The Institute of Medicine’s report, *The Future of Nursing: Leading Change, Advancing Health*,¹ identified the importance of nursing leadership in the redesign and delivery of health care. The committee members advocated for health care organizations to create opportunities for nurses to take the lead in designing and implementing novel and effective person-centered models of care delivery. Buoyed by these recommendations, the authors, an executive chief nursing officer (ECNO), a professor of nursing, and a clinical nurse specialist, embarked on a journey to design a course for clinical nurses that was provocative and persuasive, controversial and compelling, inspiring and illuminating. The premise upon which the course was designed was that clinical nurses who have the opportunity to explore leadership practices, discuss leadership aspirations, and foster relationships with other nurses across a health care system will feel valued, validated, and invigorated to continue to investigate opportunities to develop their best professional selves.
A highly interactive clinical leadership course, called LEAD, was designed to foster leadership practices in clinical nurses across a hospital system. LEAD is an acronym for Leadership Enrichment And Dialogue. The course is available to clinical nurses who are involved in providing direct patient care, who have been in their current position for 18 months, and who indicate that they will remain in their current position or unit for the next 9 months by an attestation included in the application. The intent of the course is to celebrate the contributions of the clinical nurse and highlight their influence in their interactions with patients and families, peers, and other caregivers. This was achieved by a variety of different techniques that are described in this article.

PROGRAM OBJECTIVE
The overall aim of this program was to engage clinical nurses in dialogue about leadership practices with other nurses with varying years of experience, working in different specialties and health care settings. The program had 4 major objectives: orient nurses to their leadership potential for affecting change at all levels of care, introduce ways nurses can include elements of leadership in day-to-day patient care activities, describe real and perceived barriers to nurse leadership, and capture nurses’ voices regarding leadership in clinical care through personal storytelling about their caring experiences with patients and families. Key concepts in the course include empathy, appreciative inquiry, enhanced communication skills (using the R.E.D.E. to Communicate Model), feedforward principles, relationship building, and professional image. The research results of this program were recently reported. One of the most outstanding results was the sustainability of key leadership practices 3 months after program completion.

There is little in the literature about the impact of leadership development of the clinical nurse. However, the literature suggests that effective clinical leadership is critical to the satisfaction and retention of nursing staff.

CURRICULUM DESIGN
The course was designed with great care; special attention was directed to nurturing and fostering relationships, as well as self-awareness, of the participants. The course is marketed as requiring high levels of interaction, participation, and introspection. The facilitators devote a significant amount of time in creating a safe and trusting environment so that participants feel comfortable in describing their personal journeys into nursing. The overview of the course includes an orientation to the class environment as a “sacred space,” dedicated to the celebration of remarkable patient interactions, expressions of professional challenges, and the examination of organizational, professional, and interpersonal conflicts.

Participants are given a flash drive with the required readings, sample “before” and “after” edited professional biographies of former participants, and additional references of journal articles and books that were used to create the curriculum. They are also given a bound notebook for taking notes during class and reflecting on the required journal readings.

The total program consists of 6 4-hour sessions held every other week for 3 months. Each 4-hour class session has a dedicated theme. The supposition of the course designers is that spending time devoted to these ideas will expose the participants to concepts not often included in organizational continuing education programs. Three months following course completion, the participants are invited for a follow-up session to discuss how they were able to implement leadership practice changes on their units.

UNIQUE COURSE CHARACTERISTICS
Appreciative inquiry (AI), a strength- or asset-based approach to problem solving, serves as the foundational underpinnings of the program. AI is a model of organizational behavior developed by Cooperrider and colleagues and applied in a number of contexts since its original inception, including health care contexts. Health care is predicated on deficits: what patients cannot do; patients seeking out medical attention when eating, sleeping, walking, or eliminating becomes problematic. As a result, this problem-based orientation infiltrates our abilities to dream and envision better ways of providing services, resolving conflicts or creating new processes. Using AI is a way of acknowledging and affirming what is successful, discovering best practices, and creating the ideal future.

Each class begins with an “appreciative check-in” and ends with a “check-out,” an activity proposed by May et al. as they applied AI in health care organizations. An appreciative check-in is a technique that introduces individuals to the concept of appreciative inquiry by experiential learning. It directs each member of the team or participant to share their personal emotional well-being, wishes for the meeting or huddle, or appreciation to a colleague for a contribution. The check-in is also a way to gauge the level of distraction, fatigue, or worry that a colleague may be experiencing. By checking in, the group gains an awareness or appreciation for what their colleague is experiencing. Checking out at the end of the meeting or class allows for affirmation of what was accomplished or realized during the interaction. Check-ins may include a 1-word description of the participants’ day thus far, a highlight from their last day off, or something that went well recently either at home, work, or school. A check-out may include asking for a reassessment of each person’s emotional state. It may also include asking each person to publicly acknowledge a colleague sitting on either the left or right about an attribute or observation exhibited during the class that left an impression worthy of acknowledgement. Table 2 includes terms that were used by participants in one class for both the check-in and check-out.

After the appreciative check-in is completed, warm-ups are introduced. Warm-ups include a series of activities that get the participants physically moving, interacting with each other, and discovering information that they may not have gleaned from class discussions. Moreno designed warm-ups as

---

December 2017
دریافت فوری
متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات