VOICE of nursing leadership

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MARCH 2024 WORKFORCE TRENDS

Voice of the President

Deborah Zimmermann, 2024 president, AONL Board of Directors

Workforce issues are at the top of every CNO's list of concerns, so this edition of Voice of Nursing Leadership provides timely information. The issue brings together insightful perspectives from our members and nursing experts. It features articles on ethical international recruiting, the implications of artificial intelligence, fostering a culture of inquiry and a case study of a research project that fostered improved job satisfaction for nurses.

AONL has made providing workforce resources a high priority with the 2023 release of its 98-page Workforce Compendium, available on the AONL website. In addition, AONL plans to add to its workforce library which continues to empower nurse leaders with knowledge and tools to navigate the current environment. Recent additions discuss the nurse manager's role in high-turnover environments and how workforce deficits have led nurse managers to implement team-based models of care. To inform its work, the committee conducted three national focus groups. Findings from the focus groups are presented with suggestions, competencies and organizational considerations. AONL will release additional resources in the coming months.

More workforce insights came from the AONL Foundation's 2024 Longitudinal Nurse Leadership Insight Study, the fifth iteration of a nurse leader survey. The study, released in January, showed that recruitment and retention ranked among respondents' top three challenges. While still an obstacle, the state of staff emotional health and well-being is at its best since July 2020. The challenge of traveling nurses and contingent workforce also has improved substantially since the summer of 2022. An abridged version of the study's executive summary is available in this issue and the full report is on the AONL website.

> The public trusts and counts on nursing to improve our health system and nursing leaders are delivering.

The longitudinal survey also shows that to address staffing challenges, nursing leaders are involving front-line teams in redesigning care models, increasing nurse recognition and offering flexible scheduling. Survey respondents identify increased interdisciplinary collaboration (28%) and a team-based approach to care models (27%) as top advancements. Innovative patient care technologies (22%) and virtual nursing (20%) are also gaining prominence, indicating a shift in nursing practices towards collaboration,

Continued on page 30

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Nursing Leaders Innovation and Design Futures Workshop – New Orleans	April 8
Strategic Engagement with Media – New Orleans	April 8
May 2024	
Developing the Leader Within – Virtual	May 14–15
June 2024	
Advocacy Day – Washington, D.C.	June 3–4
Certified in Executive Nursing Practice (CENP) Essentials Review Course – Virtual	June 18, 25, July 2, 9, 16
Professional Governance Leadership Conference – Chicago	June 27–28
July 2024	
Certified Nurse Manager and Leader (CNML) Review Course – Virtual	July 30, Aug. 6, 13, 20, 27
September 2024	
Finance and Business Skills for Nurse Managers – Virtual	Sept. 19, 26, Oct. 3
October 2024	
Nurse Manager Institute – Virtual	Oct. 1, 8, 15
December 2024	
Emerging Nurse Leader Institute (ENLI) – Virtual	Dec. 4–5

Visit **aonl.org** for the latest information on AONL virtual, on-demand and in-person programs. Locations and dates are subject to change.

Improving Care, Work Environments: Creating the Foundation for a Culture of Inquiry

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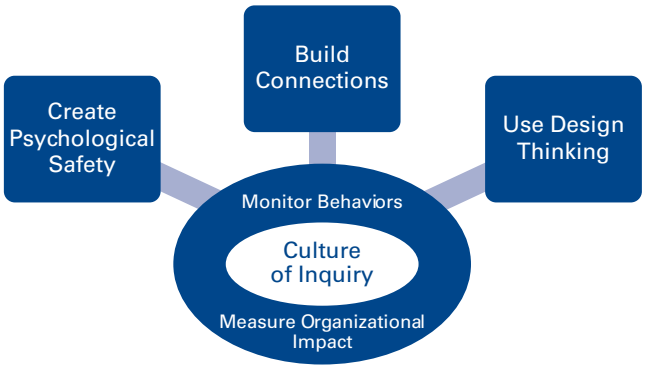
As nurse leaders, we have traditionally focused on creating forums for inquiry for front-line nurses. Today's nurse leaders call for similar platforms to enable ideating, improving processes, and enhancing the workforce processes and work experience(s) (Joseph et al., 2023). The AONL 2022 Longitudinal Nursing Leadership Insight Study provided validation for supporting the call for a change in culture. It reported nurse leaders need 1) a culture that supports innovation (83%), 2) a forum to connect with other leaders to promote ideas and have the time to implement them, and 3) certainty that if a mistake is made, staff would receive guidance, not discipline (82%). A culture of inquiry (COI) is pivotal to organizational success.

COI concepts

A COI is one of seven critical areas highlighted within the AONL Workforce Compendium (2023). The purpose of the compilation is to provide strategic support and offer best practices, fostering organizational learning so nurse leaders and their teams can thrive. AONL convened a work group to explore recommendations to assist nurse leaders in cultivating and supporting a COI, the underpinning for nursing and leadership practice. The work group defined a COI as a "workplace custom for fostering inquisitiveness through social and structural processes to stimulate and nurture communication, belonging, questioning, psychological safety, evidence, learning, and innovation." (AONL, 2023). Activities associated with inquisitiveness can overlap with curiosity and are linked with the ability to adapt, think deeply and rationally about decisions, and devise more creative solutions.

To create and sustain a culture of inquiry, we recommend that nurse leaders utilize the foundational concepts of psychological safety, building connections and using design thinking processes. A COI graphical visual model was crafted to illustrate these constructs (AONL, 2023). (See Figure 1.)

FIGURE 1: AONL Culture of Inquiry Framework



Psychological safety

Psychological safety was identified as a COI essential component. It is best summarized as having open, honest dialogue and taking risks without fear of retribution (Edmonson, 2019). Leaders can inspire their teams to innovate and improve patient care processes when they are authentic, trustworthy, transparent and vulnerable (Gabele et al., 2023). These characteristics facilitate team members' inquisitiveness by creating a safe environment that motivates and values team member contributions.

When psychological safety is not present, the risk is significant. Examples include team members' fear of disappointment, not belonging or fitting in and reprisal or retribution or public embarrassment. A lack of psychological safety can result in flawed processes that result in costly missteps, such as poor technology selection or inappropriate hiring. At worst, an absence of psychological safety can lead to significant safety issues and patient or team member harm. Although leaders can find exhibiting vulnerability a challenge, this same leader practice promotes higher trust levels and transparency within the nursing teams. It can also stimulate

curiosity and encourage a questioning attitude by nurses, leading to ideation, thus generating, and perpetuating a COI.

One example of endorsing psychological safety is consistently asking for feedback at the end of a meeting — a plus/delta. Prompting feedback encourages attendees to speak up and nurtures a culture where expressing ideas and asking questions is safe. Ensuring a post-meeting appraisal and incorporating changes for improvement aids in closing the loop and acknowledging the contributions of team members. A second example is a nurse leader who expressed concern about the results of a 360° evaluation; some team members believed she had "favorites." She shared the results with her team and apologized to anyone who felt she used preferential treatment. She asked for feedback on whether staff had observed partiality, via any communication methods staff wanted to use. She showed vulnerability by sharing the evaluation results, seeking feedback for personal growth and improving team functioning by modeling openness to accept comments. The conversation enhanced trust and opened the door to discuss additional improvement opportunities at the department level.

Nurse leaders should encourage diverse perspectives within one's team. As leaders, we sometimes believe we are expected to have all the answers, which is unrealistic. Gallo (2023) identified a key component of psychological safety as normalizing vulnerability — the previous example highlights leader-team member psychological safety, an essential component of a COI.

