



Position Statement

Palliative Nursing Leadership

Introduction

Dear Colleagues:

Palliative nursing leadership is not only a fundamental aspect of healthcare reform, but also a necessary ingredient of quality palliative care. Moreover, hospice and palliative nurses are vital to the delivery of palliative care. In addition, through enhanced palliative nursing leadership, the specialty of palliative nursing contributes to the realization of the Triple Aim in healthcare; namely, better care, better health, and lower cost (Berwick, Nolan, & Whittington 2008). What's more, palliative nursing is essential to improving and instituting palliative care as suggested by the 2014 Institute of Medicine (IOM 2014) *Dying in America Report*. As such, the Hospice and Palliative Nurses Association (HPNA) is focused on palliative nursing leadership by developing and recognizing leaders in clinical practice, research, administration, and advocacy; the Hospice and Palliative Credentialing Center (HPCC) recognizes certification as a component of palliative nursing leadership; and the Hospice and Palliative Nurses Foundation (HPNF) recognizes palliative nursing leadership through the award of grants and scholarships. To define palliative nursing leadership and delineate its significance, HPNA, HPNF, and HPCC convened a work group consisting of Constance Dahlin, JoAnne Reifsnnyder, Pamela Malloy, and Judy Friedrichs to develop a paper on palliative nursing leadership, of which this position statement is the result.

I. Current State of Affairs

In October 2014, the Institute of Medicine released its report, *Dying in America – Improving Quality and Honoring Individual Preferences Near the End of Life*. The report stated there must be the delivery of person-centered, family-oriented care, more clinician-patient communication about advance care planning, more professional education about palliative care, better payment systems, and public engagement of care. Palliative nursing is essential to person-centered care because nurses are the largest healthcare profession and closest to patient care delivery. Nurses are able to promote both professional and public education by the nature of their role.

The 2010 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, delineated leadership development and implementation as a recommendation to transform healthcare; specifically, to “prepare and enable nurses to lead change to advance health” (IOM 2010, p 14). Palliative nursing leadership is essential in promoting safe, effective, and appropriate care for patients with serious illness. There is a growing population of patients with chronic and complex conditions, demonstrated in particular by the growing population of aging Americans and the increased numbers of infants rescued through advanced technology.

In addition, there are there are larger numbers of persons of all ages insured by the Patient Protection and Affordable Care Act who will enter the healthcare system (PPACA 2010). Currently, there are some three million nurses, making nursing the largest segment of the nation’s healthcare workforce (IOM 2010). With the goal of improving quality of life, optimizing physical function, and providing both pain and symptom management, increased numbers of palliative nursing leaders must emerge to create solutions to care and transform healthcare (ANA & HPNA 2014).

Palliative nursing leaders improve both population and global health by promoting quality and access to palliative care, furthering healthcare safety, reducing costs particularly for patients with serious or life-limiting illness, and evaluating patient and organizational outcomes to identify opportunities to enhance care (IOM 2010, ANA & HPNA 2014, p 47). Specifically, this necessitates preparing hospice and palliative nurses to assume leadership positions across all levels. Public, private, and governmental healthcare decision makers must ensure that nurses fill available leadership positions. In addition, leadership development, mentoring programs, and integration of palliative nursing leadership across all settings from clinical to business to advocacy are essential (IOM 2010, p 14).

II. Palliative Nursing Leadership

Leadership has been defined as, “a process of social influence, which maximizes the efforts of others, toward the achievement of a goal” (Kruse 2014). Within healthcare, this definition of leadership is the process of empowering other nurses, patients, and colleagues to transform the care and culture of serious illness. Specific to palliative nursing, such a definition offers the potential that all hospice and palliative nurses can be leaders, regardless of position or title, as leadership is about leading change. Moreover, transformational leadership within palliative nursing means changing the values, attitudes, and perceptions of all nurses from care of the dying patient to the more global perspective of care of patients with advanced serious illness. In moving the principles of hospice and palliative care upstream, nurses are engaged to incorporate the principles of palliative nursing, which include autonomy of care, control of care, expert pain and symptom management, and proactive communication in all care. As such, palliative nursing influences the simultaneous promotion of quality of life and relief of suffering across the health continuum.

