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Disclosures

Connie Dahlin has no real or perceived conflicts of interest that relate to this presentation.

Objectives

1. Define leadership for the palliative care nurse.
2. Define the elements of palliative nursing leadership: clear vision, engagement, inspiration, role-modeling, and execution of change.
3. Describe leadership across hospice and palliative settings in the venues of clinical care, administration, research, education, policy, and advocacy.
Leadership

A process of social influence, which maximizes the efforts of others, toward the achievement of a goal.

Kruse 2013

Who are your nursing leaders?
Who are palliative nursing leaders?
Remember Your Roots

History of Nursing involves Palliative Nurse Leaders

Florence Nightingale
Clara Barton
Florence Wald

Remember Your Roots

History of Palliative Nursing Leadership in the US is strong.

1) Hospice nurses left the hospital to start hospice work because they knew there was a better way to care for dying patients.

2) Palliative Nurses brought hospice concepts into the hospital because they knew more people deserved quality care even they didn’t choose hospice.

Remember Your Roots

This is the way many nurses are socialized:

Stay Objective; Don’t get too close; Don’t share yourself; Be Professional.

Yet, some nurses are willing to enter the world of suffering and they lead the way. They have heard the cries of pain and acknowledge the person beyond the pain.

Judy Sadler
You have to be able to lead yourself before you can lead others.

Nancy Dickenson-Hazard

How do you lead yourself in palliative nursing?

Challenges to leadership

Demographics
- Aging nurse population
- Retirement of nurses in leadership positions
- Decline in emerging nurse leaders due to generational differences

Workforce
- Nursing shortage in various parts of the country
- Work force shortages of other discipline (i.e. physicians, social workers, pharmacists, etc.)

Environment
- Hostile and unhealthy work place
- Concerns about patient safety

Changing health care environment
- Complex systems
So Who Are Palliative Nurse Leaders?

All nurses (LVN/LPN, RN, APRN) who are the foundation of culture change because:
- They are the largest number of health care providers
- They are most trusted by the public.

Within palliative nursing, leadership is the process of empowering patients, other nurses, and colleagues to transform the care and culture of serious illness.
Transformational Leader Characteristics

- **Promoting a positive work attitude** - The constant exposure to serious illness and death and dying causes a highly charged emotional environment and a sense of hopelessness.

- **Being “relationally transparent”** - Safety and trust within the team promotes health dynamics where conflict and individuality is tolerated. It helps create policy versus unwritten rules.

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Transformational Leader Characteristics

- **Believing in the work and supporting the team** - A positive work environment promotes trust, credibility and honesty as well as sustainability. This is essential.

- **Showing patience with others to allow alignment of ideas and strategies** - Not all people will agree at once, so it is important to give people time and space to adopt changes.

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Transformational Leader Characteristics

- **Being consistent between values and ethical conduct** - This generates higher levels of trust among staff (Trybus, 2011; Wong et al., 2010).

- **Empowering others to make decisions and change** (Disch, 2009) - Empowerment gives employees/colleagues confidence that their work is important. This results in better care delivery and staff retention. (Regan & Rodriguez, 2011).
Transformational Leader Characteristics

- Displaying positivity, gratitude, and essential elements of emotional intelligence - This showcases excellent leadership.
- Celebrating success of the work together provides unique camaraderie

Five High Impact Leadership Characteristics within Palliative Nursing - Institute for Health Improvement

1) Person-Centeredness - consistently embraces person-centered and family focused practices and care;
2) Front Line Engagement - regular authentic presence on the front line of palliative care and is a visible champion of improvement in palliative care;
3) Relentless Focus - a vision of Palliative Nursing and a strategy to advance the profession;
4) Transparency - transmits results, progress, aims, and defects visible and clear for all to understand; and
5) Boundarilessness - encourages, practices, and role models systems thinking, and collaboration across boundaries.

Swenson, S, Pugh, M, McMullan C, Kabeenal A. 2013

Leadership within a Team

- Appreciation - respecting the views & value of others, regardless of team composition or titles
- Affiliation - collegiality even if views and roles differ
- Autonomy - the ability to make decisions and have them respected
- Status - recognition of contribution to the team effort
  Being treated as an equal.
- Role - having a defined role

Harvard Negotiation Project
Leadership within a Team

• Fairness - equitable distribution of work, praise and recognition
• Honesty - agendas - are we authentic, lack of deception or hidden agendas
• Consistency - norms of team, organization are honored and changes are mutually negotiated

Harvard Negotiation Project

Write down which of these characteristics you practice

• Positive Attitude
• Healthy Relationships
• Belief in Palliative Nursing or work as a hospice and/or palliative nurse
• Belief in colleagues
• Patience
• Consistency with Others
• Empowering Others

• Person Centeredness
• Front line engagement
• Relentless Focus
• Transparent
• Work across Boundaries

Palliative Nursing Leadership
Promoted through mentoring, innovation, and activism in the following realms

Five Areas of Palliative Nursing Leadership

Clinical Care
Research
Policy/Advocacy
Education
Administration/Management
Clinical Care

- Creates an environment of excellence in the care of patients with serious advanced illness attending to the physical, psychological, social, and spiritual domains.
- Leads clinical care, changes clinical practice, and acts as a clinical resource.

