

**How to Cite:**

Alotaibi, A. M. M., Alharbi, K. J. J., Almuqati, L. F. S., Alsahli, S. S., Alqahtani, H. M. H., & Alqasir, M. A. A. (2019). Innovation in nurse leadership and healthcare administration: An updated review. *International Journal of Health Sciences*, 3(S1), 582–592.  
<https://doi.org/10.53730/ijhs.v3nS1.15440>

# **Innovation in nurse leadership and healthcare administration: An updated review**

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**Abstract--Background:** Innovation in healthcare leadership, particularly within nursing, is crucial for addressing the challenges of modern healthcare systems. Despite its importance, integrating innovation into nursing leadership remains a challenge, often hindered by traditional practices and a risk-averse culture in healthcare. Nurse leaders face numerous operational pressures that leave little room for innovation, yet the demand for creative solutions to improve patient care, organizational efficiency, and staff engagement has never been greater. **Aim:** This article explores the role of innovation in nursing leadership, highlighting how specialized programs, such as the Executive Fellowship in Innovation Health Leadership (EFIHL), can empower nurse leaders to drive meaningful change within their organizations. The aim is to illustrate how these programs help nurse leaders embrace innovative practices and overcome the barriers to innovation. **Methods:** The article draws on the experiences of three nurse leaders who participated in a yearlong EFIHL program. The fellowship provided mentorship, exposure to innovative practices in various sectors, and opportunities for

developing leadership projects within their organizations. Through immersion experiences and mentorship, the fellows gained insights into fostering innovation, focusing on leadership practices and organizational change. **Results:** The fellowship participants successfully developed and implemented leadership projects that improved operational efficiency, staff engagement, and patient care. Notable outcomes included the creation of new roles to alleviate administrative burdens on nurse managers, allowing them to focus on leadership and quality improvement. Fellows also utilized human-centered design principles and the microclimate model to refine their leadership styles and foster a collaborative, innovative organizational culture. **Conclusion:** Nurse leadership innovation is essential for addressing the evolving needs of healthcare. Programs like the EFIHL provide valuable resources, mentorship, and opportunities for nurse leaders to adopt innovative strategies and drive change. These initiatives enhance leadership competencies and contribute to the development of adaptive, patient-centered healthcare systems.

**Keywords**---Nurse leadership, healthcare innovation, Executive Fellowship, leadership development, human-centered design, nursing administration.

## Introduction

Innovation can be described as an ongoing process of reimagining what is possible [1]. According to the International Council of Nurses, nurses are uniquely positioned to offer creative and innovative solutions that have a profound impact on the daily experiences of patients, healthcare organizations, communities, and the nursing profession itself [2]. However, the integration of innovation into nursing leadership remains a challenging endeavor, one that many leaders are often reluctant to adopt [3-5]. Research indicates a marked contrast between general leadership behaviors and those of leaders who focus specifically on fostering innovation [3]. The nursing profession continues to maintain a “unifocal, traditional bedside” culture, where activities outside of direct patient care, such as strategic planning, education, innovation, and organizational development, are often viewed as “nonproductive” [6]. In the 1990s, the UK National Health Service (NHS) introduced a new leadership paradigm by embedding “managerialism” within nursing leadership. This model was grounded in the belief that professional management would drive innovation in the delivery of nursing care [7]. However, numerous challenges continue to hinder nursing leaders in their pursuit of innovation. Operational demands, staffing shortages, fluctuating reimbursement structures, diminishing staff engagement, escalating labor costs, and high turnover rates among senior nurses place immense pressure on nurse leaders, leaving them with little time or resources to prioritize innovation [8]. Indeed, some experts argue that innovation is inherently “counterculture” in healthcare settings due to the field’s risk-averse nature, reliance on evidence-based practices, and its slow-paced, compliance-driven environment. This stands in stark contrast to the characteristics of an innovation-driven culture, which

thrives on risk-taking, hypothesis-driven approaches, a fast-paced work environment, and a focus on continuous improvement [9].

Nurse leaders must be capable of defining and implementing innovative strategies within their organizations if they are to address the complex challenges present in today's healthcare system. To support this, numerous programs and fellowships have been developed to enhance leadership competencies in the realm of healthcare innovation. This article highlights the experiences of three nurse leaders who pursued a yearlong fellowship in healthcare innovation leadership through one of these specialized programs. Their journeys illustrate how such initiatives can empower nursing leaders to adopt innovative practices and navigate the challenges of modern healthcare. By positioning themselves as innovators, these leaders were able to contribute to the development of more effective, adaptive healthcare systems, ultimately benefiting patients, staff, and organizations alike. In summary, while the path to innovation in nursing leadership is fraught with challenges, it is also essential for addressing the evolving needs of healthcare. The experiences of nurse leaders who undertake specialized fellowships in healthcare innovation can provide valuable insights and inspiration for others seeking to embrace a culture of innovation within their own practices.

### **Executive Fellowship:**

The Executive Fellowship in Innovation Health Leadership (EFIHL) is a comprehensive, yearlong program designed to immerse its participants in cutting-edge industry practices to enhance their ability to “accelerate their own organizations’ capacity to innovate” [10]. Offered by Arizona State University (ASU) in partnership with the American Organization of Nurse Executives (AONE) and the American Association for Physician Leadership (AAPL), the fellowship provides Fellows with valuable exposure to national industry leaders. This program aims to equip them with the requisite skills to drive innovation within their healthcare organizations. The EFIHL program is structured around mentorship from globally recognized faculty members who bring diverse expertise in health care and disruptive innovation. These mentors include doctorate-level nursing leaders, clinical professors, authors, nursing consultants, former chief nurses, and managing directors. Throughout the program, the Fellows benefit from the mentors' vast knowledge and experience, particularly during quarterly immersion sessions and monthly calls held between immersions. The mentors guide the Fellows in adopting radical innovation methodologies, encouraging them to disrupt conventional business models and to challenge the competitive landscape rather than relying on traditional incremental approaches. This mentorship helps Fellows to view familiar challenges, such as staffing issues, leadership dilemmas, and budgetary constraints, from a fresh, innovative perspective.

The ultimate goal of the EFIHL is to cultivate critical thinking skills among its graduates, enabling them to tackle new care delivery approaches within their organizations, particularly in terms of quality and cost. Fellows are exposed to various educational resources, including readings, online content, and peer-to-peer mentoring, which complement the four immersive experiences that form the

core of the program. These immersions introduce participants to innovative organizations and practices both within the healthcare sector and in other industries. The Fellows are encouraged to internalize and apply the seven characteristics of innovation leadership: boundary spanning, risk-taking, leveraging opportunities, visioning, adapting, facilitating, and coordinating information flow [10]. The cohort of Fellows in the authors' group included leaders from diverse disciplines, such as nursing, medicine, psychology, and administration. This interdisciplinary diversity enhanced the Fellows' learning experience by fostering an environment where varied perspectives challenged existing paradigms both within and beyond the nursing profession. The mix of viewpoints and the exchange of ideas within the cohort provided a unique advantage, enriching the learning process for all participants.

In alignment with Tony Hsieh's philosophy that "most innovation comes from outside your industry applied to your own" [11], the immersive experiences in the EFIHL program are carefully designed to include exposure to both healthcare and non-healthcare industries. Each Fellow is paired with a mentor and participates in visits to a variety of organizations, including academic institutions, innovation centers, research laboratories, and pioneering businesses. These site visits allow Fellows to gain firsthand insights into the innovation practices of organizations that operate at the forefront of their respective fields. In addition to the experiential learning components, the program offers an extensive and diverse array of reading materials provided by mentors, presenters, and faculty. This collection includes books, scholarly articles, podcasts, TV shows, and other relevant resources designed to broaden the Fellows' understanding of innovation. By combining mentorship, immersion in diverse settings, and a rich array of educational content, the EFIHL equips its participants with the tools and knowledge necessary to lead innovation within their organizations and beyond.

### **The Projects:**

As part of the fellowship program, each participant is tasked with developing a project that introduces innovation within their respective organizations. The following accounts detail the methodologies and outcomes of the authors' projects, serving as examples of innovative leadership in nursing. Denise Cundy, MS, RN, Assistant Vice President of Nursing Excellence and Care Coordination at UnityPoint Health, Des Moines, Iowa, outlines a project focused on relieving nurse managers from time-consuming administrative tasks to allow for more impactful leadership. Over the past two years, nurse managers within the organization consistently reported feeling overwhelmed by their workload, stating that they had "too much to do" and "couldn't get it all done." To address this concern, an exercise was conducted with the nurse managers to identify tasks or responsibilities that could be removed from their job scope. The exercise revealed that many of the tasks that consumed their time were administrative in nature and did not necessitate the involvement of a nurse manager, nor even a nurse.

In response to these findings, a support role was created to help nurse managers manage their workloads more effectively while enabling them to focus on their leadership responsibilities. A group of nurse managers was assembled to help define this support role. Together, they revisited the list of tasks identified in the

initial exercise and brainstormed ways to make their leadership roles more meaningful. The consensus among the managers was that by being relieved of the most time-consuming tasks, they would have more opportunities to engage in employee and patient rounding. Additionally, they would have the time to lead quality and process improvement initiatives, which they believed would significantly enhance staff engagement, retention, and the quality of patient care. The time-consuming tasks that were identified as non-essential to the nurse manager role included creating and maintaining staff schedules, addressing day-to-day staffing issues, handling payroll activities, tracking absences, and mining data for decision-making. These tasks were deemed suitable for reassignment as they did not require a nurse manager's expertise. To develop the role further, the team explored structures and roles in other organizations and visited one such organization that had recently implemented a similar position.

As a result, a new job description for the position of System Scheduler was created. This role's primary functions included balancing self-scheduled shifts, finalizing and publishing staff schedules, maintaining an up-to-date schedule, negotiating to fill scheduling gaps, ensuring accurate timekeeping via the payroll system, monitoring absences, alerting managers about policy violations, and tracking licensure and certifications. Although there were no specific educational requirements for the role, a bachelor's degree and/or experience in business or analytics were considered advantageous. For consistency, all system schedulers reported to a single manager, though they remained deeply integrated within the teams they served, visiting departments on various shifts and attending meetings to build relationships with staff. To accommodate the full-time equivalents required for the new role, nurse managers were assigned to oversee two nursing units instead of one, a change implemented through attrition. The clinical supervisor role within each unit remained in place. The program was designed with four anticipated outcomes: increased manager satisfaction, improved manager effectiveness scores on employee engagement surveys, enhanced nurse-sensitive indicator metrics, and reduced nursing labor costs due to standardized scheduling practices. The project commenced in May 2018 with the hiring of two system schedulers. Initially, the primary focus of the role was scheduling, payroll, and absence tracking. The team underwent a transitional phase, during which staff learned to approach the system scheduler for scheduling needs, and nurse managers adjusted to delegating these responsibilities. One of the original system schedulers did not remain in the position, but the role was refilled, and two additional schedulers were hired to expand the team's capacity.

As expected, the implementation of the new role has resulted in a significant learning curve for all parties involved. Initial observations suggest that the position has successfully allowed leaders to focus on team leadership rather than administrative tasks. Feedback from the nurse managers participating in the initiative has been predominantly positive, with many expressing satisfaction with the changes. However, challenges remain to be addressed as the role continues to evolve. A follow-up "pulse survey" conducted in October 2018 to assess manager effectiveness indicated that those utilizing the system scheduler role showed notable improvements in their scores. Additionally, other nurse leaders who observed the process have shown considerable interest in adopting a similar role within their own teams. While the impact of the role on nurse-sensitive indicators

and labor costs is still being assessed, the initial feedback suggests a promising shift towards more effective leadership. Michelle Machon, MSN, RN, Director of Education, Practice, and Informatics at Kaiser Permanente in Roseville, California, describes her fellowship experience as a deeply personal journey focused on innovating her leadership approach. Two years ago, a comment from her Chief Nurse piqued her interest, as the Chief Nurse expressed eagerness to work with her to “hone my senior leadership skills.” This remark prompted significant self-reflection, leading Machon to recognize the need to further develop her senior leadership abilities to advance in her career. Throughout the fellowship, Machon collaborated with her mentor to explore and refine her leadership style using the principles of human-centered design, a methodology focused on improving solutions based on the needs and experiences of people.

In particular, they employed Zuber’s microclimate model for innovation, which guided them in shaping a framework that fostered the development of senior leadership competencies. This model provided a structured approach that helped to enhance Machon’s leadership capabilities by emphasizing intentionality and introspection as key tools for personal and professional growth. The application of this model throughout the fellowship allowed Machon to develop a unique framework of leadership innovation, which was further embedded in what was referred to as “situational intentional leadership.” By incorporating these concepts, Machon was able to align her leadership strategies with the demands of her role, ensuring that her leadership style was adaptable and intentional, shaped by both external factors and internal reflections. This structured approach to leadership innovation not only allowed for the advancement of Machon’s personal leadership but also served as a model for integrating thoughtful, situational leadership practices into daily operations. The mentorship and application of human-centered design provided a comprehensive foundation for Machon’s ongoing leadership development, ensuring that she remained focused on both the strategic and human aspects of leadership. The fellowship’s emphasis on situational intentional leadership equipped her with the tools necessary to navigate complex leadership challenges, refine her decision-making processes, and strengthen her ability to foster a collaborative and effective team environment.

### **The Microclimate Model:**

The microclimate model integrates a combination of advocacy support, enabling conditions, and behaviors of change agents to create an optimal environment in which human-centered design can thrive [12,13]. The resulting framework for “situational, intentional leadership” offers a structured approach for nurse leaders aiming to refine their leadership capabilities. This framework consists of six potential steps that serve as a guide for individuals seeking to enhance their leadership style.

- **The first step** involves actively seeking honest feedback. Early in the Fellowship, I approached members of my teams—my supervisor, the Chief Nurse Executive; my peers, Nursing Directors in Nursing Administration; and my team in Education, Practice, and Informatics. I communicated my intent to ask for their candid feedback after interactions, meetings, and discussions over the following months. While I received positive feedback,

the primary goal of the Fellowship was to innovate and improve my leadership skills, even if my colleagues held positive views of my current capabilities.

- **The second step**, deep introspection, proved particularly challenging for me. Typically, I am more action-oriented than reflective. Journaling, which was never a strength of mine, and reflecting on my leadership style felt uncomfortable, making this process an important learning experience. To overcome this, I dedicated time to observing other leaders in action and reflected on my communication style, appearance, and emotional responses. This introspection allowed me to explore how I could incorporate these observations thoughtfully into my leadership practice.
- **The third step** involved extensive reading on leadership styles. As an educator, I understand the importance of studying areas that require improvement. For my Fellowship work, I engaged with hundreds of articles on leadership styles, behaviors, and specific areas where I felt I needed growth, such as demonstrating emotions at work, conducting crucial conversations, enhancing C-suite-level communication, and understanding intentional change theory. Notably, many of these resources were not healthcare-specific, highlighting a gap in leadership development literature tailored to senior nursing leadership.
- **The fourth step** entailed interviewing leadership experts. I conducted interviews with four highly respected senior leaders (C-suite executives) within my organization. These discussions focused on how these leaders developed their leadership styles, the lessons they learned from mentors, and their advice for me regarding my leadership development. While these interviews were sometimes uncomfortable for both the interviewer and the interviewee, they proved crucial in identifying the areas where I needed to improve my senior leadership skills.
- **The fifth step**, testing changes, is a core element of Zuber's microclimate model [12], which emphasizes prototyping personal change. This stage encouraged me to implement the insights I gained from my interviews and readings into my daily work life. I made small adjustments to my appearance, personal presentation, and communication style based on the feedback I received. Additionally, I dedicated significant time to learning how to manage my reactions in challenging situations, which was a key aspect of my growth.

The final step, checking results, involved revisiting my peers and colleagues to gather feedback on my leadership style towards the end of the Fellowship. However, their feedback was not my sole means of evaluating success. It became clear to me, as I interacted with various groups, that I had experienced a tangible transformation. My communication and leadership style had evolved to become more deliberate, intentional, and adaptable to the work context I was facing at any given time. Overall, the process proved to be a positive and transformative experience for me. Actively seeking feedback, reflecting on that feedback, making recommended changes, and then evaluating the results of those changes provided me with a structured and insightful approach to leadership development. This experience has contributed significantly to my ongoing growth in nursing leadership, an area I had not previously invested such focused attention. It offers invaluable lessons as I continue to advance in my career.