Palliative nursing leadership can occur within clinical care, administration, education, and/or research. Within a global context, palliative nursing leadership can be learned and developed over time through mentorship and expert role modeling. Indeed, within the healthcare environment, nursing leadership involves critical thinking; proactive management; effective communication with patients, families, and healthcare colleagues; and stewardship of environmental, financial, material, and personnel resources (AACN 2013). Palliative nursing leadership is cultivated by taking advantage of opportunities for leadership in palliative care. Moreover, the valuable skills of self-assessment, listening, feedback, orchestration of interprofessional care, and negotiation allow for effective palliative nursing leadership built on integrity. These promote growth in the areas of leadership, which includes personal mastery or continual growth in palliative nursing, clarity of palliative care models, shared vision of palliative care, team learning in the many aspects of palliative care, and an overall concept of palliative care within the context of healthcare (Tracy & Hanson 2014).

Palliative nursing leadership challenges critical thinking, leading to improvement in clinical care, education, and research, while focusing on excellence in palliative care across all settings. Effective nursing leadership results in a productive healthcare culture, resulting in improved clinical care, better healthcare, and lower healthcare costs (Berwick, Nolan, & Whittington 2008). Palliative nursing leadership is achieved through quality, safe, patient-centered care for patients with advanced serious illness. Systems-level palliative nursing leadership involves inspiring a shared vision to change the status quo of current care delivery of patients with advanced illness in the areas of effectiveness, efficiency, and timeliness. This is achieved through evidence-based palliative nursing practices. In educational systems, palliative nursing leadership promotes palliative nursing education. Palliative nursing leadership in health policy necessitates activism, empowerment, and motivation to make changes in palliative nursing and the delivery of care (Tracy & Hanson 2014). Palliative nurse leadership within the specialty moves the profession of palliative nursing forward by changing the landscapes of practice, education, quality, and research.

III. Characteristics of Palliative Nurse Leaders

Leadership in palliative nursing is characterized by leading others with a clear vision of palliative care initiatives, motivating and inspiring others to achieve excellence in care, positively relating to others to create healthy work environments, and changing the behavior of others to work collaboratively in palliative care (Speck 2006). Moreover, the core values and principles that underpin palliative nursing and the act of caring within palliative nursing provide an internal compass that facilitates authentic and transformational healthcare leadership (Govier & Nash 2009).

Palliative nurse leaders have the ability to work with others in transforming both the care and culture of care of delivery for persons with advanced serious illness. Empowered by desire for change, palliative nursing leadership involves a vision for quality care articulated through palliative care initiatives and programs in which palliative nursing plays a major role (IOM 2011, Trybus 2011). Palliative nursing leaders identify opportunities to transform the delivery of palliative care to individuals with advanced

serious illness and life-limiting conditions. Palliative nursing leaders engage, encourage, and support other team members to establish quality palliative care through collaboration (Speck 2006). Transformational palliative nursing leadership embraces the complexity of instituting palliative care. Specifically, hospice and palliative care nurses serve as catalysts for change within institutions (Speck 2006). Palliative nursing leaders possess emotional intelligence and are experts in the specialty of palliative nursing. Palliative nursing leadership is promoted through mentoring, innovation, and activism in the various realms of clinical care, education, administration, research, and policy. (Tracy & Hanson 2014, COH & AACN 2014).

The Institute for Health Improvement offers five high-impact leadership characteristics that can be applied to palliative nursing leadership. They are: 1) Person-centeredness, in which the palliative nurse leader consistently embraces person-centered practices; 2) front-line engagement in which the palliative nurse leader offers regular authentic presence on the front line of palliative care and is a visible champion of improvement in palliative care; 3) relentless focus, in which the palliative nurse leader is focused on a vision of palliative nursing and a strategy to advance the profession; 4) transparency in which the palliative nurse leader makes results, progress, aims, and defects visible and clear for all to understand; and 5) boundarilessness in which the palliative nurse leader encourages, practices, and role models systems thinking, and collaboration across boundaries. (Swenson, Pugh, McMullan & Kabeenal 2013).