Building connections

The concept of building connections is foundational to a COI and contributes to the model of relational leadership. A recent systematic review of leadership styles and innovative behaviors found evidence that "relationship-oriented leadership … supports nurses' innovative behaviors. (Labrague, 2023). Transparency, listening, recognition and other communication skills are requisite in the leader's toolbox. Inclusivity and support of the workforce in a positive environment are empowering, while authentic messaging from the leader at every level can bring the values of curiosity, inquiry and innovation alive. Valuing inquisitiveness, validating the thoughts and ideas of nurses, and critical thinking are significant steps for COI creation and building strong, trusting relationships. Leadership effectiveness in this domain can be measured by various instruments used to gauge employee engagement and their perceptions of the work environment (AONL Workforce Compendium, 2023). Incorporating the interprofessional team, C-suite and external stakeholders is essential for building connections and the necessary partnerships to develop a COI.

Stakeholder support of a COI should be an intentional process and can include internal or external resources, such as a librarian or university researcher, who can fortify innovation and learning. An organization's strategic plan can outline structured forums and other activities that will aid in promulgating a COI. For example, building connections and supporting the work of nurses through mentors and interprofessional alliances at work contributes to a COI and helps to engage the workforce.

Additionally, connections may be developed among master's and doctoral students and new graduate nurse residents focused on looking for evidence-based practice (EBP) applications and PICOT-structured (patient, intervention, comparison, outcome and time) research for program requirements (Ford, 2019). Collaborations between academics and service line leaders in addition to collaboration between physicians and nurses have led to quality, research and EBP fellowships nationwide. In a 10-year literature review, Baptiste et al. (2022) noted that academic-practice partnerships help provide resources and capacity for promoting excellence and improving outcomes. Formalized relationships, where the CEO meets with the CNO and the nursing school dean annually, such as at University of Alabama, Tuscaloosa, should also be evaluated for effectiveness in promoting inquiry and innovation (Polancich, 2021). Finally, Carter et al. (2020) describe innovative structures created to support a COI that help nurses critically examine patient care and evolve EBP to improve nursing care delivery.

Design thinking

Nurses are called upon to solve complex problems daily. All nurses are familiar with the nursing process, which uses a structured, methodical approach to problem-solving and decision-making. While the nursing process aims to improve a patient's health status, creating user-friendly, innovative solutions to other health care-related problems requires a different systematic approach.

A valuable problem-solving approach is the use of a tool known as design thinking, which nurse leaders can easily access. Design thinking focuses on understanding a problem using a human-centered approach through the lens of those experiencing it. Design thinking involves a five-step process and includes 1) empathizing or gaining perspective from those who have experienced a problem, 2) defining the problem, 3) ideating or generating solutions to the problem, 4) incubating and developing a prototype, 5) testing, re-validating/re-engaging the person experiencing the problem to adjust the plan, and adopting and spreading use an iterative process (Leary, 2018).

According to Brown (2019), design thinking is characterized as a potent, efficient and widely accessible approach to innovation, capable of generating novel and more effective solutions.

Design thinking can assist with evaluating numerous technological breakthroughs, such as ambient listening, augmented and virtual realities, artificial intelligence, robotics, virtual nursing and virtual reality. The active engagement of nursing professionals helps to ensure these technologies effectively tackle real-world challenges and meet the needs of nurses and patients (Koppel & Sullivan, 2019). As leaders continue to navigate workforce and work environment issues, involving stakeholders in the process is the solution to identifying tailored solutions to meet specific needs. If the design thinking process is utilized, it leads to a collaborative and innovative solution to improve working conditions for nurses.

COI benefits

A commitment to a COI begins at the highest levels of nursing leadership, and support is garnered and promulgated by interprofessional leaders and team members. By encouraging inquisitiveness, all levels of nurse leaders and the interprofessional teams will feel supported. A COI creates a safe learning environment by harnessing intellectual stimulation, enabling professional growth and generating engagement; employees have a voice in decision-making and help to drive purpose within the organization. Snow (2019) asserts that an organization failing to appreciate creativity and innovation will stifle inquisitiveness and a COI. Utilizing psychological safety, building connections and design thinking can advance the knowledge continuum by cultivating leadership growth and competency to inspire critical thinking, innovating solutions to improve patient care and produce a healthy work environment. ◆

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As the largest professional workforce in the U.S. health system, nurses provide a central role in the management of patients and families who seek services at academic health centers (AHCs). Nursing research is an essential part of improving patient care and outcomes and fostering safe, high-quality care (Lal, 2021). The imperative to nurture nursing research programs that integrate research into clinical practice has been echoed previously through the Manatt Health report as one component of transforming health care and improving the quality and safety of health care services to the public (American Association for Colleges of Nursing, 2016). In addition, the ability to demonstrate established direct-care nursing research is a core feature of Magnet designation. Further benefits of promoting nursing research include the provision of new evidence for nursing practice, the catalytic effect on improving the institutional culture, the creation of new leadership roles for nursing, opportunities for interdisciplinary collaboration, improvement of nurse and patient satisfaction, and promotion of branding for the hospital and nursing department (McClelland & Albert, 2016).

However, the last several years have presented challenges for investing in nursing research due to the ripple effect of the COVID-19 pandemic with staffing shortages, exhausted budgets, lay-offs, burnout and high rates of turnover (Speroni & Hess, 2021). This initiative, involving nursing demonstration projects, was an effort to reignite our AHC's focus on nursing research and is aligned with the AONL mission to "transform health care through expert and influential nursing leadership." It was embraced and supported by our nurse leaders including the chief nursing officers, directors of nursing research, dean of the University of Florida (UF) College of Nursing, and the UF College of Nursing Office of Research and Scholarship. The goals of this initiative were to: (1) engage UF Health Shands Hospital nurses and UF College of Nursing faculty in jointly leading a research/quality improvement project; (2) provide administrative and infrastructure support to the teams; and (3) gather preliminary data over a one-year period to advance the impact of nursing research on patient outcomes and systems of care.

Implementation

In March 2022, a request for proposals was sent out to the UF Health Shands Hospital nursing department with instructions on how to apply through the college of nursing website. A short video, housed on the UF Health intranet, described the initiative. The instructions detailed the requirements of having a college of nursing faculty member as a joint principal investigator on the project, the budget cap of $10,000 per project and the details required for the proposal, including a statement of alignment with the UF Health Shands Hospital nursing strategic plan. The 2022 projects were funded through a $60,000 grant from UF Health.

Nurse leaders of UF Health and UF College of Nursing met with individuals and teams to assist in the development of their projects via video meetings. In March and April 2022, 22 ideas were generated for a research or quality improvement demonstration project and each of the teams met with the nurse leaders in think tank sessions. In addition, a writing workshop was held to facilitate the nurses' development of their proposals. This workshop specifically focused on the generation of specific aims, significance and review of the literature, as well as the study design and analysis. Of these initial ideas, 12 teams submitted a complete proposal and eight were funded following a peer review process. Participating direct care nurses were given protected time for research. Ongoing administrative and infrastructure support was provided to each of the teams, including participation in the UF Health Shands Nursing Research Fellowship Program. UF College of Nursing faculty mentors and UF Health directors of nursing research provided in-depth education to the fellows about human subject protection training and institutional review board submission at the beginning of the teams' work. Later they transitioned to education on data collection and navigation of barriers at a project's mid-point. Toward the end of the yearlong fellowship, the support focused on project completion, data analysis and dissemination opportunities. The administrative and infrastructure support needed to sustain this initiative are seen in Figure 1.

FIGURE 1: Infrastructure Needs for Success and Sustainability

Outcomes

The eight funded projects are progressing through data collection and analysis, and each of the project teams were able to present their project in poster or presentation format at the College of Nursing Research Summit. However, we have also encouraged wider dissemination at interdisciplinary venues, such as the UF Health Cancer Center and Clinical and Translational Science Institute conferences to increase awareness of nursing research and increase networking among the team members.

In November 2022, the academic-practice partnership between UF Health Shands Nursing and the College of Nursing was recognized through the American Association of Colleges of Nursing's New Era Award. With the successful launch of this initiative in 2022, we expanded the joint demonstration project funding and call for proposals in 2023 to include UF Health Shands Hospital, Gainesville and UF Health Jacksonville. The 2023 projects were funded with $80,000 provided by the UF College of Nursing.

Limitations and opportunities

While the initiative has seen many successes, multiple barriers slowed the projects. These included direct care nurses having difficulty obtaining institutional access to research platforms; having the required time to complete human subject protection training and human subjects payment training; a lack of budgeting experience; software access for quantitative/qualitative analysis; and the addition of PhD candidates and other RN students as project coordinators. Although participating direct care nurses were provided with protected time each week to complete trainings and to register in various research platforms and conduct the data collection for their projects, competing responsibilities — particularly with short-staffed units — made it difficult to meet deadlines. We encouraged the participating direct care nurses not to feel defeated, but to keep working on their projects as they were able to. In addition, the topics forementioned were added to the curriculum of the Nursing Research Fellowship Program, which the direct care nurses attend throughout the year in order to prepare them for these challenges. Our nurse leaders have met with institutional leaders across the research enterprise to help reduce the structural barriers that impede project implementation. In addition, these leaders established a strong partnership with the hospital administration to provide a plan for sustainability and growth of the initiative through our 2023 call for proposals.

Positive results

While this research initiative is still in its infancy, we have seen a significant positive impact on the leadership skills of our direct care nurses, workplace morale, and communication among direct care nurses, nursing leadership and interdisciplinary partners. While a formal evaluation of the nurses and faculty about this initiative is underway, we have seen a 25% increase in PhD program applications from nurses working at UF Health. We have also received informal feedback that the support of this program drastically improved work satisfaction. Overall, 100% of the research fellows disseminated their research at conferences and 50% of the teams are developing a publication with their team. The administrative and infrastructure support needed to launch and sustain this initiative provides a clear message to our direct care nurses on the value they bring to improving patient care. Although work remains to be done in reducing the structural barriers, the initiative has empowered our direct care nurses to see themselves as change agents capable of using their innovative ideas and clinical expertise to make improvements in the workplace for their patients. We envision this initiative as a first step in creating a systemwide hub for gathering evidence to support evidence-based nursing practice and using translational science for system-based implementation. Having a strong core of nurse leaders to drive the process, keep all the teams focused, and enhance engagement of the AHC administration, has been a key to success. Working together, we are excited about the next round of ideas that our direct care nurses can move forward to create a better health care system for our patients, clinicians and support staff, as well as our communities. ◆

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Prepare for the Certified Nurse Manager and Leader (CNML) exam through five facilitator-led virtual sessions covering the four practice areas included on the exam. This course also includes a review of strategies and tips to strengthen exam-taking skills and interactive discussions with faculty and peers. For more information, visit **aonl.org/education/cnml-review**.

Strategic Engagement With Media

April 8 | New Orleans

This virtual offering will help CNOs create communication strategies for media engagement. The course will cover key elements for strategic communications, including message framing, positioning and relationship-building. This course includes six months of individual coaching and video sessions post-workshop for CNOs to discuss progress and challenges in implementing the strategy. For more information, please visit **aonl.org/education**.

Virtual Nurse Manager Institute

March 7, 14, 21 | Oct. 1, 8, 15

Nurse managers can develop the critical management skills needed to be an effective leader with the Nurse Manager Institute. Through a blend of online content and live sessions, they will engage with expert faculty and other participants while developing leadership and management skills to increase impact in their organizations. Topics covered include budgeting, the art of negotiation and handling conflict. For more information, visit **aonl.org/nmi**.

Executive Workshop:
Learn to Engage with the Media and Amplify Nurses' Voices

Strategic Engagement with the Media for Nurse Executives

April 8 | New Orleans

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- Understand the barriers keeping nurses out of the media
- Assess your organization's media readiness
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Audience: Nurse executives who want to develop effective communication strategies to raise the voice of nursing in the media.

"Nurses have a story to tell, no matter where they practice. This course helped me create a strategy within my nursing organization. As a result, nurses grew more confident in their message delivery and participation increased exponentially in media opportunities at the local, state and national level."
-Clare Zangerle, Chief Nurse Executive

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Register now at
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AHA Events

Artificial Intelligence: A Workforce Perspective

Bonnie Clipper, DNP, RN, CENP, FAAN
Michael Hasselberg, PhD, RN, PMHNP-BC

In the age of rapid technological advancement, the health care sector stands at the forefront of transformation. One of the most profound shifts over the past few years has been digital transformation and the integration of artificial intelligence (AI) into the clinical workforce. It is essential for nurse leaders to understand the implications, challenges and opportunities these technologies offer, especially those affecting the nursing workforce.

In today's fast-evolving digital age, no sector remains untouched by the transformative effects of AI – and nursing is no exception. When used in a care setting, AI is the use of complex algorithms and software to emulate human cognition in the analysis, interpretation and comprehension of complicated health data. Specifically, AI is capable of learning and problem-solving in a manner that can support clinicians. Nurse leaders need to understand the interplay between this technology and the nursing workforce. This article delves into the implications, challenges and potential of AI and its impact on the nursing workforce.

AI applications in nursing are vast, with the ability to predict patient deterioration and needed staffing, in addition to automating documentation and enhancing patient engagement. They have the potential to redefine nursing roles, improve patient outcomes and streamline processes. However, these technologies also bring forth concerns about job security and the need for upskilling. The introduction of AI into clinical practice is not about robots replacing nurses but rather about leveraging technology to enhance care delivery, improve efficiency and elevate the experience of the nurse *and* the patient.

Impact on workforce efficiency

AI applications have the potential to automate routine tasks, thereby freeing up nurses to focus on more critical and complex aspects of providing patient care. For example, AI-powered chatbots can handle clinical communication tasks such as scheduling appointments, sending reminders and delivering patient questionnaires.

Moreover, AI can assist in predicting patient deterioration. By analyzing large amounts of data, AI can identify subtle changes in a patient's condition and alert nurses in real time of clinical decompensation to facilitate earlier intervention. This not only enhances patient outcomes, but also reduces the pressure to constantly monitor an excessive number of patient alarms, many of which may be false or non-critical. Imagine the improvements to morbidity and mortality when AI-enhanced platforms can identify patients who are pre-septic before our human eyes and ears even notice that they are becoming septic. AI algorithms can provide more precise diagnostics, tailored treatment plans and targeted nursing care. This technology can identify individual patient needs, such as those who are at high risk for a fall. It can analyze historical patient data and patterns, helping in tailoring care plans that suit each patient's unique health trajectory and social determinates.

AI also can streamline the documentation process. Nurses spend a significant amount of time on paperwork, which can be reduced by AI applications. AI methods, including computer vision and natural language processing, are being used to document patient interactions, record vital signs, assist with medication reconciliation and update patient records, thereby reducing documentation errors and increasing efficiency. Reducing the documentation burden allows nurses to work at the top of their license and spend more time providing direct clinical care to their patients.

Redefining, not replacing roles

Despite increasing workforce efficiency, AI will not replace nurses but rather redefine their roles. Nurses, who play an integral part in health care by providing empathetic care, cannot be replaced by machines. The decision-making capability, especially in complex or ethically challenging clinical situations, in addition to understanding nuanced human emotions, providing psychological support and offering compassionate human touch are aspects unique to nursing. These attributes, integral to high-quality health care, underscore the irreplaceable role of the human nurse. AI should be seen as a virtual care assistant that can augment the nursing profession, allowing nurses to focus more on patient care and less on administrative tasks.

The integration of AI in nursing will result in roles that merge nursing skills with data analysis. Nurses will need to interpret data from AI systems, make decisions based on these data and even troubleshoot these systems. This highlights the need for nurses to acquire new skills and adapt to the changing landscape of health care.

Continued on page 14

Developing the Leader Within

Leading Through Influence

"This course had so much great information. I enjoyed the breakout rooms. This allowed you more time to interact and hear others' stories and thoughts."

Leadership skills are essential for nurses in any role. Developing the Leader Within is a new program designed to build leadership skills for nurses in roles without positional authority, including charge nurses, nurse educators, clinical nurse specialists, supervisors and project managers.

May 14–15 Virtual Program

This two-day program offers:

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Participants will learn how to lead through influencing practice and complete the program equipped to lead from wherever they are within their organization.

Accreditation Statement: The American Organization for Nursing Leadership is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

AONL | American Organization for Nursing Leadership

Visit **aonl.org/education** for details and to register

AHA Events

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Needed upskilling

The integration of AI in nursing emphasizes the need for upskilling. Nurses will need to understand how AI systems work, how to interpret the data they provide and how to integrate these data into patient care. The development of these skills in our next generation of nurses will necessitate transformed curricula. Nursing education must evolve to incorporate AI. This includes not only the technical skills of digital literacy, data analysis and understanding of algorithms, but also the critical thinking skills required to interpret and apply the output of AI applications into clinical practice.

Furthermore, ongoing training and fostering a digital mindset will be essential as AI technologies continue to rapidly evolve. Practicing nurses should be given the opportunities for hands-on experience with AI tools in controlled environments to increase their familiarity and comfort with these technologies. Nurse leaders will need to create a supportive learning environment for the workforce by providing resources for self-learning and time for training, thus facilitating this transition into a digital mindset. This comprehensive upskilling will empower nurses to become more efficient and effective in providing patient care in the quickly changing health care environment.

Challenges and Implications

Nurses play a crucial role in safeguarding patient data and privacy, given their front-line position in care delivery. As health care becomes increasingly digitized, the threat to data security and privacy expands. Nurse leaders must ensure that their staffs understand the importance of maintaining stringent confidentiality standards using secure data handling and storage practices. Ensuring robust cybersecurity measures and training the workforce in data protection protocols is non-negotiable.

Furthermore, nurses act as advocates for patients, informing them about their privacy rights, the usage of their health information and the measures in place for their data protection. Now the role of a nurse in protecting patient data and privacy becomes more paramount, underlining their essential contribution to preserving the trust and confidentiality integral to the therapeutic patient-clinician relationship.

Incorporating AI into nursing also introduces several ethical considerations. Transparency and the ability of educators to explain AI algorithms are critical, as their complexity can make it challenging for nurses to use these technologies to make patient care decisions. The potential for AI to perpetuate existing biases if trained on biased data is a concern, as it could lead to inequitable treatment or misdiagnosis for specific demographic groups. AI has the potential to present recommendations that could be at odds with a nurse's clinical judgment. Balancing technology with human touch, intuition and ethical considerations will remain a crucial challenge for the nurse.

Digital crossroad

AI technologies are transforming the health care landscape, presenting both opportunities and challenges for the nursing workforce. As we stand at this pivotal juncture, the role of nurse leaders has never been more critical. By championing education, fostering ethical use, facilitating collaborative decision-making, advocating for the right infrastructure, and nurturing a culture of adaptability, nurse leaders can ensure that the nursing workforce is ready for the future by actively shaping it.

In the coming years, the line between technology and health care will blur even further. As nurse leaders, embracing this change, while safeguarding the core values of nursing — empathy, care and clinical judgment — will be the key to ushering in an era where technology and humanity coalesce for the betterment of patient care. ◆

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Developing the Leader Within

May 14–15

Developing the Leader Within is a two-day interactive virtual program that combines lecture, discussion, reflective practice, experiential learning and self-assessment. Taught by expert faculty, participants will develop leadership competencies to improve their effectiveness as a leader. Program participants will learn from peers across the nation facing similar challenges. For more information, visit **aonl.org/education/developing-the-leader-within**.

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Advocacy Day is open to nurse leaders of all levels across the continuum. Sign up today to share your story. Space is limited, so secure your seat soon!

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For more details and registration, visit
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AHA Events

Ethical Considerations for International Recruitment

Peter Preziosi, PhD, RN, CAE
Mukul Bakhshi, JD
Sylvain Trepanier, DNP, RN, CENP

Health care delivery systems in the United States face a significant nursing shortage exacerbated by post-pandemic staffing challenges, frustrations and burnout. The global nursing shortage has been an ever-present challenge in health care systems worldwide, and the demand for nurses, including in the U.S., continues to rise. To partially fill this void, health care organizations increasingly rely on internationally educated nurses (IENs) to provide high-quality care. However, recruiting IENs involves ethical and practical concerns, necessitating an informed, well-planned and compassionate approach. Ethical international recruitment of nurses can be one way to help address the nursing shortage.

Nursing shortage dilemma

The nursing shortage is a multifaceted problem resulting from a combination of factors, including population growth, aging demographics and a high attrition rate within the nursing profession. While the shortage has been a longstanding issue, recent years have seen a significant escalation in demand for nursing professionals. The COVID-19 pandemic exposed vulnerabilities in health care systems worldwide and highlighted the need for a robust nursing workforce.

In the United States, the nursing shortage is acute. A 2022 McKinsey report warned of a looming projected nursing shortage of 200,000 to 450,000 nurses by 2025, and this number is expected to increase as the demand for health care services continues to grow (Berlin et al., 2022). Consequently, as more visas were available for migrating nurses in recent years and health systems faced spikes in the cost of traveling nurses domestically, health systems renewed efforts to look overseas to recruit IENs to fill this widening gap.

Ethical considerations

Internationally educated nurses have emerged as a crucial resource for health care systems aiming to maintain their ability to provide quality care. These nurses come from diverse backgrounds and bring unique skills and perspectives that can enrich the U.S. health care landscape. However, the recruitment of IENs should be conducted ethically and responsibly to ensure the safety of the migrating nurse and their successful transition into the U.S. health care system.

Ensuring ethical recruitment of IENs is not just a matter of idealism, but a practical necessity for various reasons:

1. Sharing all information: Transparency in international recruitment can lead to more informed decision making by migrating nurses, reducing their vulnerability to exploitation. Ethical recruitment should ensure that nurses are aware of their options and their rights from the start.
2. Patient safety: After arrival, IENs play a significant role in patient care. Unethical recruitment practices can lead to nurses being placed in positions for which they are not adequately prepared, compromising patient safety.
3. Long-term success: An ethically recruited IEN is more likely to thrive in the new work environment, leading to increased retention rates and overall job satisfaction. Lower turnover pays dividends for the health system and its patients.
4. Sense of belonging: Leaders need to create an environment conducive to promoting a sense of belonging for IENs who are culturally diverse.

Certified international nurse recruiters

Recruitment professionals have the expertise and insights required to assist IENs in navigating the long, complex and expensive process of U.S. immigration and clinical licensure. In a 2023 Commission on Graduate of Foreign Nursing Schools (CGFNS) International study, over 50% of survey respondents indicated using a recruiter to migrate to the U.S. (Bakhshi et al., 2023). To address their nursing shortages while upholding ethical standards, leaders should ensure they are working with certified ethical recruiters. These firms are certified by the CGFNS Alliance for Ethical International Recruitment Practices and have demonstrated compliance with its code of ethics.

The Alliance Health Care Code (2023) is founded on principles that were then implemented by the World Health Organization (WHO) and the International Organization for Migration (IOM) in global frameworks. The code lays out best practices for ethical, fair and transparent international recruitment into the U.S. and is updated periodically to best protect the rights of immigrant health care workers and to reflect current best practices in international recruiting. It was initially developed more than 15 years ago when a task force representing stakeholders from across the health care sector, including recruiters, unions, nursing organizations, licensure organizations and employers — including AONL — found common ground, despite their disparate interests. By adhering to this code,

recruiters and employers involved in international recruitment can ensure that the recruitment process emphasizes transparency and fairness, respecting the rights of nurses and all stakeholders in the health care workforce.

Health systems can collaborate with certified ethical recruiters or invest in becoming ethical recruiters themselves. In this way, health systems can benefit from using recruiters who are well versed in the intricacies of international nurse recruitment. This can help them navigate the additional challenges present in the international context, from identifying suitable candidates to assisting with the visa and credentialing process and supporting the IENs throughout the process.

Addressing the nursing shortage responsibly

The nursing shortage cannot be resolved by simply importing large numbers of IENs without a comprehensive strategy. Instead, leaders at health systems must adopt a holistic approach, addressing not only recruitment but also long-term retention and empowerment of nurses. The recruitment of IENs is just one aspect of the solution. The overarching goal should be to create an environment that enables nurses to work at the top of their capabilities, within a supportive and complementary care delivery team, while delivering high-quality care.

To ensure the retention of IENs and the nurses who work with them, health systems should implement strategies that empower and engage their nursing workforce. The following are key considerations:

1. Integration Programs: Health systems should offer comprehensive integration programs that help IENs acclimate to their new work environment and surroundings. These programs should provide cultural sensitivity training, language support and mentorship opportunities, ensuring a sense of belonging.
2. Continued Education and Training: Support for ongoing education and training is crucial. This helps IENs keep up with advancements in health care and contribute their knowledge effectively.
3. Career Advancement Opportunities: Providing pathways for career advancement is essential for both IENs and domestically educated nurses. This not only boosts job satisfaction but also enhances the quality of patient care.
4. Safe Work Environments: A safe and supportive work environment is critical for nurse retention. Addressing issues such as workload, models of care, nursing engagement, nurse burnout and workplace violence is essential.

Nurse migration economics

CGFNS' report, *The Economics of Nurse Migration*, sheds light on the economic implications of nurse migration. It highlights the challenges and opportunities both sending and receiving countries experience with nurse migration. Countries make substantial financial investments to educate nurses, only to see them leave to fill staffing gaps in other nations. Conversely, it is estimated that immigrant nurses in the U.S. send $1.6 billion back to families and friends in their home countries. This underscores the ethical imperative to recruit IENs in a manner that respects the interests of both the source and destination countries; individual nurses should be empowered to make the right decisions for themselves and their families. Moreover, countries with insufficient health care systems and workforces to provide basic health care to their populations may not have the resources to meaningfully employ nurses.

International organizations like the WHO and the IOM provide valuable insights and guidelines for ethical nurse migration. Health systems and certified international health recruiters should draw on these resources to ensure that the recruitment of IENs is not only ethical but also sustainable in the long term. Part of the solution can be fostering labor migration pathways that ensure that migration is coupled with focused investment in the source country; this can take the form of scholarships for nursing students in sending countries or "twinning" between hospitals in the source and destination country, where the latter supports the former through money and sharing of skills.

By adhering to these ethical principles, health systems can not only alleviate the nursing shortage but also create a welcoming and supportive environment in which nurses can thrive. The recruitment of IENs is only the beginning of the journey. To truly address the nursing shortage, health systems must focus on retention, professional growth and fostering a work environment empowering all nurses to work at the top of their capabilities. By doing so, health care systems can ensure the long-term sustainability of their nursing workforce and provide high-quality care to their patients. ◆

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- The **Certified Nurse Manager and Leader (CNML) Essentials Review Course** assists nurse leaders in preparing for the CNML certification exam by covering the four key competency areas for the exam.
- The **Certified in Executive Nursing Practice (CENP) Essentials Review Course** assists nurse executives in preparing for the CENP exam through a review of the AONL Nurse Executive Competencies and practical application of the competencies.
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Raise the voice of nursing leadership with your colleagues with AONL's 2024 Advocacy Day, June 3-4 in Washington, D.C. Using a mix of on-demand courses and live training sessions, AONL will explain key legislative issues and teach nurse leaders the skills to connect personal stories with AONL's congressional asks. AONL will pair nurse leaders with fellow advocates from their states and schedule their congressional meetings. For more information and registration, visit **aonl.org/advocacy/advocacy-day**.

HOT TOPICS

AONL Longitudinal Nursing Leadership Insight Study Tracks Top Challenges

Hunter Joslin, MA
Daryl Joslin

Funded by AONL, the AONL Foundation and Joslin Insight conducted a nursing leadership insight study in November 2023, part of a series beginning in July 2020. This report highlights the most recent findings on nurse leaders' challenges, solutions, well-being and areas for needed support. The full report, released in January, can be viewed at aonl.org/resources/nursing-leadership-study.

This survey is the fifth survey in a longitudinal series designed to track several areas over time. This survey, conducted November 8-24, 2023, received 2,477 responses (90% full completions) with a 2.48% margin of error at a 99% confidence level. The first survey launched in July 2020 with 1,824 leaders completing or partially completing the survey; the second launched in February 2021 with 2,741 responses; the third launched in August 2021 with 1,781 responses; and the fourth launched in August 2022 with 2,336 responses.

The AONL Foundation fielded this survey to nurse leaders at all levels across the care continuum. The majority identified as white or Caucasian, over the age of 45, and from urban acute care hospitals. Seventy-two percent were either vice presidents, chief nursing officers/chief nursing executives, directors or managers. Specifically, 32% were directors, 23% managers and 13% CNO/CNEs. Forty-three percent of respondents came from short-term acute care hospitals, 14% from health system facilities and 8% from academic health-care providers. Only 2% came from long-term acute care and 1% from post-acute care facilities (i.e., skilled nursing, inpatient rehabilitation). Fifty-two percent indicated their location was urban, with 32% suburban and 16% rural.

Top challenges

While the emotional health and well-being of staff remain a top concern (45%), the issue is now at its best since July 2020. Issues surrounding travelers and the contingent workforce also have diminished by a significant 53% from last year. The growing and emerging challenges in 2023 (Figure 1) revolve around staff recruitment and retention (69%); financial resource availability (34%), and workplace violence, bullying, incivility (24%). As challenges have changed over time, the AONL Foundation discontinued asking about access to personal protective equipment (PPE) and instead inquired about disruptions in the supply chain.

Responding to challenges

The survey series has also measured leaders' ability to respond to their respective challenges. Today, the most difficult issues to address are financial resource availability; supply chain disruption; workplace violence; health inequity; and social determinants of health. While still posing a challenge, nurse leaders report they have been most successful in responding to communicating changing policies, maintaining standards of care, and adopting new technologies and innovation. Figure 2 illustrates the total population, but across different roles, there are slight variations in the ability to address their respective challenges.

- **Managers:** sustaining academic practice partnerships; supply chain disruption; financial resource availability; workplace violence, bullying, incivility
- **Directors:** financial resource availability; supply chain disruption; workplace violence, bullying, incivility; health inequity, social determinants of health
- **CNO/CNE:** sustaining academic practice partnerships; supply chain disruption; financial resource availability; health inequity, social determinants of health
- **VP:** financial resource availability; travelers, contingent workforce; health inequity, social determinants of health; workplace violence, bullying, incivility
- **CEO/COO:** workplace violence, bullying, incivility**;** health inequity, social determinants of health; maintaining standards of care; surge staffing, training, reallocation

