and compassionate caregivers? Although the question is complicated and multifaceted, the importance of ongoing leadership development from professional entry education to professional practice and enhancing professional practice at the bedside or in the board room must not be overlooked. Initial leadership development and ongoing education about the many dimensions of healthcare innovations are critical to providing nurses with the tools essential to fully engage in an interprofessional approach to healthcare reform (Institute of Medicine [IOM], 2010).

Leadership is defined in many different ways and has many dimensions. Strong leadership includes having a clear vision and communicating it clearly and passionately to inspire willing participants in the collaborative process of realizing the vision. It also includes providing information, knowledge, and other essential tools to all who share the vision and follow the path of achieving the vision. A leader is a visionary coach and guide with expertise in facilitating collaboration and coordinating personal, intellectual, financial, and other valuable resources while balancing the interests of multiple levels of customers and stakeholders and achieving optimal outcomes (BusinessDictionary.com, 2013). All oncology nurses are positioned in the current healthcare system to be team leaders for the comprehensive care of individuals throughout their

cancer survivorship experience. The way oncology nurses approach care also equips them with the basic tools to provide vision for patient-centered care and complex coordination of care for cancer survivors.

A report from the IOM (2010), entitled *The Future of Nursing: Leading Change, Advancing Health*, recommended transformational changes in nursing education and practice, which position nurses to be a strong influence in shaping healthcare delivery systems, healthcare policy, and overall healthcare practices in the future. One specific recommendation is to prepare nurses at all levels to assume leadership positions. Several leadership competency models are in academia and practice and can be used for leadership development.

Leadership Competencies

Huston (2008) suggested a set of eight leadership competencies that are likely to be essential for nurse leaders in 2020. The group of competencies is broad but lends a different dimension to comprehensive leadership preparation for the next decade. These competencies include (a) global perspective; (b) working knowledge of technology such as the electronic health record, clinical decision supports, and critical biometrics; (c) expert decision-making skills, including the use of evidence-based practice to develop best practices for delivery of care; (d) integrating quality and safety into organizational culture; (e) wisely interacting with policies and politics in the healthcare system; (f) collaborating and building interprofessional teams and positive and productive patient care environments; (g) balancing authentic leadership and performance

expectations; and (h) being proactive in guiding change to facilitate continuous quality improvement using a visionary approach to systems transformation. These leadership competencies are similar to those described by select specialty organizations and academic guidelines for leadership development.

Basic leadership preparation is integrated into all levels of nursing preparation. The Commission on Collegiate Nursing Education (CCNE) has incorporated key leadership competencies into its series for baccalaureate, master's, and doctor of nursing practice education, which provide guidelines for accredited nursing education programs (American Association of Colleges of Nursing, 2006, 2011a, 2011b). These leadership competencies include general leadership strategies, data-driven decision making, communication, conflict management, change theory, systems thinking and complexity science, healthcare systems and organizational relationships, healthcare finance, healthcare system operations, and principles of teamwork and care coordination of individuals and populations. This content is generally integrated into classroom theoretical perspectives and mentor-based academic practice at the level appropriate for the educational program and clinical experience of CCNE-accredited programs.

Practice-Related Leadership Competencies

In the practice arena, several sets of leadership competencies have been developed by practice-focused groups such as the American Organization of Nurse Executives (AONE), 2005), Healthcare Leadership Alliance (Stefl, 2008), National Center for Healthcare Leadership

Table 1. Select Leadership Competencies for Nurses

Leadership Competency	Focus	Description	Domains
American Organization of Nurse Executives (2005)	Competencies for nurses in executive practice or aspiring to executive practice	Five competency domains with 35 subdomains	Communication and relationship building, leadership skills, professionalism, knowledge of the health-care environment, and business skills
Healthcare Leadership Alliance (Steffl, 2008)	Competencies for healthcare managers (physicians, nurses, healthcare executives, financial managers, healthcare informaticists)	Five competency domains with 300 competency statements	Communication and relationship management, leadership, professionalism, knowledge of healthcare environments, and business skills and knowledge
National Center for Healthcare Leadership (2005)	Competencies for leaders in medicine, nursing, and administration across early-, mid-, and advanced-career stages.	Three competency domains with 26 competencies	Transformation, execution, and people
Oncology Nursing Society (2012)	Nurses who engage in oncology care at all levels of the healthcare delivery system	Five competency domains with 25 competencies identified, which transcend across individual, group, and governance levels of leadership	Personal mastery, vision, knowledge, interpersonal effectiveness, and systems thinking

(2005), and the Oncology Nursing Society ([ONS], 2012). Table 1 includes an overview of each of these sets of leadership competencies. Each of these organizations has a unique model depicting the main dimensions of their leadership model.

