

Leadership in Nursing

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The nursing profession is an integral component of the medical research and practice community in the United States. Nurse practitioners are responsible for various tasks, including assessing patient health, effective management of patient health and related information, and effective medical team collaboration. Nurse leaders are qualified, competent individuals who can oversee a broad scope of responsibility and practice to deliver the required health care outcomes (Heinen et al., 2019). The purpose of this paper is to describe a leadership scenario at an ambulatory health care clinic in an affluent suburban neighbourhood, using the American Nurses Association Leadership Institute (ANA LI) competency framework (American Nurses Association, 2013).

An ambulatory service in a suburban neighbourhood provides primary health care services in the fields of dermatology and gynecology. The health care service employs 30 nurse practitioners full-time. The nurses report to the Head Nurse of dermatology and gynecology, respectively. The Head Nurses report directly to the Nursing Director, who is a 15-year licensed nurse practitioner appointed to the position following a successful demonstration of the competencies of an emerging leader, as defined by the ANA LI competency framework (American Nurses Association, 2013).

Scenario & Outcome

During a routine laser therapy for a skin condition, a 35-year-old female patient began to experience shortness of breath, heart arrhythmias, and hypotension. The attending dermatologist paged for an immediate transfer to the nearest accident and emergency department for emergency medical diagnosis and treatment. Following up with the patient, it was discovered that she had been administered a sedative to which she reacted poorly, creating an allergic

reaction that complicated her underlying congenital heart condition. In addition, the attending nurse had failed to take note and report the potential side effects of the sedative based on the nursing health assessment of the patient at admission. The Nursing Director was informed of the case and promptly fired the nurse practitioner. The director also took the opportunity to correct health assessment and reporting protocols at the ambulatory care service. Since that case, no adverse patient outcomes have been reported due to medical errors related to patient health assessments.

Competency Model Framework

The Nursing Director's skills were tested when a root cause analysis report was presented to her on the case of the patient. The root cause analysis revealed nurse practitioner error, combined with attending physician negligence, as the primary cause of patient injury. In placing a request for a root cause analysis, the director displayed the competencies of adaptability and positive imagery, defined in the ANA LI framework as being able to accept criticism and display confidence in the face of setbacks (American Nurses Association, 2013). The patient's case required corrective action to be taken in health assessment and reporting, and the Nursing Director clearly communicated this to the nursing staff. The Nursing Director decided to dismiss the nurse practitioner from her job and made an official request for a reprimand to be included in the attending physician's medical file. Here again, the director displayed the competencies of clear decision-making and effective conflict management as outlined in the ANA LI framework (American Nurses Association, 2013). Displaying her competency in organizational leadership, the Nursing Director recognized the need for change, effectively managed nurse practitioner protocols, and showed sound judgement and acumen in response to a poor health outcome (Wood, 2021). The Nursing Director recognized a system-based error in inadequate nurse

training and health assessment reporting, assembled a team to recommend changes, and promptly ordered those changes to be implemented (Wood, 2021).

Conclusion

Nursing leadership, as envisioned by the ANA LI framework, involves individuals interested in refining the nursing practice and representing the best interest of the health care provider and patient health care. Rapidly changing health environments require nurse leaders to be capable of a range of competencies. The scenario described in this paper was an example of a nurse leader who recognized the need for organizational change in response to a poor patient outcome caused by medical error. Such leaders are effective and advance the interests of nurse practitioners.

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