FIGURE 1: Nurse leaders indicate their top three challenges, November 2023

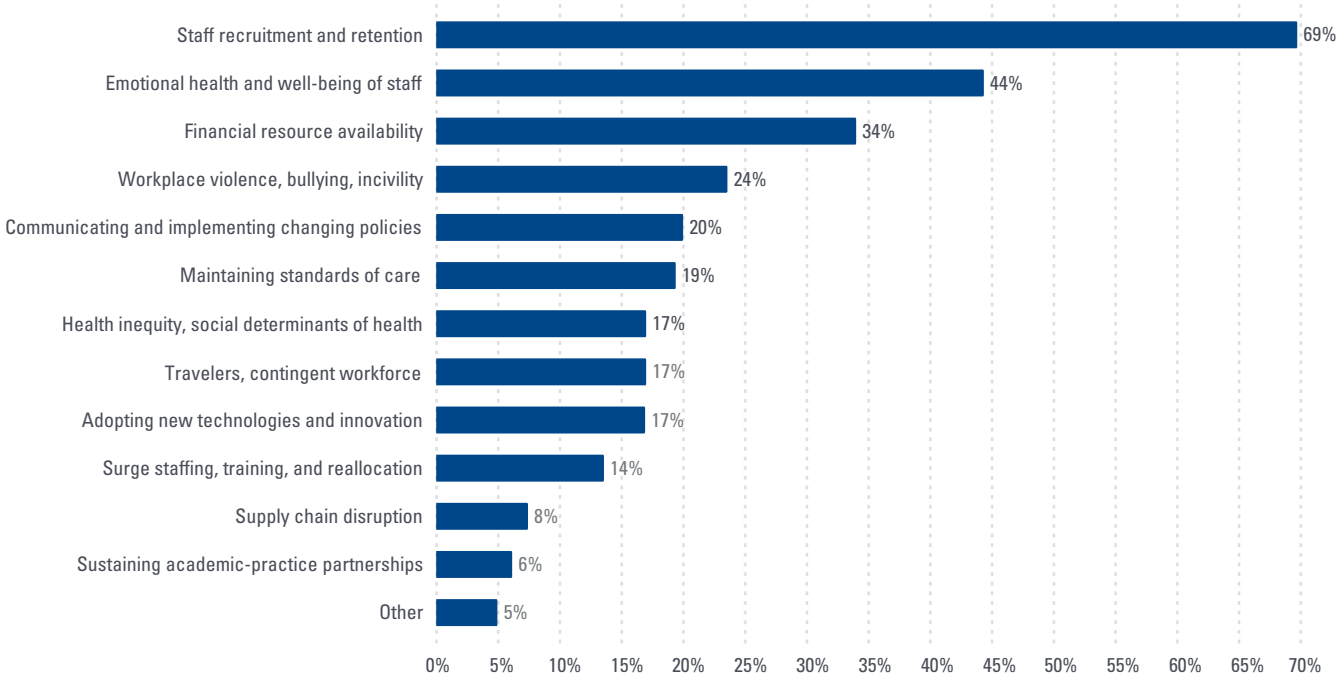


FIGURE 2: Nurse leaders indicate the ability to respond to their respective challenges on a 1–5 scale with 5 being very well, November 2023

	Average
Communicating and implementing changing policies	3.34
Maintaining standards of care	3.33
Adopting new technologies and innovation	3.28
Sustaining academic-practice partnerships	3.23
Emotional health and well-being of staff	3.22
Staff recruitment and retention	3.12
Surge staffing, training, and reallocation	3.09
Travelers, contingent workforce	3.04
Health inequity, social determinants of health	2.98
Workplace violence, bullying, incivility	2.90
Financial resource availability	2.73
Supply chain disruption	2.70

FIGURE 3: Nurse leaders indicate whether they have witnessed workplace violence, intimidation, bullying, or incivility in the past year, November 2023

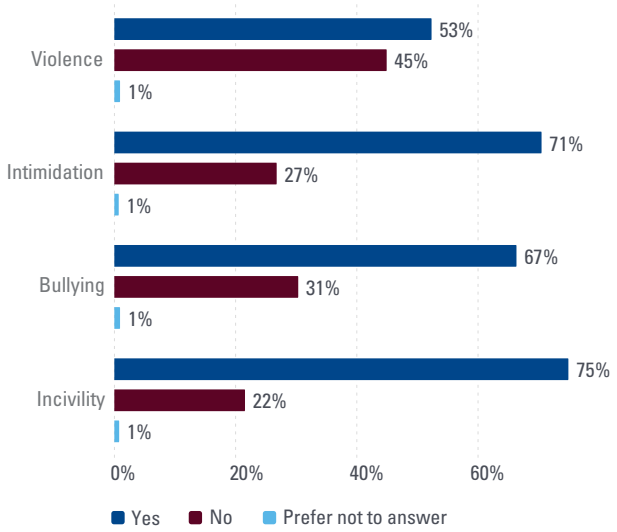
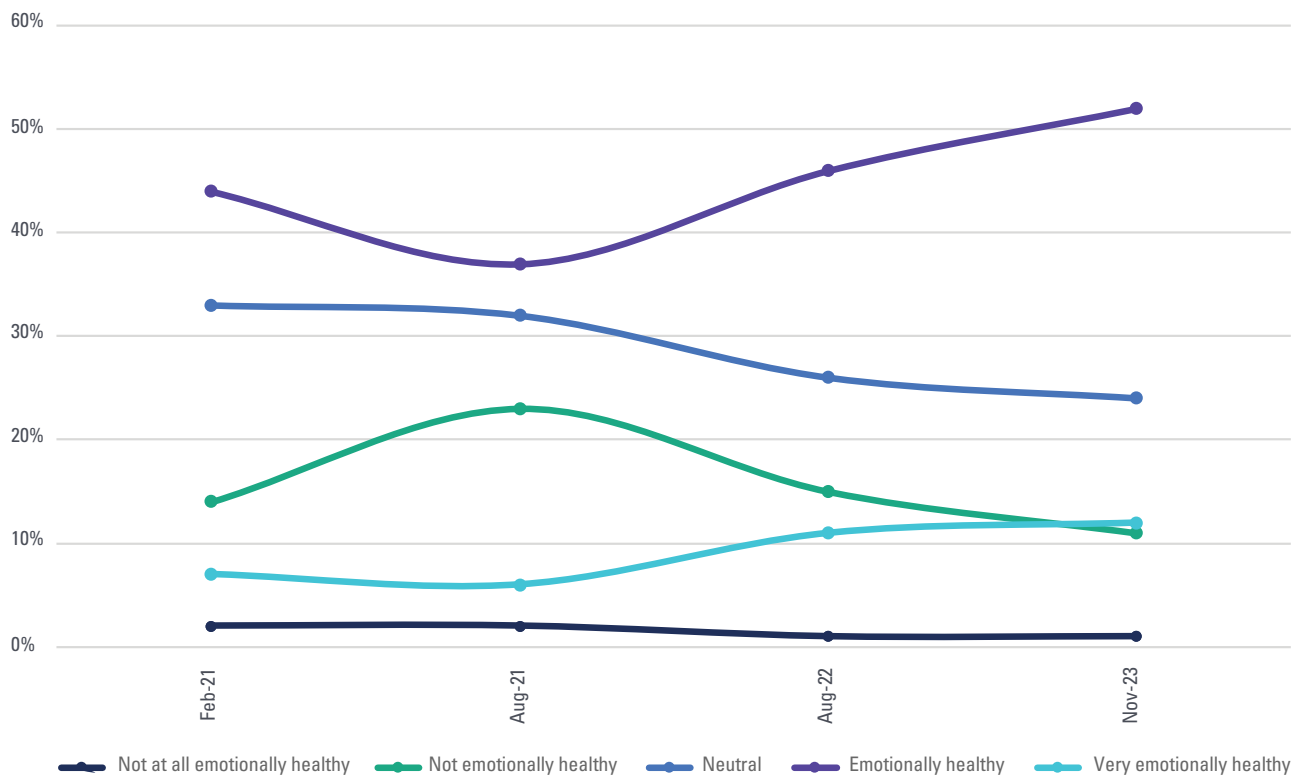


FIGURE 4: Nurse leaders indicate their current emotional health, February 2021, August 2021, August 2022, November 2023