AONE (2005) described five main competencies. The first competency includes communication and practice relationships with interprofessional team members and community partners in education, practice, and service. The second competency focuses on knowledge of the healthcare environment and includes knowledge of clinical practice, healthcare delivery models, economics, evidence-based practice, safety and quality improvement, risk management, and evaluation of patient care outcomes. The leadership competency incorporates skills such as systems thinking, change management, and succession planning. Professionalism includes personal accountability and ethical conduct, evidence-based reflective practice, advocacy, and career planning. The final competency outlined includes business skills such as program planning, healthcare finance, strategic planning, marketing, resource management, and informatics and patient care technologies as decisional supports.

The Healthcare Leadership Alliance model has knowledge, skills, and attitudes that are very similar to those described in the AONE model (Steffl, 2008).

The National Center for Healthcare Leadership (2005) competency model

described many of the same elements described in the AONE and the Healthcare Leadership Alliance models except that only three domains exist. The transformation domain focuses on leadership-oriented thinking, systems evaluation, fiscal planning, innovation, and community partnerships. The execution domain includes select personal characteristics and skills in project design and management, informatics, and organizational management. The final domain in this model is people, which focuses on select leader characteristics, professionalism, human resource management, development of personnel, and team leadership.

ONS (2012) leadership competencies are described as a two-dimensional model that accounts for leadership transitions through levels of leadership influence (from individual to group to governance level) which reach beyond the oncology setting. ONS (2012) described five different domains including personal mastery, vision, knowledge, interpersonal effectiveness, and systems thinking. These domains have similarities with previously described models with the exception of unique competencies, which are important in oncology care as described in the personal mastery, interpersonal effectiveness, and systems thinking domains.

Mentoring Future Leaders

The current generation of healthcare leaders has a unique opportunity to

mentor leaders in healthcare who will be intimately involved in transforming healthcare delivery systems of the future. Benner, Sutphen, Leonard, Day, and Shulman (2010) suggested that new educational models should be considered to facilitate the development of strong nurses at all levels who have a broad base of clinical practice experiences. In addition, Benner et al. (2010) suggested that students receive support throughout their education to develop the knowledge, skills, and attitudes essential for being a leader of change in the complex healthcare systems and using evidence-based decisions that enhance patient safety and high-quality care. Reflective practice and leadership principles should be used to assist developing nurse leaders to critically evaluate healthcare delivery systems, envision potential changes in systems and policies, and formulate and implement plans for improvement (Sherwood & Horton-Deutsch, 2008). Preparation as a leader in nursing includes both formal education and experience in nursing practice, and requires many resources such as human capital, social capital, system factors, and strong external support (Adeniran, Bhattacharya, & Adeniran, 2012; O'Connor, 2011). Educational models such as streamlined online academic programs including master's entry into practice and associate's degree in nursing to master's programs provide opportunities for innovative partnerships

with healthcare systems and specialty organizations. Oncology nurses who work with students in clinical practice have a unique opportunity to have a positive impact on the beginning leadership development of professional entry students or the ongoing development of nurses in advanced practice education programs. In addition, nurse internships in oncology nursing support the crucial development of new oncology nurses and provide a strong foundation for future leadership development. Leadership development in oncology nursing includes building on fundamentals of nursing practice and incorporating a self-disciplined lifelong journey of formal and informal education, professional networking, satisfying intellectual curiosity, and modeling self-care (O'Connor, 2011). The future of leadership development may provide a unique opportunity for creative partnerships among specialty organizations and healthcare institutions for mentoring the interprofessional healthcare leaders of tomorrow.

Several nursing organizations have a long history of leadership development and mentoring of their members who are interested in learning leadership skills to influence clinical care in their specialty populations of critical care and oncology, or for nurse executives who influence care at a broader level (American Association of Critical Care Nurses, 2006; AONE, 2005; ONS, 2013). ONS has a rich history of leadership development, including mentoring of ONS national, regional, and local leaders as well as students interested in oncology nursing. In addition, the ONS Leadership Development Institute has been instrumental in developing nurse leaders in the specialty of oncology care and in healthcare practice, education, and research. ONS (2013) has identified leadership as one of the four pillars in its 2012–2016 strategic plan and has launched several exciting initiatives to support development of transformational leaders in all levels of oncology care. Oncology nurses in all phases of their career are uniquely positioned to advocate for cancer survivors by becoming astute, informed leaders in healthcare reform.

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This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include, but are not limited to, overviews of projects, accounts of the application of leadership principles or theories to practice, and interviews with nurse leaders. Descriptions of activities, projects, or action plans

that are ongoing or completed are welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Cindy J. Rishel, PhD, RN, OCN®, at rishelmom@gmail.com.