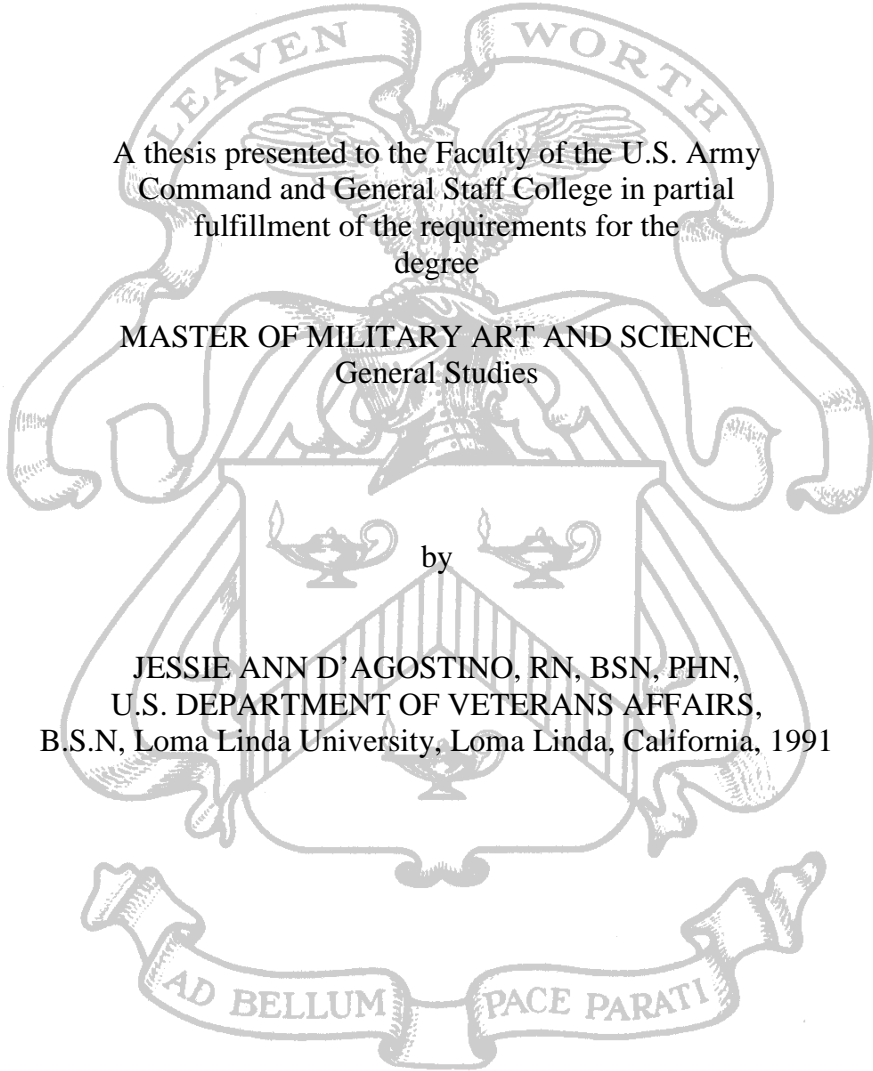


VA PIPELINE FOR FUTURE NURSE LEADERS: AN EXPLORATION OF
CURRENT NURSE LEADERSHIP DEVELOPMENT IN THE
VETERANS HEALTH ADMINISTRATION



A thesis presented to the Faculty of the U.S. Army
Command and General Staff College in partial
fulfillment of the requirements for the
degree

MASTER OF MILITARY ART AND SCIENCE
General Studies

by

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The opinions and conclusions expressed herein are those of the student author and do not necessarily represent the views of the U.S. Army Command and General Staff College, Department of Veteran Affairs, or any other governmental agency. (References to this study should include the foregoing statement.)

ABSTRACT

VA PIPELINE FOR FUTURE NURSE LEADERS: AN EXPLORATION OF CURRENT NURSE LEADERSHIP DEVELOPMENT IN THE VETERANS HEALTH ADMINISTRATION, by Jessie Ann D'Agostino, 149 pages.

The complex National Veterans Affairs Healthcare System is in crisis and in need of adaptive, capable, effective nurse leaders. The VA faces a leadership crisis and significant leadership loss from impending baby boomer generation retirements. VA Nurse Leaders are retiring at a rapid rate taking their leadership skills and knowledge with them. How is the VA preparing the next generation of nurse leaders? The purpose of this research study is to explore and examine the current nurse leader development practices in the VA, the VA Leadership Philosophy, and the current VA RN workforce trends.

This study used a multidimensional mixed-methods approach; exploratory, descriptive and case study with qualitative and quantitative methodology. It includes: literature review, comparison, and summary of findings of the VA competencies and strategies of nurse leadership development, VA RN workforce trends and provides further recommendations. Servant Leadership was identified as the emerging VA Leadership Theory. Numerous leadership development strategies were identified. However, with current challenges facing the VA, the VA would benefit from ensuring a VA pipeline for effective nurse leaders through a national standardized VA Nurse Leadership Development Program. It is mission-critical for the VA to develop Nurse Leaders from the bedside to the boardroom, to lead and provide excellent Veteran-Centric healthcare, shape policy, and respond to an ambiguous, chaotic, and complex healthcare environment.

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ACRONYMS

ANA	American Nurses Association
AONE	American Organization of Nurse Executives
BSN	Bachelors of Science in Nursing
CGSC	Command and General Staff College
CNO	Chief Nursing Officer
ECF	Executive Career Field
FAAN	Fellow American Academy of Nursing
FACHE	Fellow of the American College of Healthcare Executives
FY	Fiscal Year
HPDM	High Performance Development Model
MSN	Master's of Science in Nursing
MSHA	Master's of Science in Health Administration
NCOD	National Center for Organization Development
NE	Nurse Executive
NEA-BC	Nurse Executive, Advanced, Board-Certified
ONS	Office of Nursing Service (VA)
OPM	Office of Personnel Management
RN	Registered Nurse
SKA	Skill, Knowledge, and Abilities
SL	Servant Leadership
US	United States
VA	U.S. Department of Veterans Affairs/Veterans Administration
VACO	Veterans Administration Central Office

VALU	VA Learning University
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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CHAPTER 1

INTRODUCTION

Background

Leaders are champions, facilitators, and the catalyst for the Veteran-centered direction healthcare is headed. **Capable nurse leaders are critical** to bringing the Veteran perspective into focus through guidance, policies and procedures, standards, and programs. **By developing, mentoring, and empowering VA's nurse leaders**, Veterans will continue to receive the excellent care they deserve [Emphasis added].

U.S. Department of Veterans Affairs 2012

Veterans Affairs Current State-A Call to Action

The national concern for the current state of the Department of Veterans Affairs (VA) and the Veterans Health Administration (VHA) is a dominant discussion and call to action. A call for VA nurses to take action and serve as leaders from the bedside to the boardroom. A call to action for the VA to ensure a pipeline of nurses prepared to lead at all levels of the organization. The role of strong, capable, and effective VA nurse leaders is a critical factor for stabilizing the struggling VA. It will be important for VA nurse leaders to play a key role in the reform of the VA and to be key players in VA leadership. As the largest segment of the VA workforce, nurses are the largest VA resource. Strong effective nursing leadership is critical to VA success

Need for Effective Nurse Leaders and Nurse Leadership Development

The VA nurses are vitally important at this chaotic and crucial point in VA history, to provide leadership to improve public opinion, regain public confidence and trust, shape VA policy on healthcare reform, and continue to lead the way to a new and

better VA. Capable, adaptive, and effective nurse leaders are needed to ensure that VA meets the mission to provide excellent care the Veterans deserve. Effective nurse leadership is dependent on effective nurse leadership development. Nurse leadership development should not be left to chance; it is a critical enabler and should be planned and purposeful, included in operational and strategic planning. Therefore, preparation of the next generation of nursing leaders must be a VA priority; failure to do so may compound and further exacerbate the leadership crisis in VA. Ensuring a VA pipeline for effective future nurse leaders through an effective, comprehensive standardized national VA enterprise wide nurse leadership development program is mission critical.

Veterans Affairs Leadership Crisis and Losses

The VHA is the largest integrated health care system in the United States (US) and the largest single employer of nurses. VHA has over 1,700 sites and the VA's nursing workforce includes more than 90,000 various levels of nursing staff, with 54,000 professional Registered Nurses (RNs) serving almost nine million Veterans. As in any healthcare organization, there are numerous challenges facing the VA, political, socioeconomic, technological, fiscal, and demographic changes. Demographic trends include: increase in complexity and volume of services, a surge in Veterans accessing VA services, compounded by an aging Veteran population, increasing the demand for nurses, with an aging VA nursing workforce half eligible to retire and many of them doing so. The most significant challenge highlighted in the current media and the recent literature is the VA leadership crisis. As a result, the VA has recently experienced an abrupt change in its most senior leaders.

The Secretary of the Department of Veterans Affairs, the highest ranking VA official, retired General Eric Shinseki, who reported directly to the President of the United States; and the Under Secretary of Health, Robert Petzel, the top Veterans Health Administration Official, both recently resigned under public pressure amid VA scandals and investigations, for allegations of wide spread misconduct and mismanagement of VHA. In addition to the abrupt and unprecedented change in senior leadership, the VA also faces a significant leadership loss from impending baby boomer generation retirements.

Senior Nursing Leadership Losses

Cathy Rick, RN, MSN, PhD, NEA-BC, FAAN, FACHE, the former Chief Nursing Officer (CNO), the highest ranking nurse for the Department of Veterans Affairs recently retired in January 2014, after successfully leading the Office of Nursing Service (ONS) for over a decade. Since 2000, Rick provided leadership and guidance to the VA's 90,000 nursing personnel of all levels, who care for the nearly nine million Veterans. She was responsible for the development, implementation, and evaluation of national nursing policy and strategic planning activities that support the missions of the VHA: clinical care, education, research, backup to the Department of Defense and emergency preparedness. Rick was responsible for administering the VA National Nursing Strategic Plan. National nursing goals include strategies to enhance leadership excellence, evidence-based practice, informatics, career and workforce development, nursing practice transformation, nursing research, advanced practice nursing and collaboration with academic affiliates and professional organizations.

The Chief Nursing Officer, VA Nurse Executives (NEs) and VA nurse leaders are retiring at a rapid rate taking their skills and knowledge with them, which this author is referring to as the “Baby Boomer Bust” (the phenomena of the generational shift in an aging population and the mass exodus of baby boomers from the workforce, resulting in a shrinking workforce, institutional brain drain, and a significant gap in organizational leadership) potentially creating a Nurse Leadership vacuum. “With the steady rate of Nurse Executive vacancies occurring annually, it is clearly recognized as a priority to plan preparation of the next generation of Nursing Leaders” (U.S. Department of Veterans Affairs 2012a).

Although there are indications that the VA is in a current leadership crisis, the *2010 Institute of Medicine Committee on the Future of Nursing* recognized the VA for the role nurses played in the transformation and major restructuring of the VA healthcare system over the past 20 years resulting in improved quality, access, and value in nurse led care. As a Nurse Leader in the VA for almost 25 years, this researcher has first-hand knowledge and experience how nurses have played an integral part of the VA transformation, that was considered an “American Success Story” just as recent as 2007, as noted by Adam Oliver in the *Milbank Quarterly*, a Multidisciplinary Journal of Population Health and Health Policy. It was also described as the ‘best care anywhere’ in the *Washington Monthly* in 2005. In *Health Economics, Policy and Law*, Jonathan Perlin, MD, PhD, MSHA, FACP, former Under Secretary for Health, acknowledged VHA as the best in the country and described the transformation of VHA as a model for other countries’ national health systems reforms (2006, 99).

However, in the same report, Perlin warned that “the most sensitive issue and greatest challenge VHA will face is in resolving the optimal balance of power between national and field leadership” (2006, 105). In 2014, the VA balance of power and leadership came under severe public scrutiny in a highly charged political context. Indeed the greatest challenge in this chaotic, complex VA landscape is the balance between national and field leadership, the overall VA leadership crisis, and public concern that the Department may not be prepared for the future leadership challenges.

The current VA crisis, the leadership crisis in the VA, and baby boomer bust, are a call to action. Specifically, a call for VA nurses to take action and assume greater leadership from the bedside to the boardroom; as capable, adaptive, and effective nurse leaders. As a national resource, VA nurses are uniquely positioned to do so, but are they prepared to?

As leaders from all levels of the VA organization separate, retire, or move into positions of higher responsibility, vacancies in leadership positions will result in serious leadership gaps. This is of the utmost importance, since according to the Partnership for Public Service, “Preparing the People Pipeline: A Federal Succession Planning Primer” report stated: “by the end of 2015, according to Office of Personnel Management projections, more than 50 percent of the 7,746 senior executives in place at the beginning of 2011 will have left government, taking with them key institutional knowledge and critical skills. This brain drain, as it has been dubbed, could have dire consequences for government and its ability to protect the public’s health, safety and security” (Booz, Allen, Hamilton 2011, 1). In addition, according to Office of Personnel Management (OPM), over half of the senior executives in VHA could retire in the next five years and

84 percent would be eligible for retirement by 2018 (U.S. Department of Veterans Affairs 2013b). The OPM projections begin to take place in the next year and will continue over the next few years, making this thesis both timely and relevant.

The *Department of Veterans Affairs FY 2014-2020 Strategic Plan* states the VA will develop strategic leaders and build a cadre of talented successors in the federal government's management and executive functions. VA will develop and cultivate leadership skills and build the pipeline for future leaders to ensure effective succession management plans (U.S. Department of Veterans Affairs 2014c, 31). The 2010 Institute of Medicine Report, *Future of Nursing: Leading Change, Advancing Health* calls nurses to operate at their highest scope of practice to participate in the transformation of the healthcare system and to partner and lead at every level.

Purpose

Veterans Affairs Office of Nursing Services (ONS) Annual Report 2012 states: "Capable nurse leaders are critical to bringing the Veteran perspective into focus through guidance, policies and procedures, standards, and programs. By developing, mentoring, and empowering VA's nurse leaders, Veterans will continue to receive the excellent care they deserve" (U.S. Department of Veterans Affairs 2012a, 5).

How is the VA developing, mentoring, and empowering capable VA Nurse Leaders to operate at their highest scope of practice, to participate in the transformation of the healthcare system, and to lead at every level of the VA? The aim of this thesis is to determine if the VA is developing, mentoring, and empowering nurse leaders, specifically, it is an exploration of nurse leadership development in the VHA. This thesis also seeks to identify and examine the VA Leadership Philosophy, as well as, current VA

RN nursing workforce trends. This thesis examines the need for capable Nurse Leaders in the VA and explores the manner in which its leaders are developed today. The concept of a VA Nurse Leadership pipeline is examined. This study will identify, review, and produce a summary of the current key strategies associated with VHA nurse leadership development practices, and compare with the current literature. In addition, this thesis may help determine what changes if any, the VA could make to nurse leader development. This thesis makes recommendations to better prepare our VA nurse leaders for current and future operations. VHA can incorporate lessons learned and best practices in order to ensure a well-qualified, well-trained, and well-developed nurse leader pipeline, to provide outstanding service to America's Veterans. This research effort continues to build on the previous research on nurse leader and nurse leadership development within the VHA and contributes to the existing body of knowledge and literature.

Primary Research Question

1. What are the current nurse leadership development practices in the VHA?

Secondary Research Questions

1. What is the VA Leadership Philosophy?
2. What are the current RN workforce trends in the VA?

Significance

With current challenges facing the VA, the nursing shortage, and impending baby boomer bust, the VHA will require empowered nurse leaders to develop the leadership competencies that direct Veteran-Centric healthcare, shape policy, and respond to a

changing socioeconomic, technological, fiscally constrained, chaotic, and complex environment. In the *Journal of Nursing Administration (JONA)*, Fennimore and Wolf assert “the complexities of healthcare demand new leadership approaches to achieve organizational goals while developing and sustaining healthy work environments. The nurse manager is the defining role, crucial to achievement of workplace outcomes. Preparing nurses for this dynamic, complex role is often dependent on didactic education or on the job training that falls short of true leadership development” (2011, 204).

Issues

Issue 1: Shortage of VA Nurse Leaders.

Issue 2: VA Nurse Leadership development and Nurse Leader pipeline.

Assumptions

In *The Elements of an Effective Dissertation and Thesis*, Calabrese states that “most researchers make assumptions related to their study to guide their inquiry” (Calabrese 2006, 14). This researcher’s assumptions are:

1. Capable, adaptive, and effective nurse leaders are needed to ensure that VHA meets their mission so Veterans will continue to receive excellent care.
2. Capable, adaptive, and effective nurse leaders can be developed.
3. Strong effective nursing leadership is critical to VHA success.
4. There are valid, reliable models for developing nurse leaders.
5. There may be barriers to nurse leader development that VHA can overcome.
6. There is and will continue to be a nursing shortage.
7. There is a potential leadership vacuum from a mass exodus of senior nurses.

8. That leadership within the VA and VHA operates within the context of governmental determination on their overall programs for actions and must work within the confines of government directives, legislation, and policy.

Scope and Limitations

As a Nurse Manager in the VHA for almost 25 years, this researcher has firsthand institutional knowledge, as well as, a VA “lens” from experience as a nurse whose career trajectory has included various leadership roles and the progressive assumption of greater responsibilities, as well as some unique leadership development opportunities afforded by the VA. This researcher’s VA career began in 1990, as a VA Health Professional Scholar at Loma Linda University School of Nursing. Almost 25 years later, this researcher is the first VA Nurse to participate in the VA Corporate Executive Development Program as a VA Nurse Scholar and Inter-Agency student at the Army Command and General Staff College (CGSC). That VA lens may affect the researcher’s perspective and the researcher may have some organizational bias about VA leadership development practices but will acknowledge those biases, and attempt to maintain neutrality and objectivity to the extent possible. Also, research was limited to information obtained at the Combined Arms Research Library, online research data base resources, US Army Doctrine, Department of Veterans Affairs resources, and other US Government resources. Qualitative research and the use of archival and case study method is another limitation. Archival research relies on existing documents. Case studies may be criticized for lack of rigor because they may not follow predetermined procedures and analytical techniques as the research is open to modifying the data collection, analysis, and interpretation as new insights are gained in the research process.

Delimitations

There are thousands of articles on nursing leadership and development, but there was a paucity of information specifically on nurse leadership development within the VHA. While it may be helpful to explore the changes in the organization and culture of the Department of Veterans Affairs this research will not investigate that particular historical data in depth, but will provide a general overview and will then focus on nurse leadership development within the VHA. Although relevant, the issue of the cost or design of nurse leadership development program will not be investigated due to time constraints and would warrant further research. The National Cemetery Administration and Veterans Benefits Administration, although part of the VA, have no role in nurse leader development; therefore they will be excluded from the discussion, literature review, and the analysis.

Summary

The complex National Veterans Affairs Healthcare System is in crisis and is in need of adaptive, capable, effective, qualified nurse leaders. Ensuring a VA pipeline for effective future nurse leaders through an effective, comprehensive, standardized national VA enterprise wide Nurse Leadership Development Program is mission critical. A key to sustained and effective organizational nurse leadership is having a nurse leadership pipeline, a pool of internal candidates who have been identified or self-identified as potential nurse leaders who participate in nurse leadership development programs and succession planning activities to become nurse leaders. Succession planning is an essential proactive business strategy to identify and develop internal candidates to assume key leadership roles in the future (Carriere et al. 2009). Healthy, learning organizations

have a leadership pipeline. Does the VA have a pipeline for future nurse leaders? The objective is to engage nurse leaders who demonstrate the potential to lead and prepare them for both informal and formal nurse leadership roles.

The purpose of this research study is to specifically explore VA Nurse Leadership development in the VHA.

Chapter 1 included the introduction and background information, problem statement, research questions, purpose of the study, assumptions, limitations, and delimitations.

Chapter 2 contains a review of relevant literature and research necessary to answer the primary and secondary research questions. The review of literature will review VA history and focus on exploring VHA Nurse Leadership Development practices, identify the VA Leadership Philosophy, and VA nursing workforce trends. It will review VA and VHA Leadership Competencies and identify the Nurse Leaders role in the VHA. The nurse leadership development best practices and professional development of nurse leaders will be examined.

Chapter 3 contains methodology; including the research design of this study.

Chapter 4 contains the results of the analysis of case study evidence based on specific strategies, and relevant findings.

Chapter 5 will contain a summary of the evidence, the development of conclusions, and recommendations for practice and for further research.

CHAPTER 2

LITERATURE REVIEW

A comprehensive and extensive literature review was conducted of VA primary sources and other governmental documents, such as the VA Strategic Plans, VA Accountability Reports, VA Office of Nursing Services Annual Reports, VA Nursing Service Strategic Plans, VA Report of Commission of Nursing, as well as nursing and contemporary literature, to answer the primary and secondary research questions: Identify current nurse leadership development in the Veterans Health VHA, identify the VA Leadership Philosophy and VA nursing workforce trends. There were only two research articles found specifically researching nurse leadership development in the VHA, specifically on the development of current and future VA NEs in VHA. The literature review answered the primary and secondary research questions and identified the VA Leadership Philosophy as Servant Leadership (SL), as well as, the VA nursing workforce trends. Research was limited to information obtained at Combined Arms Research Library, online research data base resources, US Army Doctrine, Department of Veterans Affairs resources, and other US Government resources.

This chapter and literature review explores primary source VA documents and archival documents relevant to VA historical background, VA's organizational structure, including an overview of VHA, the ONS, VA Leadership Philosophy, VA Nurse Leadership Development, VA Leadership Competencies, and VA's High Performance Development Model (HPDM). It will compare those of the VHA with the literature. It will seek to identify nurse leadership development best practices and professional development of nurse leaders.

This chapter provides a brief historical review of the VA, VHA and ONS, as well as, a brief current overview of each, in order to frame how the ONS and organizations are aligned and nested within the VA System, and their interoperability. Next, is a discussion of the VA Leadership Theory, which emerged as, Servant Leadership.

After discussing the VA System and Servant Leadership Theory, this chapter provides a discussion of leader development, the VA High Performance Model and wherein it lays out the different types of competencies and approaches to nurse leader development. Finally, this literature review will explore current trends in the VA RN workforce. This will expand the readers understanding of the VA and provide a contextual backdrop against which to conduct analyses and frame findings in each area.

Veterans Affairs Mission and History

The VA Mission is clear, direct, and historically significant. “To fulfill President Lincoln’s promise ‘To care for him who shall have borne the battle and for his widow and his orphan’ by serving and honoring the men and women who are America’s Veterans.” President Abraham Lincoln’s immortal words—delivered in his Second Inaugural Address nearly 150 years ago—describe better than any others the mission of the Department of Veterans Affairs. The VA cares for Veterans, their families, and Survivors—men and women who have responded when their Nation needed help as reported in the VA Performance Accountability Report (U.S. Department of Veterans Affairs 2013a, 6).

Lincoln’s charge to all Americans in 1865 has defined America’s covenant with our Veterans. According to a review of the VA history on internal VA documents and the VA Web site, the US has the oldest and most comprehensive system of assistance for

Veterans of any Nation in the world tracing back to 1636 when the Pilgrims of Plymouth Colony were at war with the Indians and passed a law that disabled soldiers would be supported by the colony. The Continental Congress of 1776 provided pensions to disabled soldiers and individual states provided direct medical and hospital care to Veterans. In 1811, the Federal Government authorized the first VA Domiciliary and Medical Facility and expanded benefits to Veterans widows and dependents. In 1917 Congress established a new system of Veterans' benefits which include disability compensation, insurance for service persons and Veterans, and vocational rehabilitation for the disabled. The Veterans assistance programs expanded to include benefits and pensions for Veterans and their surviving widows and dependents. By the 1920s, the various benefits were administered under three different Federal Agencies: the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers. The Veterans Administration was established in 1930 when Congress authorized the President to consolidate and coordinate the government activities affecting War Veterans. (U.S. Department of Veterans Affairs 2014a).

In a recent letter dated March 14, 2014 from the former Secretary of the VA, retired General Shinseki to VA employees, the Secretary commemorated the 25th Anniversary of the Department of Veterans Affairs and more than 100 years of service to Veterans. Shinseki reviewed the VA history with President Herbert Hoover's creation of the Veterans Administration in 1930 by the consolidation of the US Veterans Bureau, the National Homes for Disabled Soldiers, and the Bureau of Pensions into an organization of 54 hospitals, 31,600 employees and 4.7 million Veterans from World War I, the Spanish American War, and even some Veterans of the Civil War. In 1988, President

Ronald Reagan signed the Department of Veterans Affairs Act of 1988, which elevated the Veterans Administration to the Executive Cabinet-level Department of Veterans Affairs. Reagan explained, that the “bill gives those who have borne America’s battles, who have defended the borders of freedom, who have protected our Nation’s security in war and in peace—it gives them what they have deserved for so long: a seat at the table in our national affairs” (Shinseki 2014).

Current Veterans Affairs Overview- Operational Environment

The Department of Veterans Affairs is an Executive Cabinet-level Department and the second largest Federal Agency. The Secretary of the VA is appointed by the President of the United States with the consent of the Senate. In his letter of March 14, 2014, VA Secretary Shinseki reviewed the current operational environment of VA. According to Shinseki’s internal communication, the VA currently operates 151 medical centers, 135 community living centers, 103 residential rehabilitation treatment programs, 820 community-based outpatient clinics, 300 Vet Centers, 70 mobile Vet Centers, 56 Benefits Regional Offices, and 131 national cemeteries. There are 321,000 VA employees, 32 percent which are Veterans themselves and more than \$150 billion in obligations. Comparatively the Veterans Administration of 1930 was an organization of only 54 hospitals, 31,600 employees and 4.7 million Veterans. The VA’s current operating environment faces increasing challenges, demand for services growing in volume and complexity, while the economic, political, and legislative contexts all present significant uncertainties. The VA continues to adapt, in response to today’s challenging

operating environment. The VA Strategic Plan is to transform the VA conceptualized in the Department of Veterans Affairs Strategic Plan Framework (figure 1 below).



Figure 1. Visualization of the VA Strategic Plan Framework

Source: U.S. Department of Veterans Affairs, *Department of Veterans Affairs FY 2014-2020 Strategic Plan*, accessed April 13, 2014, <http://www.va.gov/op3/docs/StrategicPlanning/VA2014-2020strategicPlan.pdf>.

Future State-the Department of Veterans
Affairs Strategic Plan Framework

To transform the VA into a 21st Century organization and ensure that all generations of Veterans receive the best possible care, the Department of Veterans Affairs Strategic Plan Framework was developed to provide the three guiding principles, identify the three trends, three priority goals, three strategic goals, ten objectives and the five core values to drive the overall organizational and operational activities, and provide visualization of the ends, ways, and means to achieve the desired future state. The success of the VA is dependent on the VA's workforce and leaders. This can only be accomplished through effective and capable leaders. This conceptualization, defines VA leaders, and it elucidates the need for leadership development to achieve the VA's three priority goals, three strategic goals, and ten objectives enterprise wide. Therefore, the VA must make leadership development a priority to ensure the core values are internalized and operationalized at all levels of the agency. This framework can also be applied as a framework for leadership development.

Veterans Affairs Guiding Principles

The guiding principles of the VA workforce and Leaders are People-Centric, Results-driven, and Forward-looking defined in the VA Fiscal Year (FY) 2014-2020 Strategic Plan as:

People-centric–To become an accessible and responsive organization, VA needed to expand and enhance its connections with Veterans and eligible beneficiaries, emphasize commitment and transparency, and engage with its own employees. VA also made a commitment to be more flexible and agile to ensure it could put in place the structure necessary to meet the service and benefit needs of Veterans and eligible beneficiaries, while equipping the VA workforce with the wherewithal to do so.

Results-driven—The provision of effective and efficient benefits and services necessitated a new emphasis on data collection, metrics, and performance monitoring. Managers needed to be held accountable for results that mattered to Veterans and eligible beneficiaries. Additionally, it was essential that strategic vision drive budgetary decisions and program planning.

Forward-looking—Investment in VA facilities, technology, systems, programs, and business processes needed to be conducted with a view to requirements emerging decades in the future, including the needs of an increasingly diverse demographic of Veterans and eligible beneficiaries.

Veterans Affairs Core Values

The Department's Strategic Plan Framework outlines the VA Core Values with the acronym I-CARE. Integrity, commitment, advocacy, respect and excellence are VA Core values as well as attributes that are a model for leadership and defined as:

Integrity: Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment: Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy: Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect: Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

Veterans Affairs Leader Characteristics

The VA workforce and VA leaders are to demonstrate and manifest all the principles, values as well as, the characteristics: being trustworthy, accessible, quality-oriented, innovative, agile, and focused on integration. These also are characteristics of a leader. Every VA employee is expected to exemplify these and signs a commitment of understanding and reaffirms their commitment annually. The Strategic Plan Framework

empowers all VA employees, even employees at the lowest level to respond to the Veterans at the Veterans point of need. This empowers every employee and every nurse to be a leader, at every level of the organization within their sphere of influence.

Veterans Affairs Competency Model

The VA sets the standards for what is necessary to achieve leadership excellence and build leadership capacity and the capabilities throughout the VA to transform the VA and to improve service to our Nation's Veterans. With the shifting, expanding, and more complex VA healthcare landscape, this increases the demands for VA leaders to fill the nurse leadership pipeline with strong and capable nurse leaders and nurse leader development programs to grow our own VA Nurse Leaders. All VA leaders are expected to have a specific set of knowledge, skills, and abilities (known as KSAs) to be effective. The knowledge, skills, and abilities comprise the competencies that the VA recognizes as important for all VA leadership enterprise wide and has developed a competency model with the three integral components defined by the VA as: all employee competencies, technical and leadership competencies. This is demonstrated in the illustration pictured below (figure 2) of cylinders with the foundation of the organization being VA Core Values, stacked above are all employee competencies, then builds to the technical competencies, followed by the leadership competencies, peaking into the pinnacle of a competent organization.



Figure 2. Veterans Affairs Competency Model

Source: U.S. Department of Veterans Affairs, *Leadership Competencies: Building a Competent Organization* (Washington, DC: Department of Veterans Affairs, n.d.), 2.

Veterans Affairs Leader Competencies

In *Leadership Competencies-Building a Competent Organization*, by the VA Learning University (VALU), *The Job of the VA Leader* (figure 3), shows the alignment of the three VA Guiding Principles and the six corresponding leadership competencies required.

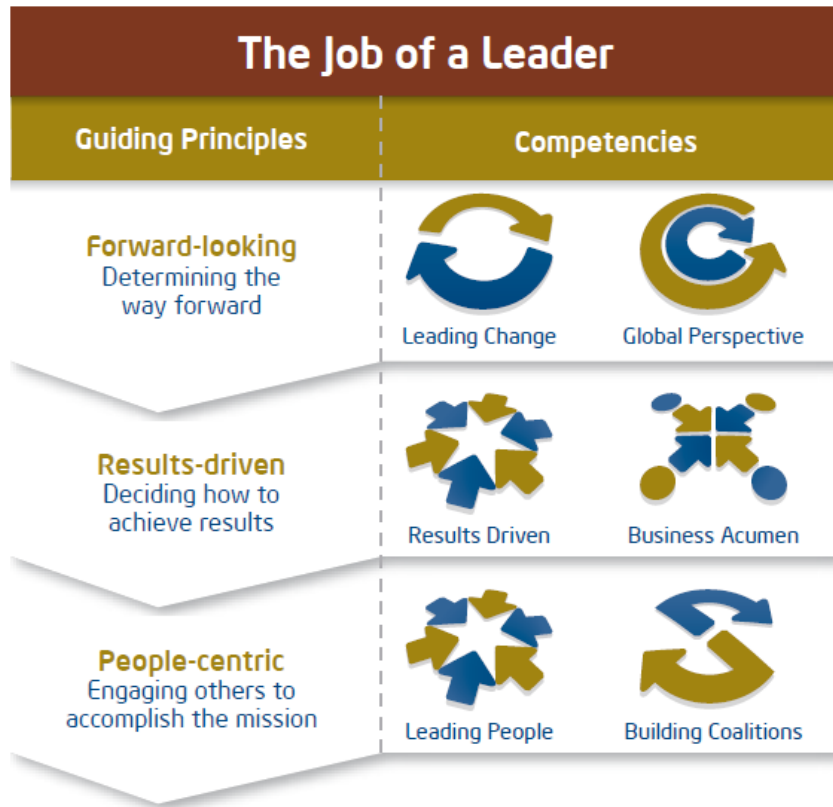


Figure 3. VA Leadership Competencies: The Job of a Leader in VA

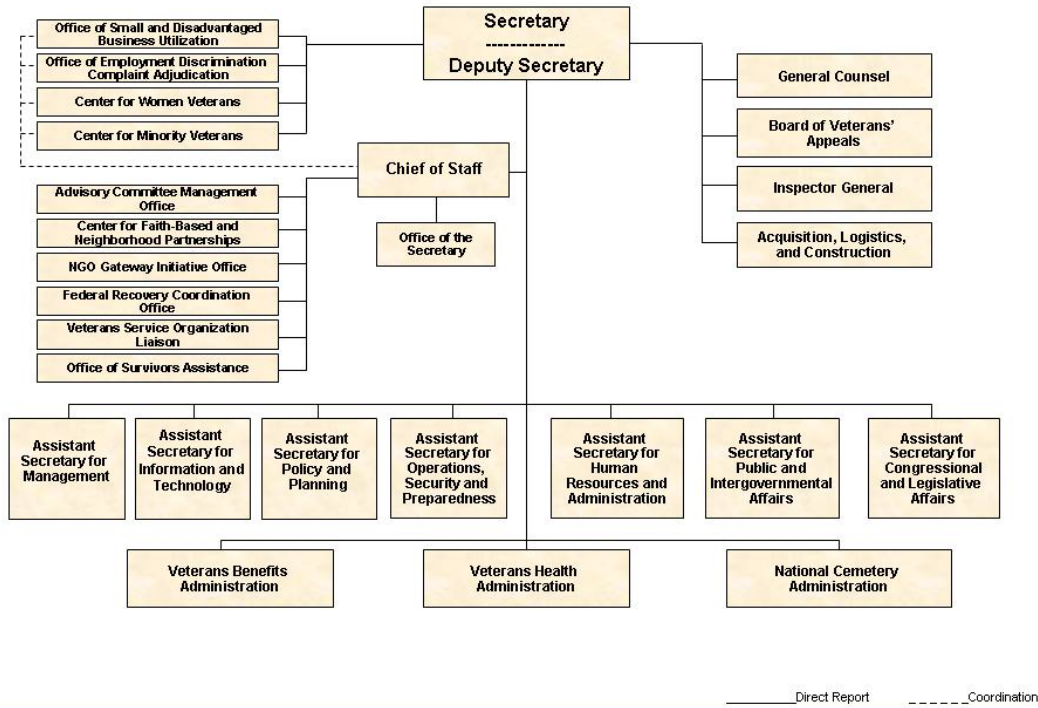
Source: Department of Veterans Affairs, *Leadership Competencies: Building a Competent Organization* (Washington, DC: Department of Veterans Affairs, n.d.), 4.

Veterans Affairs Organizational Structure

An understanding of the historical background and the organizational structure of the Department of Veterans Affairs, the Veterans Health Administration, and the Veterans Affairs Office of Nursing Service, as well as, the Mission and Vision is instructive to understand the context and organizational culture. The current Department of Veterans Affairs is structured into three main administrations: Veterans Benefits Administration, Veterans Health Administration and the National Cemetery

Administration under the Veterans Administration Central Office (VACO) leadership. The highest ranking official in each administration is the Under Secretary, responsible for the department's operations and reporting to the VA Secretary. The Veterans Benefits Administration is administered by the VA Regional Office and provides all VA benefits. The VHA provides all VA health care services and is administered by Veterans Integrated Service Networks (VISNs), VA Medical Centers, and Community Based Outpatient Clinics. As noted in the introduction, the VA Chief Nursing Officer, the highest ranking VA Nurse, recently retired; the VA Secretary, the highest ranking VA Official and the VHA Under Secretary for Health both recently resigned, resulting in significant leadership loss in the VA's most senior officials. See figure 4, the Department of Veterans Affairs Organizational Chart below.

DEPARTMENT OF VETERANS AFFAIRS



June 2009

Figure 4. US Department of Veterans Affairs
Organizational Chart

Source: U.S. Department of Veterans Affairs, 2013 Performance and Accountability Report (Washington, DC: Veterans Health Administration, December 2013), I-13.

Veterans Health Administration Overview

The VHA is America’s largest integrated health care system with over 1,700 sites of care, serving 8.76 million Veterans each year. The VHA Strategic Plan FY 2013-2018 states the VHA Mission is to honor America’s Veterans by providing exceptional health care that improves their health and well-being. The VHA is an integrated model of care across the US and its territories. The VHA stated vision is to continue to be the benchmark of excellence and value in health care and benefits by providing exemplary

services that are both patient centered and evidence based. This requires effective, capable, and adaptive leaders, specifically nurse leaders. The VHA strategic plan states “this care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the Nation’s well-being through education, research, and service in national emergencies” (U.S. Department of Veterans Affairs 2013b).

To achieve the mission, and vision, and health care transformation, the VHA System operates under the VA enterprise wide Strategic Plan Framework previously discussed, as well as, these principles: patient centered, team based, data driven—evidenced based, prevention—population health focused, providing value and continuously improving. Every VA employee contributes to this transformation, but VA nurses are key players and drivers of this transformation and uniquely positioned to do so. No other healthcare provider is closer to the Veterans care than a nurse. Every Veteran is touched by a nurse physically and figuratively. The VHA strategic goals are to provide Veterans personalized, proactive, patient-driven health care, and align resources to deliver sustained value to the Veteran and achieve measureable improvement in health outcomes (U.S. Department of Veterans Affairs 2013b).

The VHA organizational structure is depicted in the VHA Organizational Chart below (figure 5). Notice, the Office of Nursing Service reports directly to the Under Secretary of Health.

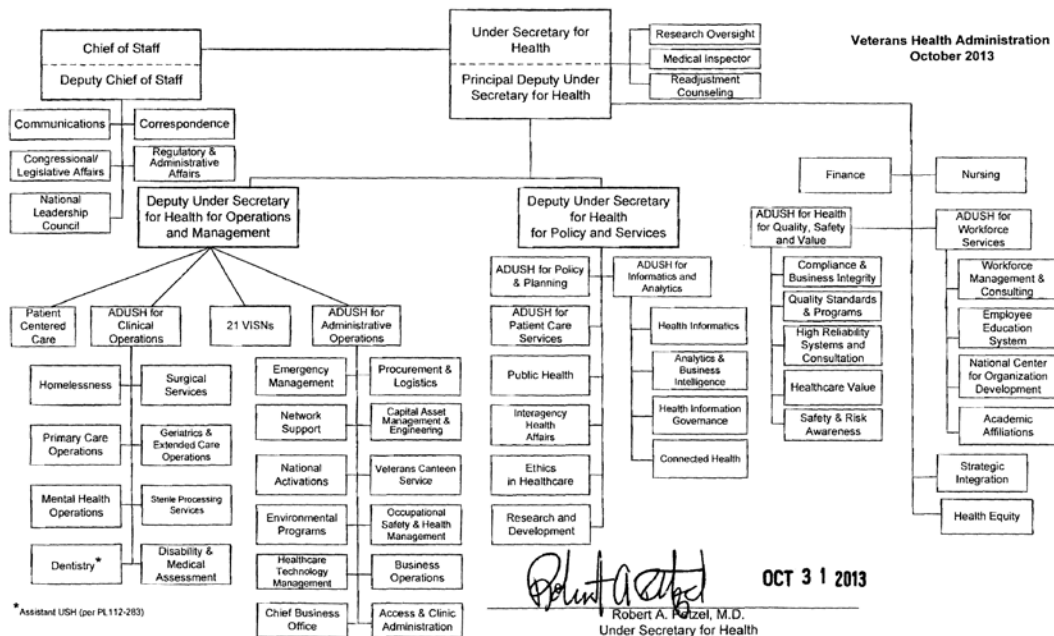


Figure 5. Veterans Health Administration Organizational Chart

Source: U.S. Department of Veterans Affairs Health Services Research and Development, “Organization Chart,” accessed June 8, 2014, <http://www.hsrd.research.va.gov/cdp/vha-org-chart.pdf>.

Called to Serve those who Served:
the Office of Nursing Service

The ONS is an organization within the VHA located in the VACO, in Washington, DC. The ONS is led by the CNO, and reports directly to the Deputy Under Secretary for Health. As noted in the introduction, the CNO of the VA recently retired leaving an interim CNO. According to the Office of Nursing Services Annual Report 2012, the mission of the ONS is to “provide leadership, guidance, and strategic direction on all issues related to nursing practice and nursing workforce for clinical programs across the continuum of care and across the spectrum of care delivery sites that impact

our Veterans” (U.S. Department of Veterans Affairs 2012a, 1). The ONS stated Vision is “VA Nursing is a dynamic, diverse group of honored, respected, and compassionate professionals. VA is the leader in the creation of an organizational culture where excellence in nursing is valued as essential for quality healthcare to those who served America” (U.S. Department of Veterans Affairs 2012a, 1).

The CNO is the highest ranking nurse in the VA and is the senior advisor to the Under Secretary for Health. The CNO consults and advises key officials on matters and issues related to VA Nursing and patient care services. The CNO also acts as a consultant to facility nurse executives, other Program Offices, and the VISN in strategic planning to support quality care, access, and customer satisfaction. The CNO Chairs the National Nurse Executive Council. Local facility nurse executives in the field participate in strategic planning through the National Nurse Executive Council. The ONS and National Nurse Executive Council act to enhance the level of professional practice and evidence based nursing practice, and support and strengthen interdisciplinary teamwork, to provide patient centered care for the Nation’s Veterans through the ONS Functional Model (U.S. Department of Veterans Affairs 2012a, 1). See figure 6 below, the ONS Functional Model.

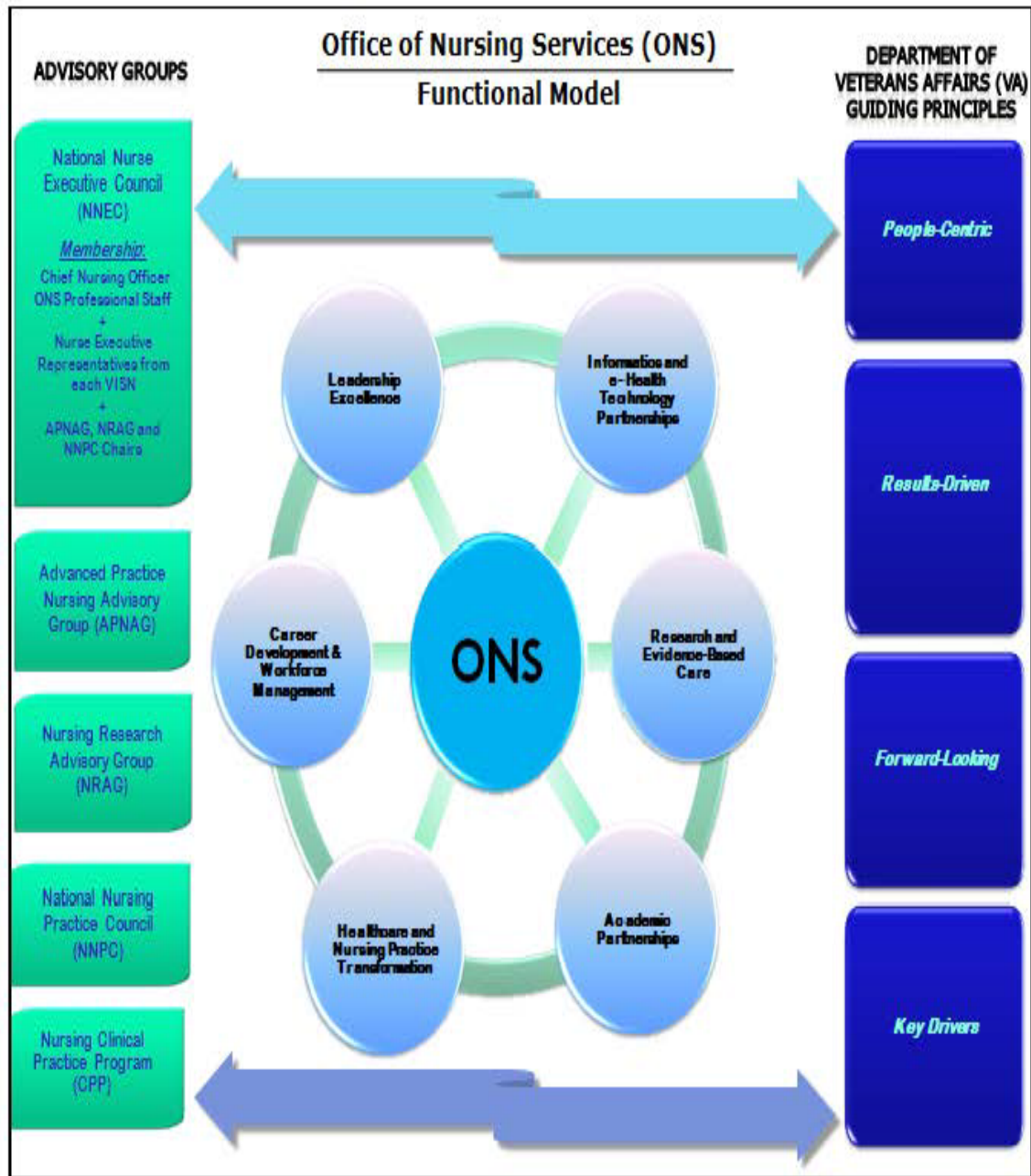


Figure 6. Office of Nursing Service Functional Model

Source: U.S. Department of Veterans Affairs, *Office of Nursing Services (ONS) Annual Report 2012: VA Nursing: Shaping Healthcare from the Veteran Patient's Perspective* (Washington, DC: Veterans Health Administration, 2012).

The ONS has five advisory groups within the Functional Model that lead the six functions and align with the Department of Veterans Affairs Strategic Framework and guiding principles. The Model has the ONS as the center intersecting with five spokes, with the following six functions;

1. Leadership Excellence,
2. Informatics and e-Health Technology and Partnerships,
3. Research and Evidence-Based Care,
4. Academic Partnerships,
5. Nursing Practice Transformation, and
6. Career Development and Workforce Management.

The advisory groups are the National Nurse Executive Council, the Advanced Practice Nursing Advisory Group, the Nursing Research Advisory Group, the National Nursing Practice Council and the Nursing Clinical Practice Program. Leadership Excellence, Career Development and Workforce Management are high priorities for the ONS and the VA Nursing Strategic Plan. The Leadership Excellence goal is to sustain, support, and develop leadership orientation, education, and system wide programs that prepare nurse leaders for the future and identified nine objectives to meet this goal. Table 1 represents the ONS and VA Nursing Strategic Plans for objectives and goals for Leadership Excellence:

Table 1. Leadership Excellence

Goal: Sustain, support and develop leadership orientation, education and system wide programs that prepare nurse leaders for the future.
Objectives
4.1 Continue the Leadership Excellence Guide for Enduring Nursing Development (LEGEND) program.
4.2 Implement and evaluate the Career Path Program.
4.3 Develop Leadership programs to support key nursing roles for each career path.
4.4 Implement and evaluate the electronic proficiency system.
4.5 Develop and initiate action plans, in collaboration with the Workforce Management Group, to sustain high-level RN practice and satisfaction.
4.6 Enhance business and informatics competencies of key Nursing Leaders.
4.7 Establish a nursing consultation program to support facilities, VISNs and VACO to incorporate processes related to early intervention for high risk issues.
4.8 Develop strategies to further develop the ECF Nurse Executive Track program.
4.9 Provide guidance on prioritization and executive level management of strategies related to technology, advanced practice, research and VANOD.

Source: U.S. Department of Veterans Affairs, *Office of Nursing Services (ONS) Annual Report 2009*, “2008-2012 VHA National Nursing Strategic Plan” (Washington, DC: Veterans Health Administration, 2009), 5.

On May 5, 2014, in an internal VA communication and posted on the VA intranet, Christine Engstrom, PhD, CRNP, AOCN, FAANP, Director of Clinical Practice and the Interim VA Chief Nursing Officer, communicated that the 90,000 VA nurses are key players in the forward looking transformation efforts shaping the VHA Health Care System every day. She honored VA nurses for the role they play as clinicians and as leaders who dramatically influence and improve the quality, safety, and the effectiveness of VHA care, nursing practice and enhancing the experience for all Veterans who receive VA care. She honored VA nurses’ contributions to the VA Health Care System and stated that “VA nurses from across the country truly embodied the 2014 National Nurses Week Theme of ‘Nurses Leading the Way’ and that VA nursing has taken the lead in many efforts driving toward success in VHA’s transformation into a 21st Century organization (Internal VA communication May 4, 2014).

Registered Nurse and Veterans Affairs
Registered Nurse Workforce Trends

According to VA documents and this researchers VA experience, VA Registered Nurses (RNs) have the honor and privilege to serve the Veterans who have served our Nation. The VA RN workforce reflects all levels of academic preparation including: diploma prepared nurses, two year Associate Degree nurses (ADN), four year Bachelor of Science Degree nurses (BSN), as well as, Master's Degree nurses through Doctorate Degree nurses. All VA RNs have graduated from a school of professional nursing approved by a state accrediting agency and have passed a state-approved written examination. With Federal Supremacy, VA RNs can be licensed in any state and practice in another state, anywhere within the VA system. VA RNs do not have to be licensed in the state they are practicing. VA RNs are clinical leaders, administrative leaders, and consultants with the goal of providing safe, high quality care.

Four career paths have been established by the VA to help guide the RN's professional growth and development to align throughout their professional career. Nurses can follow a career path and may shift between paths to assume new roles during their VA careers. VA RNs serve in four career paths: clinical, advanced practice, supervisory/administrative, and consultative. Examples of the Clinical path are direct care nurses, staff nurses and Clinical Nurse Leaders. Advanced Practices Nurses (APNs) include Clinical Nurse Specialists (CNS), Nurse Practitioners (NPs), and Certified Registered Nurse Anesthetists (CRNAs). APNs are registered nurses with the minimum of a Master's Degree in nursing and national certification in advanced clinical practice. Generally APNs are direct care providers; their activities may also include education, research, consultation, and administration. Supervisory/Administrative nurses include

Nurse Manager, Assistant Nurse Manager, Nurse Supervisors, and shift supervisor.

Consultants include nurse consultants such as: Nurse Educator, Nurse Recruiter, Nurse Researcher, Informatics Nurse, Infectious Disease Nurse, Quality Management Nurses, etc.

Veterans Affairs RNs have tiered nursing levels commensurate with the education and experience, from Nurse I to Nurse V. VA Nurses must successfully advance through each level of the grade before being promoted to the next level. VA Nurse tiered levels align with Benner's Nursing Theory of Novice to Expert. Benner's Theory outlines Nurse I as a novice nurse, Nurse II as an advanced beginner, Nurse III as a competent Nurse, Nurse IV as a proficient Nurse and Nurse V as an Expert Nurse. Within the VA, Nurse Managers and Nurse Supervisors are Nurse II-III. Nurse IV and V are exclusively high level leadership positions, dependent on role and position. Nurse IV is a Leader at the Organizational Level and accountability for population groups, healthcare groups, service or discipline lines, that influence the organizational mission and health care such as Nurse Chief of a service line, healthcare group, or integrated programs across the organization. Nurse V is a Nurse Executive at the Strategic Level whose practice is complex leadership influencing health care and policy, such as the Nurse Executive of a VA Healthcare System.

The VA has Four Dimensions of Nursing which are: Practice, Professional Development, Collaboration, and Scientific Inquiry. Within the Dimension of nursing, nine criteria define the performance requirements for RNs at each grade and level in the in the VA Nurse Qualification Standards that are based on the American Nurses

Association (ANA) Standards of Care and Standard of Professional Performance. The nine criteria are aligned with the Dimensions of Nursing as follows:

1. Practice (Practice, Ethics, Resource Utilization),
2. Professional Development (Education/Career Development Performance),
3. Collaboration (Collaboration, Collegiality,)
4. Scientific Inquiry (Quality of Care, Research).

According to the *U.S. Nursing Workforce: Trends in Supply and Education*, published in 2013, the general population of RNs and VA RNs are both aging; however, the average age of a VA RN was 49 years old in 2003, while the national average age of a non-VA RN was only 42, the VA RN's average age was seven years older. In 2013, there were 2.8 million RNs in the US national nursing workforce, which grew substantially from 2000 to 2010 by 500,000 (24.1 percent vii).

Although the number of new RNs younger than 30 increased, about one-third of the national nursing workforce is older than 50, with the VA RNs older than the national average. Of the VA RNs, 41 percent were eligible to retire in FY 2012. Retirement eligible RNs are expected to increase to 50 percent by 2105 and 60 percent to 80 percent by 2018, based on previous OPM predictions discussed in the introduction. See the VA Nurse Retirement Eligible trend for three years as of FY 2012 below (table 2)

Table 2. VHA Retirement Eligibility Trend by Nursing Roles

VHA Retirement Eligibility Trend by Nursing roles	FY09	FY10	FY11	FY12
Administrative	41.2%	40.8%	40.8%	40.7%
Advanced Practice	32.4%	33.1%	33.9%	35.3%
Direct Care	24.2%	23.3%	23.5%	23.4%
Hospital Support	33.7%	34.9%	35.1%	36.6%

Source: U.S. Department of Veterans Affairs, *Office of Nursing Services (ONS) Annual Report 2012: VA Nursing: Shaping Healthcare from the Veteran Patient's Perspective* (Washington, DC: Veterans Health Administration, 2012).

The Registered Nurse and Veterans Affairs Nurse Pipeline

According to the *U.S. Nursing Workforce: Trends in Supply and Education*, by the Health Resources and Services Administration report, the national RN pipeline is measured by the annual number of individuals who pass the national nurse licensing exams. The number of RNs grew substantially from 68,561 who passed in 2001, to 142,000 new graduate RNs who passed the NCELX-RN in 2011. Therefore, with deductive reasoning and based on literature review, the nursing leadership pipeline would be the number of individual nurses identified as prepared, trained, willing, and available to fill both potential and existing nurse leadership vacancies. A gap would be the difference between the number of adequately prepared and trained nurses willing and available to fill the actual and impending vacancies. Each organization is subject to and impacted by the nursing shortages and leadership gaps but the VA is particularly vulnerable with the average RN age older than the national average and a higher number of retirement eligible nurses.

Veterans Affairs Leadership Philosophy-
Servant Leadership

“An important principle of servant leadership is that we are all leaders, all of the time” (Sipe and Frick 2009).

The VHA National Center for Organization Development (NCOD) recently identified the VA Leadership Philosophy as Servant Leadership. The NCOD efforts are aimed at improving the organizational culture and health of the VHA. Jamie Lewis Smith, Ph.D., Heather McCarren, Ph.D., and Linda Belton, FACHE from the VHA NCOD recently identified the VA’s Leadership Philosophy in 2013, as Servant Leadership. They presented “The Journey Continues. . . . Creating a Culture of Servant Leadership within the Veterans Health Administration” and defined Servant Leadership as the VA Leadership Philosophy and practice that emphasizes caring, authenticity, and putting employees and Veterans ahead of other goals. They went on to present that “Servant Leadership isn’t just the right thing to do, but is also consistent with many of VA’s current goals. It can be the platform upon which transformation occurs” (Smith, McCarren, and Belton, 2013, slide 20). “VA Servant Leadership Initiative ultimate goal is to create a Culture of Servant Leadership” (Smith, McCarren, and Belton, 2013, slide 20).

In the *Veterans Health Administration’s Workforce Succession Strategic Plan for Fiscal Years 2013–2019*, leadership was identified as the framework for providing a healthy organizational culture. Servant leaders were defined as leaders who put people first, use power ethically, seek consensus when possible, practice foresight, communicate skillfully, regularly withdraw to renew (refresh), practice acceptance and empathy, use conceptual and systems thinking, and lead with moral authority. Servant Leaders have

strength of self-mastery, strength of action, and strength of relationships. Servant leaders operate from courage, integrity, and a strong internal compass (U.S. Department of Veterans Affairs 2013b). An important principle of SL is that we are all leaders, all of the time (Sipe and Frick 2009).

The VHA defines Organizational Health as “a state of systemic well-being that nurtures success in chaotic and complex organizations” (Cash and Foltz 2013, 6). Healthy organizations are incubators for transformation. Studies show that healthy organizations out-perform others in customer service, quality, safety, ethics, efficiency, and employee satisfaction. Clearly there are benefits to fostering a healthy organization. The literature review shows that SL is growing in relevance and finds positive correlation between SL, organizational health, and successful organizations. SL is an alternative leadership model for nursing leaders and organizational healthcare leaders.

The VA literature states that SL principles have been encouraged by VHA leaders and are being incorporated into field initiatives, succession plans, educational partnerships, and the VHA Organizational Health Newsletter to promote an understanding and effective application of the VHA HPDM, as it relates to SL. There are many different models of SL. NCOD identified James Sipe and Don Frick’s Model as the guiding model to base VHA leadership development programs. NCOD reviewed 13 of the most recently published models of SL and identified five with associated assessments. NCOD selected Sipe and Frick’s Model, The Seven Pillars of Servant Leadership, as the one with the best fit with VA culture. The Seven Pillars are:

Pillar I: Person of Character-Maintains Integrity, humility and value driven.

Pillar II: Puts People First-service driven, mentor minded, shows care/concern.

Pillar III: Skilled Communicator-empathetic listener, communicates persuasively, invites and delivers feedback.

Pillar IV: Compassionate Collaborator-Builds teams, communities, safety.

Pillar V: Foresight-Visionary, anticipates consequences, takes courageous, and takes decisive action.

Pillar VI: Systems Thinker-comfortable with complexity, effectively leads change, stewardship.

Pillar VII: Moral Authority-Shares Power and Control, creates a culture of accountability.

The philosophy and practice of SL is one that emphasizes caring, authenticity, and putting Veterans and employees first, and ahead of personal goals or leadership aspirations. Servant leaders strive to meet both organizational objectives and the growth (development) of their workforce. These are all consistent with the practice of nursing and nursing leadership in general, and for VA Nursing in particular.

Strategies to Support VA Nurse Leadership Development Past: 1921 to 1999

The Department of Veterans Affairs is the nation's largest employer of nurses, and is the nation's largest provider of health professions education and training, and as such, is obligated to lead in the development of a health professions workforce that meets the past, current, and future needs of Veterans, nurses, and the nation. In review of the VA nursing history-A Profession and a Passion, an internal VA document, VA Nursing reports the following nurse development timeline, which is significant and relevant to this study of VA Nurse Leader development.

In 1921, about 1,400 hospital nurses from the Public Health Service were transferred to the new Veterans Bureau, the forerunner of the VA. In 1930, VA Nursing

service started with 2,500 RNs from the US Civil Service when the three federal agencies consolidated into the new Veterans Administration. In 1942, VA launched a large-scale, clinical-training program for student nurses. During World War II, approximately 1,000 student cadet nurses were assigned to VA hospitals, spending six months or more of their academic programs gaining clinical-nursing experience.

In 1945, VA RNs were given new professional status and in 1946, compensated on experience, education, and competencies. The Nurse Professional Standards Boards were created to provide professional peer review, recommendations for appointments, promotions, special advancements, and disciplinary actions. Also, in 1946, the foundation for VA partnerships with the nation's leading academic institutions was established in Policy Memorandum Number 2. The objectives of this document were to maintain and improve healthcare for Veterans, to assist in the recruitment and retention of the highest quality staff at VA facilities, and to create a patient care environment characterized by an academic atmosphere of inquiry.

By the 1950s education became the hallmark of VA nursing, advancing nurses' skills, knowledge, and abilities. VA's first chief of nursing education was appointed in 1950. Affiliations with schools of nursing expanded, resulting in a steady growth in the number of nursing students receiving VA clinical experience. New educational requirements stressed the importance of academic preparation for registered nurses.

In the 1960s nurse preceptorship training programs were established to prepare VA leaders in nursing administration and education and nursing school affiliations increased significantly with nurse intern and nurse residency programs. In 1963 VA

Nursing Service was the first healthcare organization to establish positions for doctoral prepared nurse researchers.

The 1970s brought the major introduction and utilization of Advanced Practice Nurses, Clinical Nurse Specialist and Nurse Practitioners as well as the elevation of Director of Nursing to Clinical Service Chief. In the 1980s the Director of Nursing Services was elevated to the Deputy Assistant Chief Medical Center Director for Nursing. In response to the regional and national nurse shortages that characterized the decade, VA instituted a wide range of scholarship and tuition-assistance programs to attract new nurses and boost employee career commitment, many of which still exist today and will be further discussed later.

The VA Health Professional Scholarship Program was established in 1982 to provide awards to students in nursing and other shortage-category positions, in return for their full-time employment by VA following graduation. From 1982 to 1996, the program provided awards to Associate Degree nursing students in their last year of study, third- and fourth-year students in Baccalaureate Degree nursing programs, and master's-program students, including nurse anesthetists. This researcher was a VA Health Professional Scholar 1990-1991.

In 1984, VA developed the Nursing Administration Practicum Program to provide a structured learning experience in executive level nursing and healthcare administration for affiliated, graduate nursing students enrolled in Master's Degree programs in nursing administration. In 1985, VA initiated a nursing Pre-doctoral Fellowship Program funding two registered nurses per year through a competitive review process. Nurses who are doctoral candidates compete for the fellowships. Those selected conduct their dissertation

studies at a VA Facility. Nurse Fellows contribute to improvement of nursing care of adult or aging Veterans and Veterans with specific conditions or needs such as spinal cord injury, home health care, homelessness, women's health, or substance abuse. In 1987, VA began tuition support for employees in health care disciplines designated as shortage areas. For many years, approximately 60 percent of these funds went to Nursing Service.

In the 1990s Congress passed the Nurse Pay Compatibility Act, the first major restructuring of VA nurse pay since 1946 to allow competitive locality pay and flexibility to address the nursing shortage. The VA provided clinical experience to one out of every four professional nurses in the country, which was 30,000 student nurses a year with affiliations with 461 nursing schools. In 1990 the VALOR-VA Learning Opportunities Residency was initiated. This program provides opportunities for the RN Student to develop competencies in clinical nursing and leadership at a VA Medical Facility. In 1998, the Department of Defense Uniformed Services University of the Health Sciences and VA entered into a cooperative program to educate clinical nurse specialists to become adult nurse practitioners using distance learning capabilities. In 1999, VA proposed new nurse qualifications standards and launched a new education assistance initiative to support it. VA committed \$50 million to assist VA nurses seeking Baccalaureate Degrees in nursing and adopted new performance standards requiring a four-year degree for registered nurses by 2005 (U.S. Department of Veterans Affairs 2013c).

Strategies to Support Nurse Leadership
Development: 2000 to Present

National Commission on Veterans Affairs Nursing

In 2002 the ONS was elevated, reporting directly to the Under Secretary for Health, and in 2003 the NE position in all facilities was elevated to a senior executive service position. Almost 60 years later, the document, Policy Memorandum Number 2, created in 1946, with the objectives to maintain and improve healthcare for Veterans, to assist in the recruitment and retention of the highest quality staff at VA facilities, and to create a patient care environment characterized by an academic atmosphere of inquiry, is still applicable today, although the structure, operations and needs of the VA, and the Veteran have changed dramatically.

The National Commission on VA Nursing was established in 2002 to enhance the recruitment and retention of nurse and assess the future of the nursing profession with the Department of Veterans Affairs. The Commission focused on identifying strategies and tactics to assure the readiness and capacity of the VA, to meet the current and future nursing needs of America's Veterans. The Commission commended VHA for the contributions of nursing to the nation's Veterans and concluded that VHA can serve as a model for the nation in creating, implementing, and monitoring an environment that retains and attracts nurses.

The Commission published its final report in May 2004 and VA issued a formal response in September 2004 outlining legislative and organizational policy changes to enhance the recruitment and retention of nurses and other nursing personnel in the Department. The final report, *Caring for America's Veterans: Attracting and Retaining a Quality VHA Nursing Workforce*, published in May, 2004, recommended organizational,

legislative, and policy changes in the areas of Leadership, Professional Development, Work Environment, Respect and Recognition, Fair Compensation, Technology, and Research/Innovation. VA and the VA ONS were charged with implementing those recommendations.

Over a decade ago, in 2003, the VA Nursing Commission report made professional development recommendations based on meetings with 90 Nursing Leaders from throughout the VHA. Nurse leaders overwhelmingly supported more leadership development initiative within the VA. While the Commission points out that professional development is dependent on the individual nurse, the organization creates a culture that values the development of each of its nurses and commits resources to assure that professional development occurs. One recommendation was restoring the Nurse Executive Training Program and providing adequate professional development resources.

The CNO was charged with operationalizing the HPDM for all levels of nursing personnel. The CNO is responsible for structuring career development opportunities, to assure that every nurse in the VHA can actualize his or her goals within one or more career paths with the opportunity for professional growth and advancement. That report detailed implementation strategies, accountability, and a timeline for deliverables. The CNO was to create policies and procedures for a “national career development program” and secure funding mechanisms to assure that each nurse has an individual career plan and the assignment of mentors, provision of resources, and release time to be able to pursue a career path and develop a collaborative model for educating future nurses.

The facility NE is accountable for the effective performance of nurse managers, leadership development of all nursing staff, development and implementation of clinical

leadership roles at the point of care and compliance with the standardized Nurse Professional Standards Board. Implementation strategies outlined for the facility NE specifically relevant to nurse leadership development include:

1. Develop nurse leaders at all levels of nursing through formal and informal leadership development activities;
2. Hold nurse managers and other nurse leaders accountable for performance standard related to leadership development; and
3. To demonstrate increased levels of participation of all levels of nursing in formal leadership training.

The VA Commission report endorsed professional development and support for education and made the following recommendation to enhance educational opportunities:

1. Standardize Chief Nurse and Nurse Manager Orientation,
2. Mentoring programs,
3. Preceptorships,
4. Formal leadership training, recommended nursing leaders' participation in the VA Health Care Leadership Institute, and
5. Joint faculty appointments.

The National Nurse Executive Council was identified as a strong nursing leadership venue for sharing best practices. The Commission further identified that in magnet hospitals, the nursing leadership is characterized as participative, with the executive and unit level leaders being seen as visible and influential. Magnet hospitals are characterized by their commitment to the development of nurse managers and offer programs for assessment and training managers.

In 2003, VHA Nursing Leaders envisioned the future nursing workforce at the VHA as being more educated, with more emphasis on career enhancement. VHA indicated that the VHA must support education in order for VHA to attract, develop, and retain nursing leaders. VHA sponsors a variety of educational programs that promote professional development of nursing: Health Professionals Educational Assistance Program which includes the Employee Incentive Scholarship Program and the Education Debt Reduction Program. Another program for nursing education includes the National Nursing Education Initiative. These are centralized scholarship programs administered by the Health Care Staff Development and Retention Office.

The Employee Incentive Scholarship Program authorizes the VHA to award scholarships to employees for healthcare discipline including Title 38 which includes nurses. The National Nursing Education Initiative specifically awards scholarships for VHA's RNs to expand their formal education for baccalaureate and advanced nursing degrees. The Education Debt Reduction Program authorizes VA to provide education debt reduction payment to employees with positions in direct patient care services, including nursing.

In 2004, the National Nurse Executive Mentoring Program began as an active and viable component in nurse leadership development.

In 2009, the RN Residency Program was developed to improve the quality of care by providing additional training and support to new graduate nurses in the transition to competent professional nurse, to provide excellent care and exhibit leadership in their practice. A pilot was launched for one year. The program utilizes a variety of strategies

including: classroom education, clinic experience, monthly meetings, group learning, one to one mentoring, and culminates in evidence-based projects.

In 2010, an innovative campaign, called “Let’s get Certified” was launched, which highlighted the role of nursing specialty certification in enhancing nursing knowledge, improving quality of care, and nurse satisfaction. This includes certification in nursing leadership and nursing administration, and advanced certifications for Nurse Executives. Certification contributes to building leadership capacity and professionalism.

In 2011, ONS set a goal to implement the Clinical Nurse Leader role throughout the VA with strategic goals from 2011 to 2016. This new leadership role is not an administrative leader; it is a point of care leader in the clinical area focused on safe, efficient, quality veteran-centric care. VA was an early adopter of this new role and by 2013 over 70 VA Medical Centers were participating in this leadership initiative.

Also, in 2011 the Jonas Center for Nursing Excellence launched a Nursing Scholars Program for Veterans Health.

In 2012 the Nurse Manager Webinar series was launched. In addition, in 2012, the ONS identified the following as activities and strategies specific to nursing that prepared nurses to be leaders to ensure quality, safe, efficient, and value added Veteran care: the New Executive Training Program, Nurse Mentoring, Nurse Manager Webinar Series, the Jonas Center for Nursing Excellence and Aspiring Nurse Leaders, Nurse Executive Succession Planning.

In 2013, two important curriculums were developed the “Associate Director, Patient Care Services/Nurse Executive Curriculum” and the Nurse Manager’s “Passport to Success” an orientation guide, was launched. These are independent study guides.

The Core Curriculum for the ADPCS is designed to be used as a tool by nurses to use a pick list, for learners to identify learning strategies bases on their learning needs. It is based on the American Organization of Nurse Executives (AONE) competencies and is linked with the ONS strategic plan and the HPDM. It is independent study and self-directed (Associate Director, Patient Care Services/Nurse Executive Core Curriculum June 2013).

The purpose, according to the Nurse Manager Passport, “is to provide a structured approach for orienting the newly assigned nurse manager by identifying required competencies and skill set to assume the nurse manager role. It is structured for utilization across all VA medical facilities, where nurse managers are charged with the responsibility of leading and managing nurses in the provision of clinical care. This program is directly based on findings from focus group data collected through in-depth interviews with newly assigned VA Nurse Managers from across the VA system (Nurse Manager’s “Passport to Success” An Orientation Guide (November 2013).

Review of VA resources and VA literature identify several leadership programs in VHA, some open to specific target level employees, including nurses, but are not specific to nursing. The programs include:

Technical Career Field Program: The Technical Career Field Program is open to current employees as well as, external candidates. It provides two years of full-time, structured formal and on-the-job skills training for those entering succession-critical, non-clinical occupations. Programs differ in the depth of skill and target grade level of the participants. Graduates may be non-competitively placed into occupation-specific positions.

Graduate Healthcare Administration Training Program: The Graduate Healthcare Administration Training Program is a year-long program focused on providing hands-on project management and organizational leadership experiences to prepare the next generation of VHA healthcare administrators. It is open to graduate students in healthcare related academic disciplines and current VHA employees with proven capacities to serve as healthcare leaders.

Leadership Effectiveness Accountability and Development Program: The Leadership Effectiveness Accountability and Development Program is a series of programs designed for junior and intermediate-level employees to explore and build their foundational leadership and teamwork skills. Leadership Effectiveness Accountability and Development programs are locally-administered throughout the VHA following a national curriculum structure and standards. The Leadership Effectiveness Accountability and Development Program is the most widespread leadership development program in the VHA, with nearly 1,000 enrollees per year.

Health Care Leadership Development Program: The Health Care Leadership Development Program is an 8 to 10 month collateral duty program for upper-level employees. It focuses on strengthening leadership skills of participants and their ability to lead teams and organizations. Multiple integrated, week-long face-to-face training sessions are interspersed with coaching, assignments, and workplace activities. The Health Care Leadership Development Program is a core part of the VHA's workforce leadership development strategy and serves as the premier, highest-level program focused on developing future healthcare leaders. The purpose of the Health Care Leadership Development Program is to enhance the leadership skills of managers as they prepare for

positions of higher responsibility. The Health Care Leadership Development Program targets high-potential professionals and provides the foundation for further development. The goal of the program is to provide a foundational leadership development experience that will enhance the candidate's skills and provide the VHA with effective leaders at the manager level and beyond.

Health Care Executive Fellows Program: The Health Care Executive Fellows is a year-long immersion training program to prepare aspiring VHA Assistant/Associate Directors, Chiefs of Staff and Associate Directors for Patient Care Services. This highly-selective program is open to internal and external candidates. Health Care Executive Fellows training occurs in VHA's most complex medical facilities under the guidance of seasoned Healthcare Executive Leaders in the specific target occupations (positions).

New Executive Training Program: The New Executive Training Program is designed to get newly-appointed facility executive team members and Deputy Network Directors off on the right start in their new positions. It includes an in-depth, face-to-face orientation session covering a broad range of VHA technical and leadership topics, one-on-one executive coaching, Community of Practice activities and independent study.

New Supervisor Training: The VHA Nuts and Bolts of Supervision course is mandatory for all first-time VHA supervisors within their first year of appointment. Nuts and Bolts of Supervision consists of 14 on-line modules covering foundational knowledge for supervisors, such as staffing procedures, labor relations, team leadership, and basic rules of procurement. VA is developing a replacement course for VA-wide implementation in 2014, and the VHA will maintain a supplement to address the unique

aspects of supervising in healthcare. Although during this research no healthcare supplement was found.

As mentioned in the beginning of chapter 2, there was a significant amount of literature on nurse leader and nurse leadership development, over hundreds of thousands of results, but there were only two research dissertations found in the past decade specifically on nurse leadership development in the VHA. These two dissertations were specifically on the development of current and future VA NEs in the VHA, one in 2003 by Virginia Holt Bieber and the other by Natalie Sutto in 2006.

The research by Bieber, in 2003, specifically explored the leadership practices of the Veterans Health Administration Nurse Executives in her research dissertation, “Leadership Practices of Veterans Health Administration Nurse Executives (VHA NE).” Bieber, examined leadership strengths and professional development needs of NEs employed in Veterans Affairs Medical Centers. The purpose of Bieber’s research was to explore self-reported leadership practices of VHA NEs using Kouzes and Posner’s survey instrument, the Leadership Practices Inventory, and report development needs of the NEs. Seventy-seven of the NEs participated in the study and the results indicated that NE’s were engaged in the five leadership practices of transformational leadership regularly. Kouzes and Posner’s five leadership practices are: (1) challenging the process, (2) inspiring a shared vision, (3) enabling others to act, (4) modeling the way, and (5) encouraging the heart.

Bieber identified the most essential leadership skills of VHA NE’s professional development, identified by the NE should include: (1) transformational leadership skills, (2) financial skills, (3) organizational skills, and (4) personnel management skills. Bieber

recommended incorporating these essential skills into a Professional Development Program for nurse leaders as a starting point to improve organizational performance and as a model for nurse leadership development. Bieber's practice recommendations noted that transformational leadership should be the focus of NE training and that transformational leadership training should be provided to new NEs as well as nurse leaders at all levels within the VA and that the Leadership Practices Inventory is a model that should be used to assess all nurse leadership practices at all levels of nursing leadership. She recommended that a leadership needs assessment be conducted, implementation of a Leadership Training Program, and re-evaluation of leadership practices would be helpful in determining the effects of a leadership-training program on NE leadership practices. In addition, Bieber's work provided a meta-summary of the research in the previous decade which will be discussed later in the chapter (Bieber 2003).

In 2006, Natalie Sutto's research dissertation, specifically explored "Executive Competencies of Nurses within the Veterans Health Administration: Comparison of Current and Future Nurse Executive Views." Her objectives were to identify competencies that current ENs would need in the future and define the skill, knowledge, and abilities (SKAs) (also known as KSAs knowledge, skills, and abilities), needed to address those competencies required to perform at the NE level in the next 5 to 10 years. Her study was to reach consensus among VHA NEs as to what crucial competences are needed for success for future NEs to help define, focus the efforts, and support nurse leadership development. She asserted that through the successful identification of these crucial competencies, training, education, programs and mentoring can be created.

In Sutto's study, utilizing the Delphi Method for executive decision-making, 144 current VHA NEs and 168 nurses identified for potential selection to NE positions ranked the relative importance of 100 SKAs using a 1 to 7 scale, 1 being unimportant, 7 being important. This identified the five top competencies believed to be necessary for NEs, and the SKAs essential to those competencies. The competencies were then sorted into the eight core domains of the VHA HPDM as well as, the core competency domains: organizational stewardship, interpersonal effectiveness, systems thinking, technical skills, creative thinking, flexibility (adaptability), customer service, and personal mastery. Both groups rated similarly, in nearly identical manner and there were no overall rating differences. The two groups did not differ in their overall style in rating the importance of the SKAs. The top SKA was organizational stewardship. Second round ranking included ethical conduct and decision making, abilities to continuously learn and lead, staffing and conflict resolution skills.

Sutto's background discussion highlighted that "the role of the nurse executive is rapidly changing in response to the changing healthcare environment. Nursing shortages, rising costs, and increasing numbers of complex healthcare situations will continue to shape the role of the nurse executive. To meet these challenges, nurse executives must identify the requisite competencies required to ensure the organization's overall success" (Sutto 2006, 43). She noted the important similarities between the current and future NEs within the VHA concerning perceptions on key SKAs necessary for success. She highlighted this high degree of agreement as very positive and indicative that current NEs are effectively mentoring future NEs. She also concluded that NEs are paying close attention to the changing healthcare and practice environment and learning from their

own experiences and the advice and mentoring from more senior, experienced nurses. A significant finding from demographics of the respondents reported by Sutto is that “most, if not all, VHA nurse executives are trained and grown from within the system rather than hired in from outside agencies” (Sutto 2006, 26). Sutto’s findings of the study further enhanced, verified, and confirmed the validity of the NE competencies to the VA HPDM.

The VHA has the responsibility to ensure the development of adaptive and capable nurse leaders to meet the organization’s mission and vision. In addition, the nurse has a responsibility for self-development and continued professional growth. Presently, the VHA and the ONSs have several Leader Development Training Programs and strategies in place to support nurse leadership development that include the strategies and competencies identified in the literature by researcher, specific to the VA NEs, such as Bieber and Sutto. Leadership research by Wallace, Lummus, Bondas and other research in the leadership literature are not VA specific, have similar findings and make similar recommendations for education, training, job experiences, action-learning, special projects, coaching and mentoring.

Strategies Identified in the Literature Supporting Leader Development

The literature reviewed indicates leader development is complex and that leader development and succession planning is essential for a successful and healthy organization. Being a learning organization plays a key role in leader development and succession planning. Organizations Leadership Development Program content needs to be robust, well defined, and aligned with its mission, vision, strategic goals, and objectives. Individual employees are different and have different strengths and weaknesses,

skills, and abilities therefore; development plans should be customized and personalized to the particular individual.

In “Future Directions in Leadership-Implications for the Selection and Development of Senior Leaders,” Anthony G. Wallace’s thesis examines contemporary ideas on leadership development. Wallace states that “Leadership is a complex discipline . . . and that organizations must have a single, clearly defined leadership model and the leadership model must be relevant and meaningful for the people in the organization and be consistent with the organizational culture” (2003, v). Wallace reports developing leaders within the organization is more effective than recruiting leaders externally. Wallace recommends selecting the best people for future leadership roles, succession management, and talent management systems should be established. Wallace suggests that organizations should use an integrated leadership development framework incorporating the different learning strategies to develop future leaders. Wallace suggests that leadership development strategies include: (1) education, (2) training, (3) job experiences, (4) action-learning projects, (5) mentoring, and (6) coaching. Although Wallace’s research was general leadership development, specific to military organizations, it has applicability to leadership development within the VA. Military Healthcare and Military Nursing are the most comparable entities to compare with VHA and VA Nursing.

This was consistent with examples found in the literature of leadership development practices and strategies listed alphabetically and not in the order of any particular priority or importance include but not limited to:

1. Action learning projects,
2. Certification,
3. Coaching and mentoring,
4. Computerized learning activities,
5. Experiential learning (learn by doing),
6. Group projects,
7. Feedback or feedforward,
8. Fellowships,
9. Formal—informal education and formal—informal learning opportunities,
10. Formal testing and training,
11. Inter-agency—inter-professional exchanges,
12. Networking,
13. Peer-to-peer learning,
14. Reading to lead, and
15. Special—stretch assignments.

In 2003, Bieber explored the leadership practices of NEs and summarized in her research dissertation, nurse leadership development, from her review of the literature from 1995 to 2003 using keywords: nurse leadership, nurse executive, healthcare administration, professional development, leadership practices inventory, and transformational leadership. Bieber summarized:

1. Chow, M.P. (1999): (1) system perspective, (2) vision development, (3) risk taking, (4) innovation, and (5) change management.

2. Parson, R.J et al. (1998): (1) information technology, (2) systems analysis, (3) finance, (4) long-range planning, (5) program evaluation, and (6) professional organization memberships.
3. Campbell, V.C. (1995): concluded that VHA Nurse Executive development programs should include: (1) strategic planning, (2) finance, (3) marketing, and (4) management.
4. Fedoruk, M. and Pincomber, J. Competencies (2000): (1) commercial sensitivity, (2) creativity and innovation, (3) strategic planning, (4) communication, (5) enabling role, (6) coalescing role, (7) motivating role, (8) flexibility, (9) resilience, (10) courage, (11) commitment, and (12) inter-personal sensitive.
5. Corning, S.P. (2002): (1) employee development—coaching, (2) teamwork, (3) self-management, (4) interpersonal skills, (5) empathy, (6) planning with flexibility, (7) decision making, (8) management, (9) futuristic thinking, and (10) negation.
6. Lett, M. (1999): (1) negotiation, (2) technical skills, (3) policy development, and (4) strategic decision-making.

In 2010, Shelly Lummus completed a dissertation on the “Perceptions of Required Leadership Behaviors for Nurse Leaders as Measured by the Leadership Practice Inventory.” Lummus asserts that strong nursing leadership will be critical to reform the healthcare system and the opportunity for nursing leadership to take an active role is significant. She states “these new leaders in nursing are going to need to be strong and

effective in order to manage the changing healthcare environment as well as being able to manage and create solutions for the existing nursing shortage” (Lummus 2010, 1).

Lummus predicted the nursing shortage would continue to grow. She reported that in 2009, the American Association of Colleges of Nursing identified that by 2025, nurse position vacancies will be 500,000. She also cited Nelson (2002) who projected the nursing shortage to reach a 20 percent deficit by 2020. She indicated the ability to identify and groom potential nurse leaders could positively impact the turnover rate in the healthcare environment and reduce the nursing shortage. She reports that the nursing profession has struggled with the concept of leadership and for healthcare reform to occur, it is clear that more effective leadership development will be required. Lummus found nursing education focused on clinical judgment but leadership education, development, and mentoring were limited. She recommended that the possible use of existing leadership theory and assessment tools from other disciplines, to utilize in the nursing environment.

The purpose of Lummus’ study was to investigate the perceptions of required leadership characteristics for nurse leaders as measured by the Leadership Practices Inventory, as well as investigate the use of the transformational leadership model. Based on the results of that study of 100 registered nurses and review of literature, she purports that transformational leadership is most suited for the demands of nursing management and leadership as well as healthcare leadership. The NEs were supportive of all 30 items for leadership on the Leadership Practices Inventory and identified the top three leadership characteristics in her study were:

1. Sets a personal example of what I expect from others,
2. Treats others with dignity and respect,
3. Develops cooperative relationship among the people I work with.

Based on the results of this study Lummus suggested, that there is a great opportunity for nursing leadership to take on a new approach to leadership development and selection of future nurse leaders. Per Lummus, continued success of any organization is ongoing leadership development which must become a key strategic imperative and identified (1) mentoring, (2) coaching, (3) leadership training, and (4) reading. Lummus noted that the Association of California Nurse Leaders stated that organizations should work to develop nurse leaders in all levels of the profession (Lummus 2010).

In the literature review, a qualitative study by Teresa Bondas (2006) in the *Journal of Nursing Management* is worth noting. The Bondas study reports: that nursing leadership has an effect on both the quality of care and on the organization, that the nursing leadership environment has become more technological and complicated, and that the task of the nurse leader is to create a balance between caring for the patient, and being a family friendly employee, while trying to balance being an economical effective and smoothly operated healthcare organization. She indicates that the nurse leader requires competence in:

1. Research,
2. Knowledge of nursing care,
3. Have an understanding of multi-professional and transcultural care, and
4. A key understanding of the priorities and the key stakeholders whom they serve.

Bondas' position is that nurse leaders lack the education required of future nurse leaders, to provide a thorough knowledge of evidence based practice, as well as leadership. Bondas did not define nurse leader or nursing leadership in this study. She continued that nursing has not invested enough in the development of nursing leadership and explored why nurses enter nursing leadership. Her strategic survey sample study of 68 Finnish Nurse Leaders' findings generated a theory, "Paths to Nursing Leadership" and looked at the paths that nurse leaders took into leadership roles. The paths were identified as (1) the path of ideas, (2) the career path, (3) the path of chance, and (4) the temporary path.

The path of chance was the most dominant path found in this study. The nurse was passive, the choice was decided by others, 31 percent indicated that they had never thought of becoming a leader and 24 percent indicated that they had not planned to become leaders nor had they prepared themselves to be leaders. The path of chance nurses described how they were directed by circumstances or situation and someone directed or pushed them to take a leadership vacancy. Indicating that somebody had to take the task (of leader) and nobody else could or would. These nurses did not regard their leadership as influential but just another task to be accomplished. In contrast, the path of ideas and the career paths are both active conscious choices to become a nurse leader, seeking knowledge and education, the difference lying in the motivation. The temporary path, similar to the path of chance but slightly different, being as a leader substitute, or detailed to a position as a trial run for a temporary period, allowed nurses to try out leadership, but with the ability to go back to their former positions. The 11 path of ideas nurses, indicated it was a conscious, idealist choice to be a leader, altruistically

oriented by hopes and dreams of creating a culture of health, wellness, transfer of nursing knowledge, and changing nursing care according to their ideals. The other active path is the career path, where nurses explicitly want to become leaders for various reasons; some described as having an instinct to lead, being informal leaders and wanting to fill the leadership vacuum, being formally appointed, the power in decision making, autonomy, they felt they had more to give, higher wages, increased visibility in their organization, and a need for challenges. In this study of the career path, only 2 percent made the conscious choice to be a leader, to leave the bedside for the variety of reasons mentioned. Some indicated they were career oriented, not comfortable at the bedside. The temporary path is similar to the path of chance, but slightly different in that nurses are detailed to a position for a temporary period with the ability to try out a leadership role, but have the ability to go back to former positions. The majority of participants fell into the path of chance, the nurse is passive and the choice to move into a leadership role was made by someone else. This trend reflects the most dominant path of transition into leadership as concluded by Bondus. Given this trend, it is imperative that nurses be identified early in their careers and be developed for the possibility of future nursing leadership. It also indicates that nursing leadership development must be intentional and that nurses at all levels should have intentional development opportunities. Bondas concluded that to develop competent nursing leadership, educational requirements and recruitment to leadership positions need serious attention. Although this study was not specific to VA nursing it can be applied to VA nursing. Especially in light of Sutto's findings; that most VA Nurse Leaders are grown and developed from within the VA and not generally externally recruited, (although some are.)

Literature on Leadership Competencies

The AONE Vision is to shape the future of healthcare through innovative and expert nursing leadership. AONE recognizes that excellent leadership is essential to ensure excellent patient care and innovative nursing leadership requires that nurses in leadership positions are competent. The AONE Leadership Model visualizes the four competency domain as spheres intersecting with the central leadership sphere and is illustrated below (figure 7); it shows that nurse leaders must be competent in: (1) communication and relationship building, (2) knowledge of the health care environment, (3) professionalism, and (4) business skills to be competent in leadership.



Figure 7. American Organization of Nurse Executives
Nurse Executive Competencies

Source: AONE, "Nurse Executive Competencies," *Nurse Leader* 3, no. 1 (February): 15.

The AONE Leadership competency includes: (1) foundational thinking skills, (2) personal journey disciplines, (3) systems thinking, (4) succession planning, and (5) change management. These competencies describe skills common to nurse leaders regardless of their educational level or title in their organization. Aspiring nurse leaders can use them in their personal development plan. Organizations can use them as a guideline for leader development programs.

The AONE is accredited by the American Nurse Credentialing Center as a provider of continuing nursing education and provides a variety of opportunities for nurse leader development. The AONE Emerging Nurse Leader Institute and the Nurse Manager Institute both are three day interactive programs including lectures, discussion, experiential learning, and self-assessment for nurses aspiring to nurse leadership roles. The Emerging Nurse Leader Institute and the Nurse Manager Institute is for Nurse Managers with one year of experience. Essentials of Nurse Manager Orientation, is an online comprehensive course for nurse managers, the first leadership course created specifically for nurse managers.

The AONE Nurse Manager Fellowship, a year-long development program that incorporates the Nurse Manager Learning Domain Framework developed by AONE. The fellowship supports the Institute of Medicine *Future of Nursing Report*, to prepare and enable nurses to lead change to advance health. The AONE Credentialing Center certifies nurse leaders in Executive Nursing Practice, as well as the Certified Nurse Manager and Leader.

The AONE Emerging Nurse Leader Institute, the Nurse Manager Institute, the Essential of Nurse Manager Orientation and the Nurse Manager Fellowship are

recognized as best practices in the literature and provide models for the VA to consider for nurse leader development.

For succession planning, the AONE notes a five step process:

1. Develop a written individual succession plan,
2. Promote nursing leadership as a desirable specialty,
3. Establish action plans to address succession planning in the organization,
4. Mentor current and future nurse leaders, and
5. Establish mechanisms that provide for early identification and mentoring of staff with leadership potential.

In “Preparing Nurse Leaders for 2020,” Carol Huston, MSN, MPA, DPA, FAAN, President of Sigma Theta Tau International and Professor, School of Nursing, California State University notes that it is critical that contemporary nursing and healthcare leaders identify skill sets that will be needed by nurse leaders and begin now to create the educational models and development programs necessary to assure these skills are present. The 2008 article in the *Journal of Nursing Management*, by Carol Houston, highlighted and identified eight leadership competencies essential for nurse leaders in 2020 as:

1. A global perspective or mindset regarding healthcare and professional nursing issues.
2. Technology skills which facilitate mobility and portability of relationships, interactions, and operational processes.
3. Expert decision-making skills rooted in empirical science.

4. The ability to create organization cultures that permeate quality healthcare and patient/worker safety.
5. Understanding and appropriately intervening in political processes.
6. Highly developed collaborative and team building skills.
7. The ability to balance authenticity and performance expectations.
8. Being able to envision and proactively adapt to a healthcare system characterized by rapid change and chaos.

Houston's conclusion is that the number of nurses with the skills needed to lead in an increasingly complex healthcare environment, characterized by complexity and increased demands is not sufficient, and healthcare organizations and leaders need to be open minded about who the nursing professions future leaders may be and to begin to prepare nurses to be effective nurse leaders in 2020 in the eight leadership competencies she identified. She notes that; this requires formal education and training as well as, social learning and proactive succession planning as the key to success in 2020, now only six years away. As 2020 draws closer and organizations face unprecedented complexities in the healthcare landscape, organizations, nurses, and the VA need to plan to build required nurse leadership capacity. To train, equip, and develop, flexible nurse leaders that are comfortable with ambiguities' and the decision making, problem solving capabilities, to improve while operating in these turbulent, chaotic times. Nurse leaders able to recognize, analyze, deconstruct, and resolve the "wicked problems" present now and in the future.

Veterans Health Administration
Leadership Competencies

The VALU definition of competencies, are the knowledge, skills, and abilities needed to build a highly competent organization capable of meeting current and future challenges. Competencies define, in a common language how behavior contributes to the VA's success. Competencies form the foundation of development efforts and help each employee understand what is necessary to grow and advance in their career. VALU states that competencies:

1. Set a common standard for successful performance for all employees,
2. Provide a direct link to training and development options,
3. Help employees understand the path for career growth,
4. Help employees better meet the needs of our Veterans and their families.

At VA, there are three types of competencies for development efforts. All employee competencies are required by all VA employees, to be successful at all job levels. See table 3 below, All Employee Competency Categories.

Table 3. All Employee Competency Categories

All Employee Competency Categories and Specific Competencies
(Competencies presented below for your reference)

<p>Communication</p> <ul style="list-style-type: none"> • Demonstrates effective written communication • Demonstrates effective oral communication 	<p>Interpersonal Effectiveness</p> <ul style="list-style-type: none"> • Demonstrates empathy • Fosters diversity and inclusion • Contributes to high-performing teams 	<p>Critical Thinking</p> <ul style="list-style-type: none"> • Demonstrates creative problem solving skills • Demonstrates good judgment
<p>Organizational Stewardship</p> <ul style="list-style-type: none"> • Exemplifies integrity • Demonstrates accountability • Organizes and prioritizes work • Makes effective use of resources 	<p>Veteran and Customer Focus</p> <ul style="list-style-type: none"> • Advocates for Veterans • Meets customers' needs 	<p>Personal Mastery</p> <ul style="list-style-type: none"> • Exhibits self-awareness and commitment to self development • Demonstrates resilience, agility, and a sense of urgency

Note: Every employee also has technical competencies that are required for successful performance in each occupation or job. These competencies address occupation-specific or technical skills and will not be covered in the remainder of this guide.

Source: U.S. Department of Veterans Affairs, *Leadership Competencies: Building a Competent Organization* (Washington, DC: Department of Veterans Affairs, n.d.), 3.

Technical competencies are specific to particular occupations, such as nurses, and six leadership competencies that describe the knowledge and skills critical for being a successful leader at the VA.

According to the VALU, the VA has identified six broad leadership competency categories that apply to anyone in a formal leadership role; (1) leading people, (2) partnering, (3) leading change, (4) results driven, (5) global perspective, and (6) business acumen. Each category includes more specific competencies, which define success for leadership roles across the Department of Veterans Affairs.

All of the VA's leadership programs are based upon the HPDM. The model aligns the organization around a set of eight core competencies that are used to develop training, select new employees, and serve as a basis for reward and recognition decisions. These competencies are flexible as strategic objectives change. See figure 8 below the HPDM Model.