Workplace violence, incivility

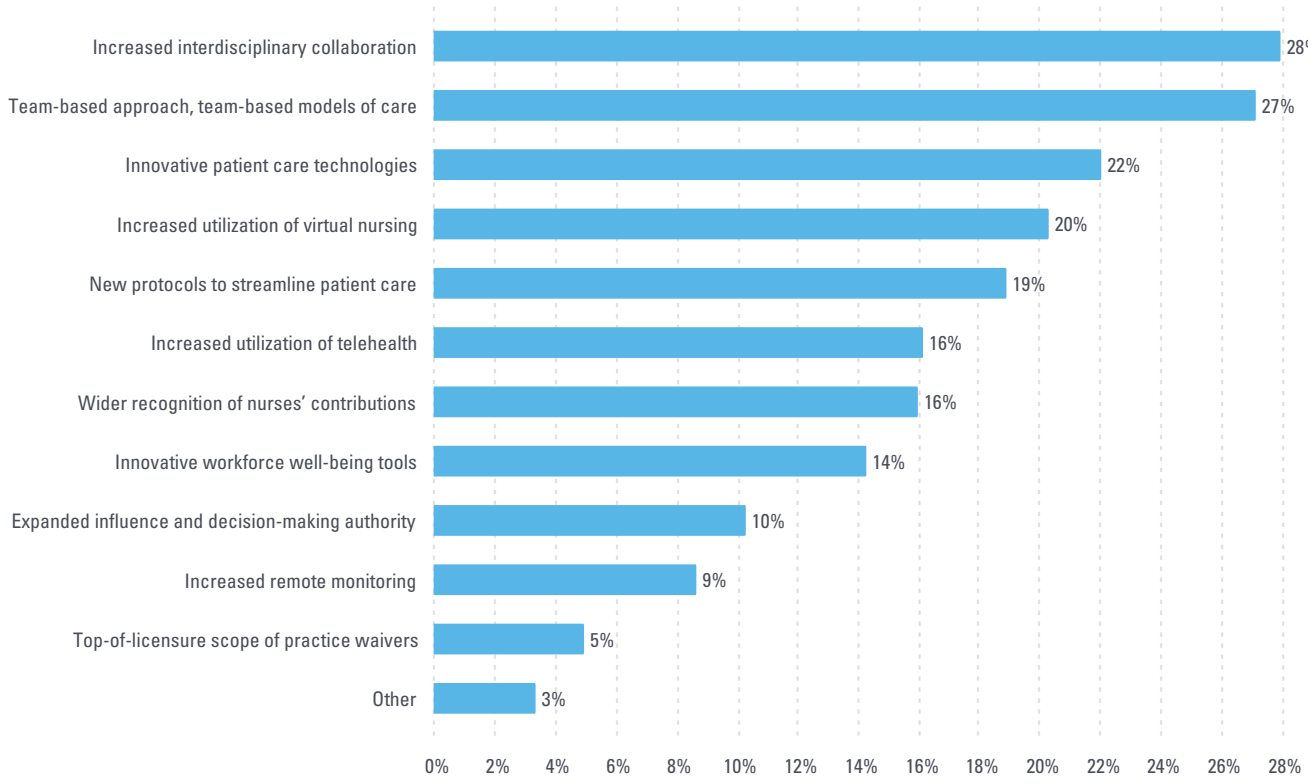
Workplace violence is one of the top challenges facing health care. This survey asked whether leaders have witnessed incidents of workplace violence, intimidation, incivility and bullying (Figure 3). The number of respondents who have witnessed violence remained the same as 2022 at 53%. However, when looking at their top challenges, leaders' perception around the issue of workplace violence has increased by 20% year over year. This points to a potential elevation in the severity of the issue, even if the number of incidents might not have risen. Nurses frequently encounter verbal abuse, physical assaults, and other forms of violence and intimidation from patients, patient families, the public and coworkers. This hostile environment not only jeopardizes the safety and well-being of health care workers but also impacts patient care. Instances of workplace violence can lead to increased stress, burnout and a sense of insecurity among health care professionals.

Addressing workplace violence, intimidation, incivility and bullying requires comprehensive strategies, including enhanced security measures, de-escalation training, fostering a culture of safety and providing trauma-informed care to health care workers. It also requires advocacy to raise broader public awareness.

Emotional health

Regarding emotional health, there has been a slight improvement from last year. However, the data still show a mix of emotional health states, ranging from very emotionally healthy to not at all emotionally healthy. While a significant number report feeling emotionally healthy (52%) or very emotionally healthy (12%), a notable portion indicate a neutral state (24%) or even not being emotionally healthy (11%) and not at all emotionally healthy (1%). It's crucial to recognize the need for continued efforts to support nurse leaders, especially nurse managers who fare worse in cultivating and maintaining healthier emotional well-being. Creating a nurturing environment for nurse leaders is vital to ensure their resilience, support and effectiveness in their roles.

FIGURE 5: Nurse leaders indicate two advancements their organization is likely to use for the redesign of health care, November 2023



Advancements in health care redesign

The AONL Foundation asked nurse leaders to identify two advancements they feel their organization will continue to use in the redesign of health care (Figure 5). Survey respondents identified increased interdisciplinary collaboration (28%) and a team-based approach to models of care (27%) as the top two advancements. Heightened adoption of innovative patient care technologies (22%) and increased utilization of virtual nursing (20%) were the other top responses. These trends underscore a shift in nursing practices, showcasing a strong focus on interdisciplinary collaboration, innovative care models, patient care technologies and virtual care.

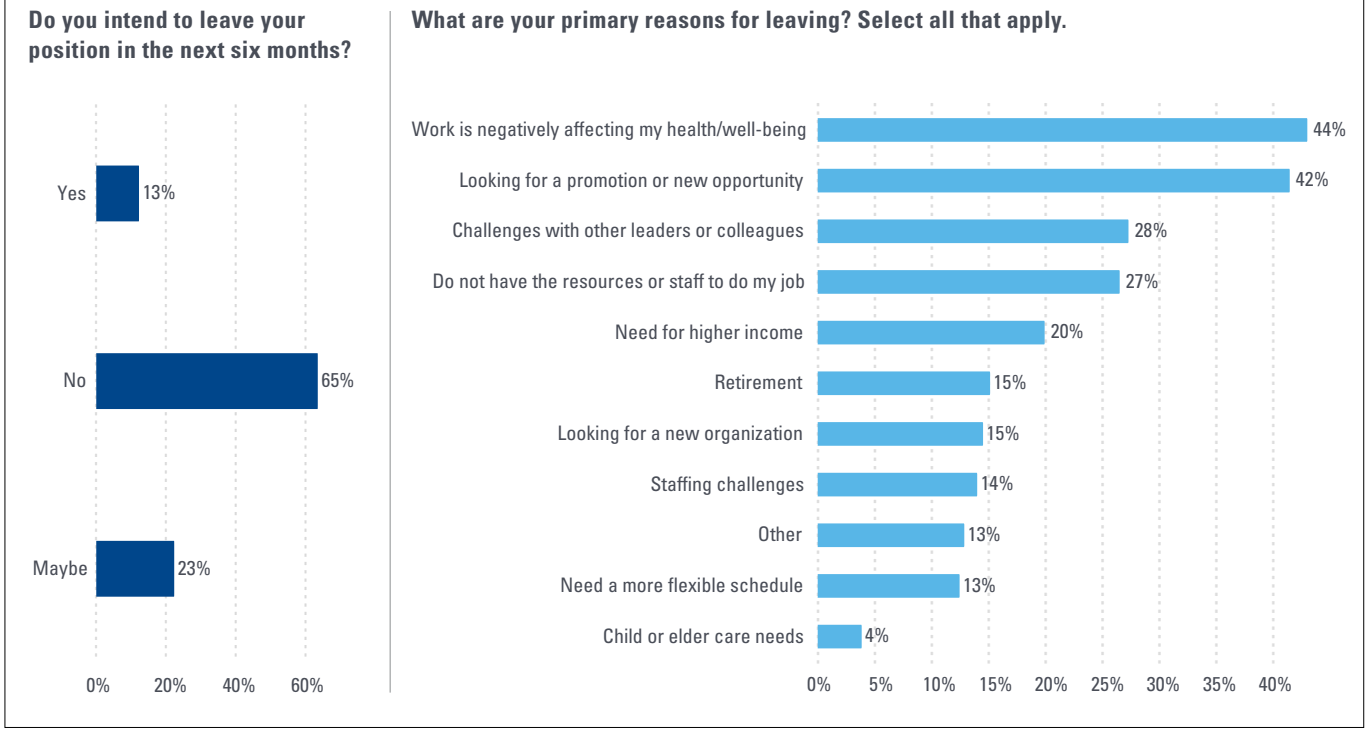
The chart represents the total population; by role, these are their top choices:

- **Manager:** increased interdisciplinary collaboration; team-based approach, team-based models of care
- **Director:** team-based approach, team-based models of care; increased interdisciplinary collaboration
- **CNO/CNE:** increased utilization of virtual care; increased interdisciplinary collaboration
- **VP:** innovative patient care technologies; increased utilization of virtual nursing
- **CEO/COO:** increased interdisciplinary collaboration; expanded influence and decision-making authority

Solutions for improving staffing

The AONL Foundation asked nurse leaders to rate the effectiveness of various solutions their organization implemented to improve staffing on a scale of 1-5, with 5 being most effective. According to the response data, listening and responding to nurse feedback (3.5), allowing days off when necessary (3.5), increasing nurse recognition (3.4) and offering flex scheduling (3.3) had the most positive impact on improving staffing situations. On the other hand, strategies such as adding non-clinical staff (2.7), implementing fatigue countermeasures (2.7) and increasing support services (2.8) garnered lower scores, suggesting they might have a more moderate impact

FIGURE 6: Nurse leaders indicate intent to leave and reasons for leaving, November 2023



in addressing staffing challenges within organizations. The findings underline the nuanced effectiveness of different solutions and signal a need for tailored approaches to meet staffing needs effectively.