Examples of Palliative Nursing Leadership

Clinical Care – Palliative nurse leaders must be life-long learners to provide the best palliative care. Therefore, they must take an active role in translating skills and knowledge to the bedside. In this fashion, the clinical hospice and palliative nurse moves between dedicated learner and expert clinician, leading and motivating others in the provision of quality palliative care and promoting evidence based palliative practices. In addition, they create an environment of excellence in the care of patients with serious advanced illness attending to the physical, psychological, social, and spiritual domains. Leadership is demonstrated in leading clinical care, leading changes in clinical practice, and acting as a clinical resource. Certification for hospice and palliative nurses at all levels is validation and demonstration of clinical leadership.

Management/Administration – As palliative nurse leaders master clinical care, they may seek out new learning opportunities. The palliative nurse leader takes a more active role in systems changes, organizational management, and professional activities. In addition, the palliative nurse leader participates in and leads national and global healthcare initiatives that promote palliative care and overall well-being. The presence of hospice and palliative nurses in administrative roles, mentoring roles, leading committees, managing projects, and directing initiatives is demonstration of administrative leadership.

Research – Palliative nurse leaders actively follow, translate and apply findings, and participate in research to incorporate evidence into practice. The hospice and palliative nurse engages in quality improvement projects to evaluate and improve systems and practices related to care. Leadership is evidenced by nurse participation, as well as

nurse-led and nurse-created research and quality initiatives that improve patient care, palliative care, and outcomes.

Education – Palliative nurse leaders are active in palliative nursing education. They may serve as a preceptor, a journal reviewer, or provide continuing education. The hospice and palliative nurse performs a self-assessment of teaching skills to educate others. Leadership is demonstrated by participation or development of palliative nursing education in local, regional, and national venues, particularly with hospice and palliative nurse faculty, the development of palliative nursing curricula, and the creation of palliative nursing products by nurses for nurses.

Policy/Advocacy – Palliative nurse leaders advocate and direct change in policy as well as legislation. The hospice and palliative nurse serves as a liaison between state and national activities or organizations for activities related to palliative and end-of-life care. Specific activities include building collaboration in shared values related to palliative care and improving outcomes for patients with serious illness. Leadership is demonstrated by actions to promote access to palliative care, remove disparities in palliative care, and assure quality in palliative care.

IV. The Specialty Palliative Nursing Organizations

The Hospice and Palliative Nurses Association is the national, professional nursing organization that represents the specialty of palliative nursing. HPNA is a membership organization for members of the nursing team working in hospice and palliative care settings across the lifespan continuum. Established in 1987, the Hospice Nurses Association (as it was then called) was formed to ensure quality hospice nursing and to allow hospice nursing to flourish. In 1998, the association added palliative care to its name and became HPNA. It is the nursing resource for hospice and palliative nurses in all settings, and at all levels, including NA, LPN/LVN, RN, and APRN. HPNA offers education, resources for clinical practice, and advocacy. Specifically, HPNA, in partnership with the American Nurses Association, issues the scope and standards for hospice and palliative nurses, develops competencies for practice, and offers position statements on many topics related to palliative nursing. HPNA offers educational forums, such as the Clinical Practice Forum and the Annual Assembly in partnership with the American Association of Hospice and Palliative Medicine, in addition to a plethora of educational materials. HPNA's membership includes more than 11,000 hospice and palliative nurses and other members of the interdisciplinary team, with 45 chapters nationwide.

Since its inception in 1993, the Hospice and Palliative Credentialing Center, (formerly known as The National Board for Certification of Hospice and Palliative Nursing, or NBCHPN®) has been responsive to the certification concerns and interests of hospice and palliative nurses and the changing environment of palliative care. The formation of the National Board for Certification of Hospice Nurses resulted from a 1991 survey of hospice nurses conducted by the Hospice Nurses Association (HNA) and the National Hospice Organization (NHO). The first certification exam was offered in 1994, through which those who successfully passed the exam were awarded the credential CRNH®

(Certified Registered Nurse Hospice), which was retired in 2002 and is now known as CHPN® (Certified Hospice and Palliative Nurse). In 1999, palliative nursing was included in the new name, NBCHPN®, and the examination. Successful candidates are now awarded the credential, CHPN® (Certificated Hospice and Palliative Nurse). In 2001, NBCHPN® initiated an employer supporter program and has been committed to continuing the recognition on an annual basis for those who continue their efforts. Currently, more than 135 employers have acknowledged their support of certification through HPCC. HPCC offers six additional certification exams for palliative care providers with varied scope of practice. Currently, there are more than 18,000 certificants who hold one of the following certifications: CHPN®, ACHPN®, CHPNA®, CHPLN®, CHPCA®, CHPPN®, or CPLC®. Because of the diversity of certification, the organization recently changed its name to reflect its broad scope.

