

# Leadership: The Key to Quality Outcomes

Nurse executives are charged with creating a workforce that provides quality care in a creative and cost-effective manner. Style of leadership determines how nurse executives relate to their professional nurses and ultimately how successful their health care institutions will be. The practice-based theory of nursing leadership called the Integrated Leadership Practice Model can be practiced by nurse executives to promote employee satisfaction, assure that quality care is provided based on standards and competencies, and promote an organizational culture committed to quality. This article proposes the application of integrated leadership to the practice of nurse executives and demonstrates how they can foster and support this model for nursing leadership within their nurse managers. Key words: *leadership, leadership qualities, management, values*

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**T**HE HEALTH CARE environment becomes more competitive every day. It has fallen to nurse executives—from vice presidents of patient care to nurse managers and their assistants—to recruit and develop a workforce that successfully meets the needs of both patients and the organization. This means employees who demonstrate advanced critical thinking skills, creative problem solving, and sound decision making skills combined with clinical skills and patient advocacy. The environment which nurse administrators create and the way they relate to their workforce, are pivotal to organizational viability.

Leadership style of nurse administrators contributes to the success of their organization. Hiring experienced, competent, customer-focused professional staff is difficult, especially in this cyclical shortage. It is important to seek these qualities in order to build the work team that can accomplish

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the needed goals. Developing cognitive and technical skills is vital. Many health care institutions are flattening their nursing hierarchy. Critical patient care and service area decisions are being made at the charge nurse level, requiring sound, yet flexible and creative decision making. Maintaining technical competence is imperative as medical and surgical therapies change and as new treatments and regimes are created and tried. What values and qualities can nurse administrators bring to their practice that will produce the quality outcomes needed by patients while assuring the viability of professional nursing and their institution?

### **THE INTEGRATED LEADERSHIP PRACTICE MODEL**

Ever since Florence Nightingale stepped onto the battlefields of Crimea, nurses have been leaders and innovators, using intuition, experience, and practice knowledge to build the art and science of nursing. The Integrated Leadership Practice Model (ILPM) is based on a successful nursing leadership practice. It was developed in order to define the fundamental qualities of leadership that produce the positive, and desirable, outcomes of staff job satisfaction and staff participation in enhancing the quality of care and practice. It is proposed that this staff involvement leads to quality patient care, customer satisfaction, and ultimately a strengthening of the organization's position in the health care market.<sup>1</sup>

The development of the theory of the ILPM is described in previous literature.<sup>1</sup> The theory proposes nine qualities that contribute to successful leadership: self knowledge, respect, trust, integrity, shared vision, learning, participation, communication, and change facilitator (see Figure 1). The first four are fundamental principles upon which the remaining behaviors are built.

Self knowledge allows leaders to define their values and beliefs and to understand their motivations and responses. It involves having the courage and initiative to use introspection to examine strengths and weaknesses and to understand the values, beliefs, and motivations that underlie them. It requires a willingness to risk exposing thoughts and feelings and to acknowledge how these impact perception and behavior.<sup>2</sup>

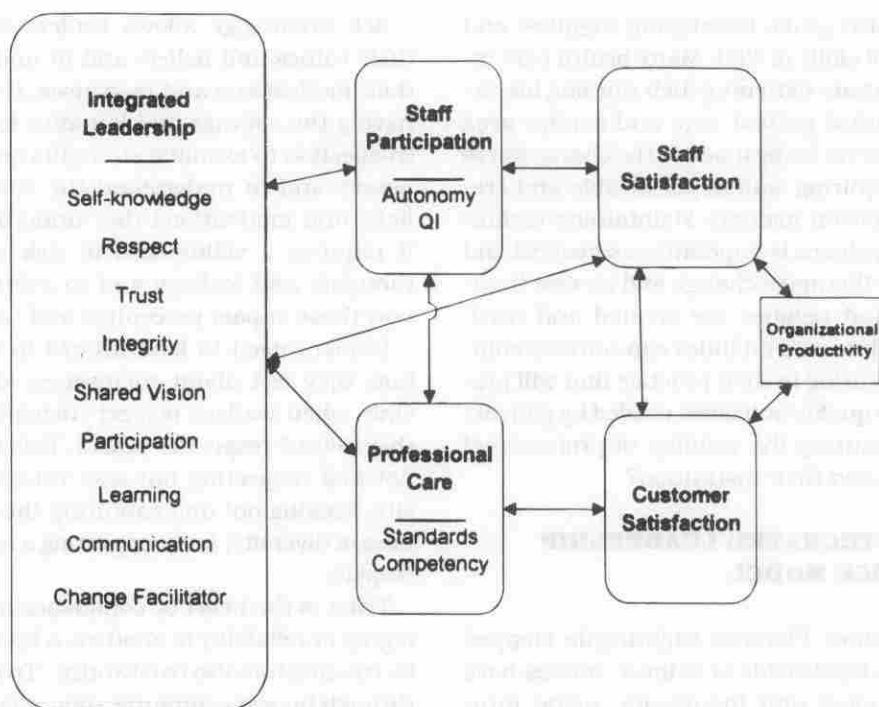
Leaders need to look inward to discover how they feel about themselves and why. Only when leaders respect themselves can they accord respect to others. This includes not just respecting but also valuing diversity, seeking out and capturing the uniqueness of diversity, and supporting a culture of respect.