Nurse leader tasks

Beginning in 2022, the AONL Foundation added a series of questions to provide insight into the daily tasks of nurse leaders to understand what tasks bring them the most joy and frustration. The first question in the series of questions asks nurse leaders to select all tasks that have required their attention in the past week. In 2023, nurse leaders report spending more time mentoring, guiding and giving performance reviews and handling budgets. Conversely, nurse leaders report spending less time on conflict resolution than last year. Following this question, the survey asked leaders to identify five tasks that bring the most joy and five that bring the most frustration. Nurse leaders report employee engagement and retention efforts; awards and recognition and mentoring, guiding and performance reviews bring them the most joy. Nurse leaders report feeling frustration addressing capacity issues and constraints; incident reports, injuries and complaints; and conflict resolution. While capacity issues continue to cause nurse leaders the highest frustration, the score improved by 13% from 2022 to 2023.

Intent to leave

This survey shows a marginal improvement in nurse leaders' intent to leave with a 5% decrease in those planning to leave from 2022 to 2023. The survey examined intent to leave based on roles. The largest cohort of nurse leaders reporting intent to leave exists in the C-suite with 15% of CNOs/CNEs planning to leave their positions within the next six months, contrasting with 12% of managers and 10% of directors. Among nurse leaders contemplating leaving, a notable 25% report considering leaving nursing altogether. Previously, 27% of respondents reported considering leaving nursing altogether.

The top reasons nurse managers report leaving their roles (Figure 6) are the negative impact of work on their health and well-being, the pursuit of a promotion or new opportunities, and challenges with other leaders or colleagues. Directors report they are opting to leave because they seek a promotion or new career opportunities, their health and well-being are negatively affected by work or they face resource inadequacies in their roles. According to CNOs/CNEs, their top reasons are work adversely affecting their health and well-being,

challenges with peers or leaders, or the pursuit of a promotion or new opportunities.

Improving work satisfaction

When looking at work satisfaction, survey data indicate nurse leaders experience heightened work satisfaction when they are able to take days off when needed (57%), as well as having a healthy work-life balance (48%). Nurse leaders also report increased work satisfaction when their organization provides professional development opportunities (45%).

Nurse leaders also report that their organization encouraging transparent communications (35%) and increasing salary and compensation (34%) significantly impact their work satisfaction. Additionally, organizations have improved work satisfaction through professional governance councils (28%), flex scheduling (28%), eliminating unnecessary meetings (22%) and increasing administrative support (20%).

The November 2023 study reveals a nuanced landscape for nurse leaders, tracking shifts in their challenges and perceptions since July 2020. While issues with PPE have all but vanished since the pandemic, concerns are pivoting strongly toward staff well-being, retention, financial resources and workplace violence. Nurse leaders, primarily from urban acute care settings, grapple with multifaceted challenges demanding strategic agility and resilience.

This study highlights the need for interdisciplinary collaboration, a team-based approach to models of care and innovative patient care solutions. Additionally, the study highlights solutions for improving the staffing challenges facing most health care organizations, including listening and responding to nurse feedback, allowing days off when necessary, increasing nurse recognition and offering flex scheduling. Furthermore, to enhance work satisfaction among nurse leaders, this study emphasizes the importance of flexible policies, professional growth opportunities, transparent communication and compensation.

Despite improvements in emotional health trends and nurse leaders' intent to stay since the 2022 survey, concerns persist around retention and recruitment, quality of patient care, technology integration and leadership support. This report underscores the urgency for tailored solutions addressing these concerns, promoting a supportive work environment and nurturing a pathway for future nurses.

In conclusion, while certain issues have shown improvement over the course of this survey series beginning during the pandemic in July 2020, nurse leaders continue to face complex challenges. Addressing work-life balance, navigating staffing shortages and innovating models of care remain pivotal. This requires a blend of strategic interventions, policy support and inclusive organizational cultures to strengthen nursing's future and, ultimately, improve the equitable delivery of quality patient care. ◆

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continued from page 1

innovative care models and technology integration. The public trusts and counts on nursing to improve our health system and nursing leaders are delivering.

Articles in this issue

In their article exploring the implications for artificial intelligence (AI), Bonnie Clipper and Michael Hasselberg share their views on how AI technologies are transforming health care. They emphasize the critical role of nurse leaders in championing education, fostering ethical use, facilitating collaborative decision-making, advocating for appropriate infrastructure and nurturing a culture of adaptability. This responsibility and opportunity positions nurses to actively shape the future of health care.

Anne Schmidt and her co-authors call for action to create and support a culture of inquiry in nursing units. They encourage the utilization of foundational concepts such as psychological safety, building connections and using design-thinking processes as a framework for a culture of inquiry. Their approach fosters shared decision-making and creativity, ultimately leading to nurse-led innovations.

In another article, nurse leaders from Gainesville, Fla., detail how a strong academic and practice partnership at the University of Florida and Shands Hospital had a significant impact on the development of leadership skills, workplace morale and communication among direct care nurses, nursing leadership and interdisciplinary partners.

Lastly, experts offer guidance on ethical and responsible international recruitment. They emphasize the highest standards of patient care, nurse well-being and international cooperation are achieved by engaging certified recruiters who adhere to the Commission on Graduates of Foreign Nursing Schools Alliance for Ethical International Recruitment Practices in Health Care. This underscores the importance of attracting and retaining skilled nursing professionals.

I extend my gratitude to the generous AONL Foundation donors listed in the 2023 honor roll appearing in this issue. Their contributions enable us to advance our mission to transform health care through nursing leadership.

Looking ahead, I hope you will join me at the upcoming AONL annual conference in New Orleans April 8-11. This event provides a wonderful opportunity for you to connect, learn and collaborate. No doubt, it will spur conversations about solutions to our workforce challenges. As we seize the opportunities that lie ahead to improve workplaces, nursing operations and patient care, let us remain united in our vision, "one voice advancing health for all." ◆

AONL Online Nurse Leader Competency Self-Assessment Tool Available

The online AONL Self-Assessment Tool is an effective way for nurse leaders to evaluate their own strengths and opportunities for growth. It also can help organizations strategically assess nurse leader skills as part of their professional development strategies. All nurse leaders who complete the online tool receive a personalized report. Organizations using the tool will receive a de-identified aggregate report and the opportunity to benchmark scores against the AONL national database. To gauge progress, the tool can be used before and after professional development activities. The AONL Self-Assessment Tool has the added benefit of helping nurse leaders prepare for AONL's Certification Nurse Manager and Leader (CNML) and Certified in Executive Nursing Practice (CENP) exams. For more information, visit **aonl.org/resources/online-assessments**.

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June 18, 25, July 2, 9, 16 | Virtual

Certified Nurse Manager and Leader (CNML) Review Course
April 8 | New Orleans
July 30, Aug. 6, 13, 20, 27 | Virtual

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