Incorporated in 1998, the Hospice and Palliative Nurses Foundation (HPNF) is dedicated to raising funds to support the professional development of hospice and palliative nurses and support the mission of HPNA. HPNF provides grants for education, certification, and conferences. It also provides research grants and leadership awards. The first of these professional development opportunities – in the form of a collaborative nursing research grant with Sigma Theta Tau International, individual education scholarships, and chapter education grants – was bestowed in 2004. Currently, HPNF offers 45 scholarships, grants, and awards, totaling more than \$63,000.

In 2003, the Hospice and Palliative Nurses Association, the Hospice and Palliative Nurses Foundation, and the National Board for Certification of Hospice and Palliative Nurses came together and formed an alliance with a “unified vision to ensure that all persons become aware of the impact of those with hospice and palliative nursing care knowledge and expertise and their ability to deliver high-quality palliative nursing care.” In 2014, the three organizations developed a Joint Strategy Council to enhance synergy, efficiency, and effectiveness across the organizations. These organizations adopted a shared mission: “To advance expert care in serious illness.” The organizations continue to work together under the unified vision: “To transform the care and culture of serious illness, by engaging members through education, advocacy, leadership, research, and competence.”

V. Position Statement

HPNA, HPCC, and HPNF believe that palliative nursing leadership is a vital skill that must be demonstrated in all levels and all settings of palliative nursing practice. Palliative nursing leadership is demonstrated by clinical excellence, whereby nurses act as change agents to create and implement innovative practices to enhance clinical outcomes and/or improve healthcare systems. Palliative nursing leaders create and implement innovative care delivery models that are aligned with the Triple Aim, which respects patients’ and families’ goals of care, while at the same time lowering costs and improving satisfaction rates. The results are demonstrated through the promotion and communication of the value of palliative nursing leadership at all levels of nursing practice. Moreover, there are clear innovations across the spectrum of nursing, including clinical, management, education, research, advocacy, and policy. There are

nursing assistants, licensed vocational/practical nurses, registered nurses, and advanced practice registered nurses who are all palliative nursing leaders.

It is the position of HPNA, HPCC, and HPNF that:

1. Palliative nursing leadership is transformative, leading to improved care of patients with advanced serious illness and influencing the values of care across all healthcare delivery settings.
2. Palliative nursing leadership should be encouraged, developed, and recognized at all levels and in all aspects of palliative nursing, including clinical practice, management and administration, education, research, and policy.
3. Palliative nursing leadership is advanced by palliative nurse involvement with national healthcare initiatives, collaboration with other nursing specialties, and engagement of other healthcare professionals to enhance quality palliative care.

VI. Recommendations

HPNA, HPCC, and HPNF call on hospice and palliative nurses across the settings of clinical care, education, administration, policy, and research to take the following actions:

1. Hospice and palliative nurses to seek and promote leadership across all settings and to participate in national and international initiatives to promote palliative care.
2. Professional nursing organizations and specialty hospice and palliative care organizations to integrate leadership into education and offer leadership training through continuing education.
3. Schools of nursing to ensure that palliative nursing is a required competency in all baccalaureate programs and graduate programs. In addition, schools of nursing should promote palliative nursing leadership at both the undergraduate and graduate levels.
4. Payers of health services, licensing, and accrediting organizations to recognize palliative nursing leadership, as evidenced by certification in hospice and palliative nursing, from nursing assistant to advanced practice as a quality indicator in compensation for palliative nursing practice.
5. Health systems and health service providers to recognize the importance of palliative nursing with expansion of palliative nursing leadership opportunities and to recognize certification as evidence of palliative nursing leadership.
6. Hospice and palliative care organizations to establish palliative nursing leadership pathways to promote leadership at all levels and settings of care.
7. Research institutions to promote palliative nursing research.

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One Penn Center West, Suite 425, Pittsburgh, PA 15276-0100

Phone (412) 787-9301, Fax (412) 787-9305

Website: <http://advancingexpertcare.org>

Mission Statement:
To advance expert care in serious illness