Trust is the belief or confidence in the integrity or reliability of another. A leader must be trusting but also trustworthy. Trust forms through honest communication, the sharing of information, the giving and receiving of feedback, and the internalizing of trust in the work culture.

Integrity is the application of trust, honesty, and caring to relationships at the personal, organizational, and community level. It enables leaders to put their beliefs into action, tells them the right thing to do, and supports their doing it. It is the foundation of a willingness to look critically at one's practice and to advocate for staff and patients.

Leaders see possibilities. They articulate the vision in such a way that enables others to see how they contribute to it and promote their desire to achieve it. Vision, and the plan to achieve it, is developed best through collaboration of administrators, who see where the organization needs to go, with the frontline staff, who have the profound knowledge of what is possible.

A commitment to learning means a commitment to self knowledge, continuing education, and self renewal, first for the leader



**Figure 1.** The integrated leadership practice model-conceptual map.

and then for employees. A leader supports professional development, personal growth, and spiritual renewal. Learning prepares followers for participation by providing critical thinking, decision making, and problem solving skills. Learning includes learning about the staff and showing genuine concern and understanding for their needs.

Leaders must be secure enough in their own worth to risk giving up power. They need

to share power and develop leadership skills in each individual so that staff can participate successfully in decision making. Leaders create a safe environment for employees to test their skills and are willing to accept the consequences of risk taking.

Communication is a cornerstone for the development of trusting human relations. It is imperative that leaders be willing to listen, share information, provide timely and specific feedback, and stay in touch with followers. Leaders need to not only exhibit advanced communication skills in their practice but they need to develop within their staff the skills of active listening, clear expression of thoughts and feelings, and effective conflict management.

Integrated leaders enthusiastically embrace the concepts of change, risk taking,

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and flexibility; they foster a like attitude in their followers. They demonstrate and cultivate a proactive approach, which initiates involvement and input into the change process. They role model advocacy for staff and patients and promote flexibility that permits leaders and followers to adapt quickly to changing situations and to deal gracefully with ambiguity.

### **LEADERSHIP BEGINS AT THE TOP**

In order for a leadership philosophy to be successful in an organization, it needs to be supported and practiced by top-level management. This is where decisions are made that will affect how, and with what attitude, patient care is delivered. Personal and organizational values need to be clear, not just espoused but practiced daily by board members, executives, and nurse administrators. A culture of respect needs to be established as a clear expectation of all employees. Top executives need to demonstrate respect in the way they relate to patients, vendors, and especially employees. Respect enables nurse executives to identify, foster, and direct creativity and diversity toward the goal of quality patient care.

Many organizations have a culture of secrecy surrounding finances, revenues, and vision. Trust is a fundamental quality that will strengthen relationships and build a cohesive, highly functional team. Trust and trustworthiness should be practiced daily. Sharing information and giving, receiving, and following up on feedback help to internalize trust. Integrity is linked closely with identification of values and trust. Integrity enables nurse executives to deal with staff honestly, to hear and act on feedback of system weaknesses, and to commit and direct organizational resources. Resources—not just money for salaries, which need to

be competitive, but also employee time—need to be devoted to improving processes. Nurse executives need the courage and vision that enable them to support larger structural changes to programs when necessary and to avoid the temptation of “quick fixes.”