Examples:
1) Direct care delivery in all settings
2) Lead clinical care delivery
3) Certification for hospice and palliative nurses at all levels

Management/Administration

- Contributes actively in systems changes, organizational management, and professional activities.
- Participates in and leads national and global healthcare initiatives that promote palliative care and overall well-being.

Examples:
1) Administrative roles
2) Mentoring roles
3) Leading committees
4) Managing projects
5) Directing initiatives

Research

- Actively follows, translates and applies findings
- Participates in research to incorporate evidence into practice
- Engages in quality improvement projects to evaluate and improve systems and practices related to care.

Examples:
Palliative care research and quality initiatives in palliative care that have one or more of the following -
1) Nurse participation
2) Nurse-leadership
3) Nurse-created
Education

- Active in palliative nursing education.
- Serves as preceptor, a journal reviewer, or provider of continuing education.

Examples:
1. Participation or development of palliative nursing education in local, regional, and national venues
2. The development of hospice and palliative nursing curricula
3. The creation of hospice and palliative nursing products by nurses for nurses

Policy/ Advocacy

- Advocates and directs change in policy as well as legislation
- Serves as a liaison between state and national activities or organizations for activities related to palliative and end-of-life care.
- Builds collaboration in shared values related to palliative care and improving outcomes for patients with serious illness.

Examples:
1. Actions to promote access to palliative care
2. Remove disparities in palliative care
3. Assure quality in palliative care

Leaders must be open to the conversation around controversy

Florence Wald
Future of Nursing - four strategies as they pertain to palliative nursing:

1) All nurses practice to the full extent of their education and training. Fully implement the hospice and palliative nurse role as defined by ANA & HPNA Palliative Nursing Scope and Standards of Practice.

2) All nurses attain of higher levels of nursing education. Encourage the full range of palliative nursing and the pursuit of higher degrees.

3) All nurses fully participate in healthcare reform. Palliative nursing roles in emerging in new venues -ACOs, PCMHs, or settings across the spectrum.

4) All nurses institute processes for vital nursing workforce data and policy. Participate and advocate for palliative nursing data.

Leadership Assessment

• Personal Assessment
• Environmental Scan
• Team Health Assessment
• Health Care Environment Assessment

Self Assessment of You - 2 mins
Subjective Data
1) What do I love about being a hospice or palliative nurse?
2) How and in what way do I do my best work: clinical, administration, quality, education, research, policy?
3) Given my passion, how can I contribute to the profession of hospice and palliative nursing?
4) Given my strengths, what can I contribute to my organization?

Drucker, 2005
**Team Assessment of You – 2 mins**

Objective Data
Don’t assume that your team perceives you as “good” unless you have the data to support it (Kerfoot, 2011; Sutton, 2010).

1) Do you know how your team perceives you?
   - If not, you need to know. Ask them.
2) Do you think people trust you? Why or why not?
3) Are you able to develop caring and trusting relationships? If no, why not?
4) Do people want to work with you? Would they choose to do it again?
5) Do you have a sense of what it is like to work with you?

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**Environmental Scan**

- Do you have relationships with administration? - CNO, ND, CEO, CFO, COO, CMO, MD, ED

- How are you leading hospice and palliative care at your institution?

- What would help you be more effective in leading this effort? Be clear if it is time, money, delegated authority from administration to do so, or management courses.

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**Environmental Scan**

- How do you envision a better way to provide care
  - Dialogue to elicit patient’s choices;
  - Process improvement for pain and symptom management;
  - Attention to grief and bereavement needs of the patient/family/staff;
  - Address the spiritual needs of the patient?

- How will you work together with others? - collaboration

- Do you have a team in place with whom you can work institution/organization?
Team Evaluation

1) Mission and vision? Revisited annually?
2) Palliative team in your institution?
3) How well do you know the team? What are their strengths and weaknesses?
4) Commitment to healthy team building? Do they envision impact of care for the foreseeable future?
5) Do they see their vital role in this?
6) Are you prepared to lead this effort?
7) Team meetings? Frequently? in person?

Trybus, 2011

So Who Are Palliative Nurse Leaders?

It is YOU!!!
Remember Your Roots

- Embrace your foundation
- Embrace your history
- Embrace your future

References