**Case Study:**

In 2017, an organizational engagement survey revealed a notable decline in the engagement levels of my department's direct reports, compared to previous results from the National Database of Nursing Quality Indicators satisfaction survey. Upon consulting the nursing leadership team about the potential causes of this downturn, the following factors were identified: policies, procedures, regulations, and a perceived lack of autonomy among nursing staff. These elements have the potential to hinder creativity and organizational engagement. Reflecting on this situation, it became clear that the decline was somewhat anticipated, as the organization, being only six years old, had previously been focused on creativity and innovation during the construction of a new hospital. However, the reality of managing an established institution contrasted with the excitement of building from the ground up. Determined to reignite the creativity within our nurse leaders, the first step I took was to have each leader complete the StrengthsFinder survey. This tool proved invaluable, particularly as our team had been together for less than two years. By identifying individual strengths, the survey helped us understand team dynamics and enabled us to optimize the talents of each team member. The results provided a method for leveraging these strengths effectively. I was fortunate to participate in the ASU/AONE EFIHL program, which further guided my leadership development. During the first class of the program in October 2017, I recognized the need to enhance my innovation skills. When the instructor provided me with a bag of assorted objects and asked me to assemble them, my instinct was to inquire about the instructions—revealing my limited understanding of innovation. Over the course of the year, I attended additional cohort meetings in various locations, engaging in environments where creativity and innovation thrived. My mentor offered essential support during times when I felt overwhelmed.

At that point, our organization was embarking on its Magnet journey. My challenge was to translate the lessons learned from the Fellowship into actionable strategies to increase engagement among my direct reports. I learned that passion is the key to engagement, and by connecting with each leader's passion for nursing, we could unite the team in a unique and innovative way, advancing the nursing department on its Magnet journey. This required establishing a clear vision, defining the mission, and creating a strategic planning pathway in an optimistic environment. It became evident that innovation and creativity do not yield immediate, dramatic results but require consistent effort and perseverance. The impact of applying for these lessons was evident in our organization's progress toward achieving Magnet status. Key milestones, such as the development of the Nursing Professional Practice Model, mission, vision, and strategic planning elements, were successfully completed. Initial feedback indicated progress in enhancing team engagement, although it became clear that regaining full engagement would require continued effort. A follow-up "pulse survey" showed a further decline in engagement, yet an annual survey completed six months later indicated a gradual improvement in engagement. While we have not yet fully reached our goal, our journey toward Magnet status and greater engagement continues. The next phase involves deepening our leaders' engagement in innovative learning and fostering a culture that supports innovation and change. We have come to understand that achieving change and

adopting a new way of thinking are challenging tasks. As we continue to build structures supporting innovation, we will maintain conversations about innovation, encourage interprofessional education on the topic, and work collaboratively to ensure innovation is prioritized for the benefit of patients, organizations, and nurses.

## **Conclusion**

The integration of innovation into nursing leadership is critical in responding to the complex challenges faced by modern healthcare systems. Traditional leadership models often hinder the creative thinking necessary to address pressing issues like staffing shortages, operational inefficiencies, and declining patient satisfaction. However, innovation is essential for transforming healthcare delivery, and nurse leaders are uniquely positioned to drive these changes. The Executive Fellowship in Innovation Health Leadership (EFIHL) provides an invaluable platform for nurse leaders to gain the skills, knowledge, and mentorship needed to foster a culture of innovation within their organizations. Through mentorship from experienced healthcare leaders and exposure to innovative practices in both healthcare and non-healthcare sectors, fellows are equipped to tackle organizational challenges from new, creative perspectives. This exposure helps participants internalize the characteristics of effective innovation leadership, such as risk-taking, boundary spanning, and visioning, which are essential for driving change. The leadership projects developed during the fellowship illustrate the tangible outcomes of embracing innovation. One such project focused on relieving nurse managers from administrative burdens, enabling them to engage in more impactful leadership activities. By delegating administrative tasks to a new support role, nurse managers were able to focus on quality improvement and team engagement, leading to higher staff satisfaction and improved patient care. Other fellows, like Michelle Machon, applied human-centered design to refine their leadership approaches, fostering more intentional, adaptable leadership practices. The microclimate model further enhanced leadership innovation by providing a structured approach to developing situational, intentional leadership. By seeking feedback, engaging in deep introspection, and applying principles of human-centered design, fellows were able to align their leadership strategies with the dynamic demands of healthcare settings. This model, combined with mentorship, offers a robust framework for continuous leadership development. In conclusion, innovation in nursing leadership is vital for shaping adaptive healthcare systems that can meet the evolving needs of patients and staff. The experiences of the fellows in the EFIHL program serve as valuable examples of how structured leadership development initiatives can empower nurse leaders to embrace innovation and drive organizational change. As healthcare systems continue to face new challenges, fostering a culture of innovation within nursing leadership will be key to improving care quality, operational efficiency, and staff engagement.

