EVIDENCE-BASED CARE SHEET

Nursing Leadership and Patient Outcomes

What We Know

› Nursing leadership is a broad term that is commonly used to describe an individual’s ability to define a vision in a specific competency. Nursing leadership is a complex and multifaceted role, and nursing leaders (e.g., a unit manager; a chief nursing officer) must constantly adapt to the changes and challenges of the current resource-constrained delivery system in health care\(^1,4,5,8\)
  • Rapid changes in technology, government standards, organizational policies, social expectations, and global economic restrictions and industry competition contribute to increased challenges in the healthcare delivery system
  • Visionary nursing leaders are needed to promote the future of the nursing profession, promote the delivery of quality patient care, and improve health in the general public.
  • A nursing leader is responsible for assisting others (e.g., staff members) in meeting their own needs while attaining organizational goals. (For more information, see Nursing Practice & Skill ... Effective Nursing Leadership: Performing)

› During the past decade, patient safety and the prevention of adverse events have been in the forefront of healthcare policy and research. As a result, positive patient outcomes and customer satisfaction are considered national priorities by healthcare delivery systems, advisory committees, (e.g., Institute of Medicine, Agency for Healthcare Research and Quality), and government agencies (e.g., Medicare). Nursing leadership and practice are the foundation for promoting positive patient outcomes\(^1,2,3,4,5,7,9,11\)
  • Nurses are the largest part of the healthcare workforce in the United States, and patient outcomes are often influenced by nursing care. It is the responsibility of all nurses to promote safe and quality health care for all patients, particularly in vulnerable populations (e.g., older adults, children)
  • Although research is limited regarding evaluating nursing leadership styles (e.g., transformational style, authentic style) related to patient outcomes, nursing leadership directly affects the quality of care provided by nursing staff. Nursing leaders who adopt a leadership style that endorses quality improvement practices among nursing staff may positively affect patient outcomes. Effective nursing leaders provide training and resources to empower staff members to transform their professional behaviors and practices such that patient outcomes are positively affected.

› Resources and organizational support must be available for nursing leaders to effectively function in the leadership role to promote improved and positive patient outcomes. Nursing leaders must have the ability to understand and interpret patient outcomes data to others (e.g., they must be able to make meaningful use of healthcare information technology [HIT]). The development of nursing leadership is enhanced through a variety of methods, including the following:\(^1,3,4,5,7,9,10\)
  • Participating in leadership programs offered by professional associations and creating frameworks to disseminate new, evidence-based nursing knowledge (e.g., the Magnet Recognition Program\(^\text{®}\)). (For more information, see Evidence-Based Care Sheet: Goal Attainment)
  • Studying and following modules for leadership development that are established by institutions of higher education or by national organizations (e.g., National Health Service)
The style of nursing leadership practiced influences the work environment of acute care hospitals and staff nurse perceptions. Effective nursing leadership strategies include the following:

- Providing patient-focused, quality services through evidence-based practices that are endorsed as nursing sensitive and outcome driven. For example, the National Database of Nursing Quality Indicators (NDNQI) is a nursing measurement program that reports and tracks information provided on the incidence of falls, pressure ulcers, and ventilator-associated pneumonia. Nursing leaders can use the NDNQI to identify unit-specific areas for improvement.

- Offering opportunities for identifying unit-level issues that contribute to poor patient outcomes, creating innovations in patient care, and providing staff training for nurses in the Partner’s Investing in Nurse’s Future (PIN) program.

- Developing a unit-based clinical nurse leader (CNL) role to support staff nurses and their patients in order to improve patient-centered outcomes through the use of evidence-based nursing practices.

- Developing a nursing peer review committee to analyze quality of care issues for specific patients. Peer review committees enhance awareness and communication among healthcare providers, conduct root cause analysis, and develop action plans to resolve gaps in care.

- Synthesizing and analyzing certified electronic HIT into meaningful use (e.g., electronically capturing health information to advance the clinical process for the improvement of patient safety, quality of patient care, and patient outcomes).

- Representing and communicating nursing staff concerns and perspectives to the organization during all phases of HIT development and implementation.

- Effective training and use of HIT reduces medication administration errors; investigators call for additional research on how nursing use of HIT affects nursing-sensitive patient outcomes.

The style of nursing leadership practiced influences the work environment of acute care hospitals and staff nurse perceptions. Investigators reported that nursing leaders who practice authentic leadership transparency (i.e., a style that is based on the leader’s positive psychological capacities, ethics, and trust) and high ethical standards gained the trust of nursing staff and promoted a safe work culture that reduced adverse patient outcomes.

Authors of a pilot study in a 39-bed unit defined two objectives for the CNL role: to promote and model expert level clinical data collection, analysis, and decision making, and to improve individual and aggregate patient-centered outcomes on the unit. The CNL communicates with all members of the healthcare team and with patients/family members, evaluates patient care provided during hospitalization, verifies that a comprehensive plan of care is in place, assesses patient discharge needs, and includes the patient/family members in the discharge process. Although the CNL role has not been associated with improved customer satisfaction or decreased length of stay, the unit increased the rate of referral to home health and increased the frequency of providing relevant follow-up referrals in discharge instructions; more research on multiple units is required.
What We Can Do

› Become knowledgeable about nursing leadership and patient outcomes so you can promote positive patient-centered outcomes in your facility; share this information with your colleagues
› Collaborate to develop a nursing peer review committee to analyze quality of care issues in your facility
› Evaluate your leadership style and its focus on communicating trust and high ethical standards to your colleagues and staff members
› Refer to patient safety and quality improvement national comparative data to enhance patient outcomes in your facility; for more information, see the NDNQI at http://www.nursingquality.org/About-NDNQI
› Become involved in nursing leadership programs to promote positive patient outcomes; for more information, refer to the • Patient-Centered Outcomes Research Institute at http://www.pcori.org/about-us/governance-and-leadership/
• E-learning for Healthcare for comprehensive leadership modules at http://www.e-lfh.org.uk/projects/leadership-for-clinicians/

Note

› Recent review of the literature has found no updated research evidence on this topic since previous publication on August 1, 2014
### Coding Matrix

References are rated using the following codes, listed in order of strength:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>M</td>
<td>Published meta-analysis</td>
</tr>
<tr>
<td>SR</td>
<td>Published systematic or integrative literature review</td>
</tr>
<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
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<tr>
<td>R</td>
<td>Published research (not randomized controlled trial)</td>
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<tr>
<td>C</td>
<td>Case histories, case studies</td>
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<tr>
<td>G</td>
<td>Published guidelines</td>
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<tr>
<td>RV</td>
<td>Published review of the literature</td>
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<tr>
<td>RU</td>
<td>Published research utilization report</td>
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<td>GI</td>
<td>Published quality improvement report</td>
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<td>L</td>
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<td>PGR</td>
<td>Published government report</td>
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<td>PFR</td>
<td>Published funded report</td>
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<tr>
<td>X</td>
<td>Practice exemplars, stories, opinions</td>
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<tr>
<td>GI</td>
<td>General or background information/texts/reports</td>
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<tr>
<td>U</td>
<td>Unpublished research, reviews, poster presentations or other such materials</td>
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<tr>
<td>CP</td>
<td>Conference proceedings, abstracts, presentation</td>
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### References