In times when boards and chief financial officers are demanding across-the-board spending cuts, it takes a courageous administrator to support ongoing continuing education for mid-level managers and bedside staff. This is made easier if the administrator has clearly defined values and a vision of quality patient care delivered by a competent professional staff. It is critical that staff be documented as competent in view of rapidly changing responsibilities in both administrative and clinical areas. Finally, administrators practicing at the nurse executive officer level need to be open to feedback, proposals for creative problem solving, and innovative program development.

### **LEADERSHIP BEGINS AT THE “BOTTOM”**

Although successful leadership is *most* successful when supported and practiced at the executive level, grassroots leadership independently can achieve the outcome of cost-effective quality service. By employing the concepts of integrated leadership, front-line managers can develop high efficiency teams whose practice is competency based and whose outcomes are quality patient care, customer satisfaction, and staff job satisfaction.<sup>1,3</sup>

Nurse managers need to have clearly defined personal and professional values and a strong sense of self worth. They need to be sure that their values and those of the organization are not in conflict. Only from this firm base of beliefs can the manager reach

out to develop trusting and respectful relationships with staff, peers, and administrators. Managers need to respect diversity, to be able to harness the creativity and uniqueness of their employees, and to be able to apply them to team building and problem solving.

Trust needs to be given as well as to be received. Listening, follow through, sharing information, and providing the tools necessary for staff to be successful can build a trusting relationship that can last through adversity. "Every wise leader has a moral compass, a sense of right and wrong."<sup>3</sup> Integrity is the moral compass that enables leaders to act on their beliefs. It gives them the willingness to look critically at their practice and that of their staff and enables them to identify opportunities for improvement and to facilitate changes.

Department managers are the key to translating the organizational vision into reality. By sharing organizational goals, they allow each employee to see how they contribute, where they fit in the big picture. Leadership at this level can foster the "our" attitude—"our" patients, "our" reputation for quality. This builds a concern for identifying, creating, and maintaining a system-wide continuity of quality care.

Learning is the foundation upon which participation is built. Commitment to learning is demonstrated by a leader's willingness to invest in human resources. This means investing the money to educate staff in critical thinking, problem solving, and decision-making skills as well as in clinical areas. It also requires a commitment to providing adequate staffing to cover professional leave days. In a leader, self worth, trust, and effective communication are intertwined. By establishing clear expectations and teaching skills necessary to be successful, a leader can be confident that the staff knows the

what, how, and when of participation. They know what needs to be done, how to do it, and when to have flexibility so they can do what is right for the patient.

From the beginning, managers and leaders need to demonstrate effective communication skills and to work to develop the same in their staff. Foremost, this means developing skills of active listening. This means focusing one's attention, addressing body language to the speaker, and reflecting what one has heard. The latter is important because sometimes filters of personal opinion or prejudice distort the actual message.<sup>2</sup> Managers and staff also need to be able to clearly state thoughts, needs, and feelings and to deal effectively with conflict.

Finally, leaders need to embrace change with a positive attitude. They need to demonstrate risk taking and support it in their staff. They need to accept the consequences of failed risks that fall within the boundaries of joint expectations. They need to role model and foster within their staff the flexibility that enables "coloring outside the lines." This allows creative problem solving and usually provides the best solution for patients.

## CONCLUSION

This is a challenging time to be a leader, especially in nursing. As nurse executives look toward the new millennium, it seems as though the same struggles are ahead that are behind. They are. If anything, the nursing shortage will heighten as baby boomers retire and as fewer people choose to enter the field of nursing. Internal and external regulations are increasing, or at least constantly changing, and there are ever-increasing pressures to provide documented, high-quality care on increasingly stringent budgets. What's the answer? Well, a start is

to develop one's own leadership skills as well as those of one's staff. Clarify values, be respectful, develop trusting relationships, demonstrate integrity, bring the vision to life, embrace learning as a tool to achieve

staff participation, communicate—listen, listen, listen—and thrive on the challenge of change. It is not easy, but it is possible and will lead to a satisfying practice that achieves successful outcomes.

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