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## الابتكار في قيادة التمريض وإدارة الرعاية الصحية: مراجعة محدثة

### الملخص:

الخلفية: يُعد الابتكار في قيادة الرعاية الصحية، وخاصة في مجال التمريض، أمراً حيوياً للتعامل مع التحديات التي تواجه أنظمة الرعاية الصحية الحديثة. وعلى الرغم من أهميته، فإن دمج الابتكار في قيادة التمريض لا يزال يمثل تحدياً، غالباً ما يُعيق هذا الدمج الممارسات التقليدية والثقافة المتحفظة في مجال الرعاية الصحية. يواجه قادة التمريض ضغوطاً عملياً عديدة تترك مساحة ضئيلة للابتكار، ومع ذلك فإن الطلب على الحلول الإبداعية لتحسين رعاية المرضى وكفاءة التنظيم ومشاركة الموظفين لم يكن أكبر من أي وقت مضى.

الهدف: يستعرض هذا المقال دور الابتكار في قيادة التمريض، مع تسليط الضوء على كيفية تمكين البرامج المتخصصة، مثل الزمالة التنفيذية في قيادة الابتكار في الرعاية الصحية (EFIHL)، لقادة التمريض لدفع التغيير المؤثر داخل منظماتهم. الهدف هو توضيح كيف تساعد هذه البرامج قادة التمريض على تبني الممارسات الابتكارية والتغلب على الحواجز التي تعيق الابتكار.

المنهجية: يعتمد المقال على تجارب ثلاث من قادة التمريض الذين شاركوا في برنامج الزمالة EFIHL لمدة عام كامل. قدمت الزمالة الإرشاد، والتعرض للممارسات الابتكارية في قطاعات مختلفة، وفرصاً لتطوير مشاريع قيادية داخل منظماتهم. من خلال التجارب التفاعلية والإرشاد، اكتسب الزملاء رؤى حول كيفية تعزيز الابتكار، مع التركيز على ممارسات القيادة والتغيير التنظيمي.

النتائج: تمكن المشاركون في الزمالة من تطوير وتنفيذ مشاريع قيادية حسنت الكفاءة التشغيلية، وشاركت الموظفين، ورفعت جودة رعاية المرضى. من بين النتائج البارزة كانت إنشاء أدوار جديدة لتخفيف الأعباء الإدارية عن مديري التمريض، مما سمح لهم بالتركيز على القيادة وتحسين الجودة. كما استخدم الزملاء مبادئ التصميم المتمحور حول الإنسان ونموذج المناخ الدقيق لتطوير أساليب قيادتهم وتعزيز ثقافة تنظيمية تعاونية وابتكارية.

الخلاصة: يُعد الابتكار في قيادة التمريض أمراً أساسياً لتلبية احتياجات الرعاية الصحية المتطورة. توفر برامج مثل EFIHL موارد قيمة، وإرشاداً، وفرصاً لقادة التمريض لاعتماد استراتيجيات مبتكرة ودفع التغيير. تساهم هذه المبادرات في تعزيز كفاءات القيادة وتساهم في تطوير أنظمة رعاية صحية تكيفية تركز على المرضى.

الكلمات المفتاحية: قيادة التمريض، الابتكار في الرعاية الصحية، الزمالة التنفيذية، تطوير القيادة، التصميم المتمحور حول الإنسان، إدارة التمريض.