High Performance Development Model

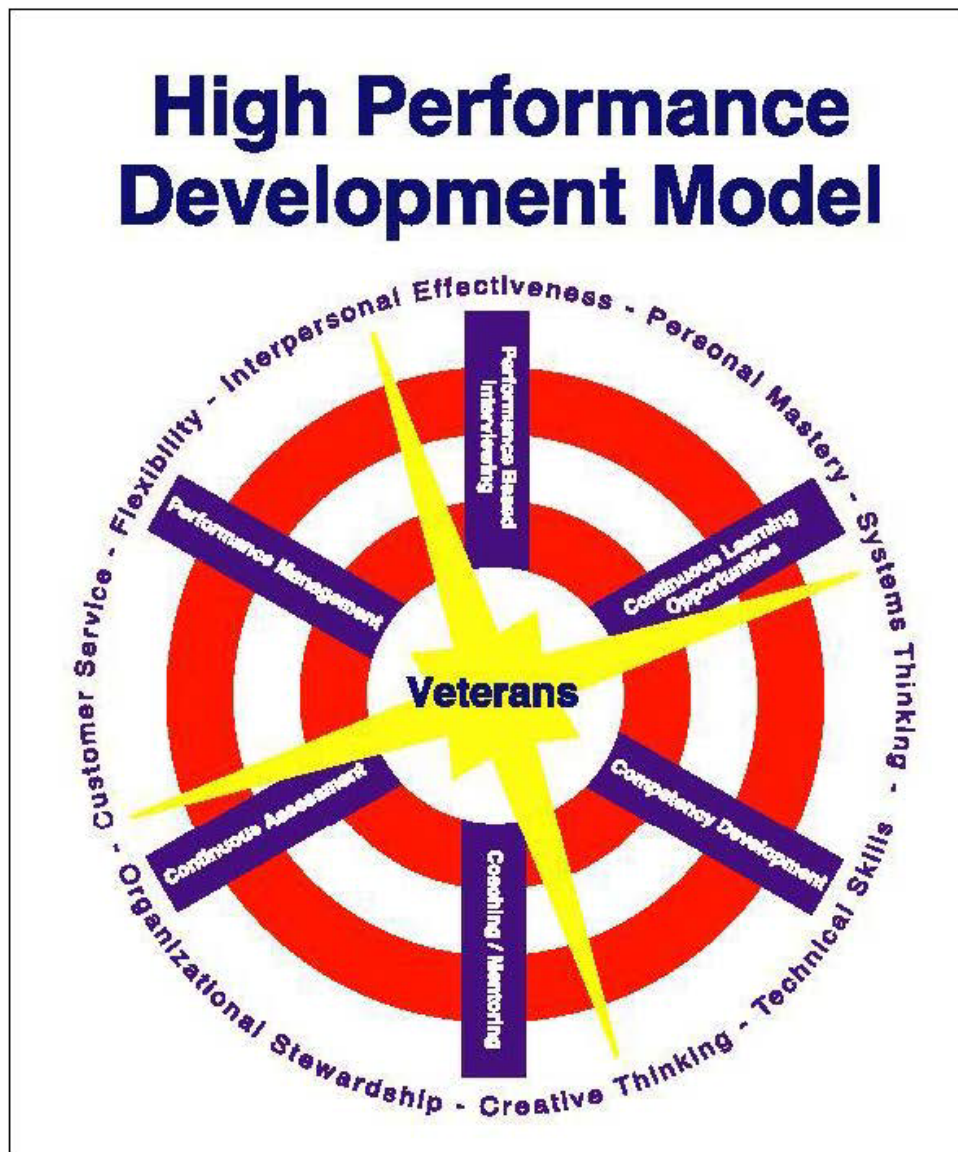


Figure 8. Veterans Affairs High Performance Development Model

Source: U.S. Department of Veterans Affairs, *Charting Your Course for Success at VA* (Washington, DC: Veterans Health Administration, 2008), 7.

High Performance Development Model
Competencies Pyramid

The HPDM facilitates career development through continuous learning, coaching and mentoring, and assessment over a career span. Progression from one tier to another in the pyramid model is based upon successfully completing the foundational competencies (see figure 9).

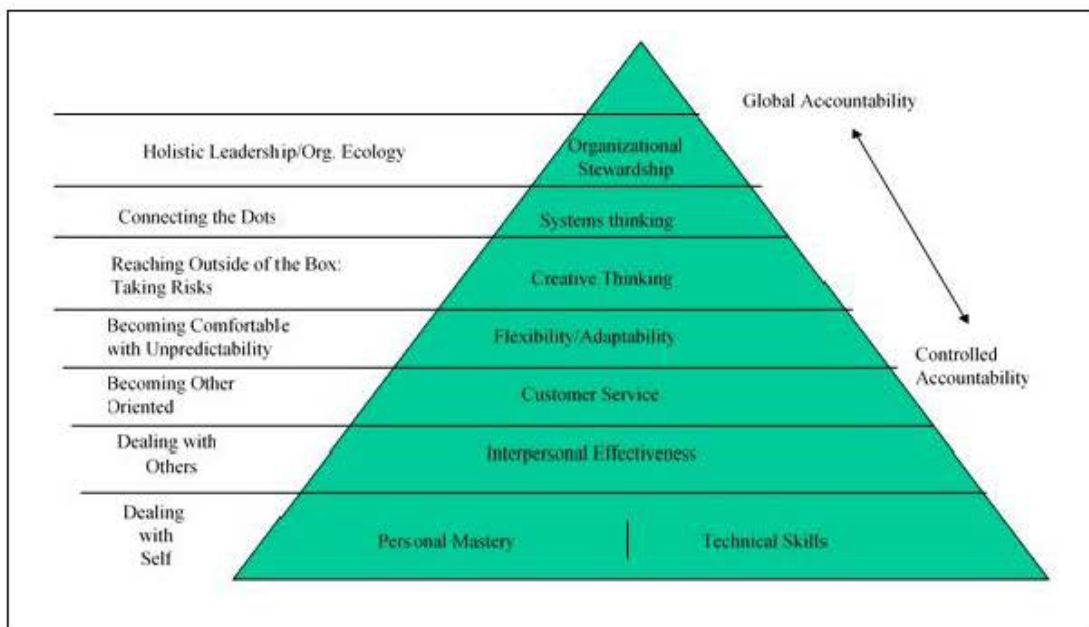


Figure 9. High Performance Development Model
Competencies Pyramid

Source: U.S. Department of Veterans Affairs, *Charting Your Course for Success at VA* (Washington, DC: Veterans Health Administration, 2008).

Office of Personnel Management Supervisory
and Leadership Competencies

Table 4. Competencies in OPM’s Supervisory
Qualification Guide

Foundational Competencies	Leadership Competencies
<ul style="list-style-type: none"> • Accountability • Customer Service • Decisiveness • Flexibility • Integrity—Honesty • Interpersonal Skills • Oral Communication • Problem Solving • Resilience • Written Communication 	<ul style="list-style-type: none"> • Conflict Management • Continual Learning • Creativity and Innovation • Developing Others • Entrepreneurship • External Awareness • Financial Management • Human Capital Management • Influencing—Negotiating • Leveraging Diversity • Partnering • Political Savvy • Public service Motivation • Strategic Thinking • Teambuilding • Technology Management • Vision

Source: Created by author modified from data from the Office of Personnel Management Website, accessed October 21, 2013, <http://www.opm.gov/policy-data-oversight/classification-qualifications/general-schedule-qualification-standards/specialty-areas/supervisory-guide/>.

The OPM provides training and development programs and tools for Federal employees and Federal agencies. OPM has conducted government wide occupational studies using the MOSAIC-multipurpose close-ended methodology for over two decades and identified the above as critical foundational competencies and leadership competencies. This approach allows for a common language that can be used for job

design, recruitment, selection, performance management, training, and career development. OPM defines competency as a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupations functions successfully and uses to assess and select candidates, assess and manage employee performance, workforce planning, and employee training and development.

Table 5. Nurse Manager and Leadership Competencies in Literature

Foundational Competencies	Leadership Competencies
<ul style="list-style-type: none"> • Personal Mastery • Financial Management • Human Resource Management • Customer Service • Caring • Systems Thinking • Staffing—Scheduling • Risk Management • Interpersonal Skills • Setting the Vision • Decisiveness • Conflict Resolution 	<ul style="list-style-type: none"> • Leading Employees • Strategic Planning • Inspiring Commitment • Managing Change • Resourcefulness • Quick Learner • Doing whatever it takes • Building effective teams • Translating Vision and Strategy Thinking

Source: Created by author.

“While other organizations within the nursing community, like American Organization of Nurse Executives (AONE), have developed leadership competencies, American Nurses Association (ANA) identified a unique need to develop programs based on a selection of competencies from the Center for Creating Leadership (CCL). CCL

transcends any one specialty or profession and identifies leadership competencies across the trajectory of professional development. As shown in the table below, the full complement of competency clusters are organized by three distinct domains: Leading Yourself, Leading Others, and Leading the Organization. These three domains encompass specific competencies from which the ANA derived the specific competencies for career advancement for the nurse and nursing professional” (ANA Leadership Institute 2013).

Table 6. ANA Leadership Competency Framework for Nurse Leaders

<u>Leading Yourself</u>	<u>Leading Others</u>	<u>Leading the Organization</u>
Adaptability (openness to influence)	Communication (effectively)	Business Acumen (seeks broad business knowledge)
Image(executive)	Conflict resolution (Confronting problem employees)	Change (change management)
Initiative(motivates self)	Diversity (Leveraging differences)	Decision making (decisiveness)
Integrity (builds relationships)	Employee Development (Developing and empowering)	Influence (strategic perspective)
Learning Capacity (Knowledge of job, business)	Relationships	Problem solving
Self-Awareness		Systems thinking
		Vision and strategy
		Project management

Source: Created by author modified from American Nurses Association literature.

CHAPTER 3

RESEARCH METHODOLOGY

An Exploration of Current Nurse Leadership Development in the Veterans Health Administration is a mixed methods research study using a multi-dimensional, integrative approach including archival, descriptive, exploratory, and comparative case study methodology. Case studies may be criticized for lack of rigor because they may not follow predetermined procedures and analytical techniques, as the research is open to modifying the data collection, analysis, and interpretation as new insights are gained in the research process. Case Studies are widely used across the social sciences and organizational studies.

According to Dr. Robert Yin, “Case study research is remarkably hard, even though case studies traditionally have been considered to be ‘soft research.’ Paradoxically, the ‘softer’ a research technique, the harder it is to do” (Yin 2003). This case study investigates a leadership phenomenon within its real-life context, such as nurse leadership development is the phenomenon within its real-life context of the VHA. Yin reports that case studies are the preferred approach when “how” and “why” questions are to be answered and when the focus is on a current phenomenon in a real-life context. Yin’s model for qualitative research is a linear and iterative process of: (1) plan, (2) design, (3) prepare, (4) collect evidence, (5) analyze case study evidence and (6) report and share case study. This is appropriate for this study, which is to explore how nurses are developed into leaders in the VHA.

In her book, *Qualitative Research in the Study of Leadership*, Karin Klenke from the Leadership Development Institute presents four applications for a case study model:

1. To explain complex causal links in real-life interventions;
2. To describe the real-life context in which the intervention has occurred;
3. To describe the intervention itself; and
4. To explore situations in which the intervention being evaluated has no clear set of outcomes (Klenke 2008).

Mixed methods research is a form of inquiry that utilizes both qualitative and quantitative techniques. Results from mixed methods integrative research studies integrate findings, and draw inferences from both the qualitative and quantitative components, to provide a deeper understanding of the phenomena under investigation.

In the article “Engaging Critical Issues in Social Inquiry by Mixing Methods,” Jennifer C. Greene argues that “mixed methods research provides a deeper understanding of phenomena . . . and enriches the results more than that of either qualitative or quantitative methods alone” (Greene 2012). This research attempts to provide a deeper understanding of phenomena of nurse leadership development within the VA using a mixed method.

Qualitative Research Methods: A Data Collector’s Field Guide, describes an overview of qualitative research as a type of scientific research that:

1. Seeks answers to questions;
2. Systematically uses a predefined set of procedures to answer the question;
3. Collects evidence;
4. Produces findings that were not determined in advance;
5. Produces findings that are applicable beyond the immediate boundaries of the study (Mack et al. 2005).

However, it further clarifies that qualitative research differs slightly from scientific research. Although findings from qualitative data can often be extended to people with characteristics similar to those in the study population, gaining a rich and complex understanding of a specific social context or phenomenon typically takes precedence over data that can generalize to other populations (Mack et al. 2005). Although the findings of this research maybe generalized to nursing outside the VA, the goal of this research is to gain a complex understanding of the specific phenomenon of nurse leader development within the VA.

The strength of qualitative research is its ability to provide complex textual descriptions of how people or organizations experience a given research issue. When used along with quantitative methods, the qualitative researcher can help to interpret and better understand the complex reality of a given situation and the implications of quantitative data. This approach is particularly fitting when applied to the study of nurse leadership development in the VA and the VHA.

In the specific case of the VHA, case study analysis provides the essential vehicle for the purpose research approach. Case studies enable an in-depth description of essential dimensions and processes of the phenomenon being studied and are particularly germane to the analysis of nurse leadership development in the VHA. Although a limitation of case study are those associated with the use of archival and case study method.

Historical research and literature review was conducted, compared to the current leadership theories and strategies for leadership development. The researcher reviewed numerous VA reports, including but not limited to the *Department of Veterans Affairs FY*

2014-2020 Strategic Plan, the prior VA 2011-2015 Strategic Plan, VHA Strategic Plan, and the VHA Vision 2020, as well as the VA Office of Nursing Services Annual Reports from 2006 until 2012, and the VA Strategic Plan. The researcher also reviewed the Call to Action report of the Nursing Workforce Planning Group and the VA Commission on Nursing Report and numerous other government reports. Additional reports included the Institute of Medicine Landmark Reports as well as other literature on nurse leadership development; recruitment and retention of nurses, succession planning and the future of nursing were also reviewed. In addition the following electronic sources were reviewed: American Organization of Nurse Executives, American Nurses Association, American Nurses Credentialing Center, and the American College of Healthcare Executives.

Phase one of the methodology was identification of the researcher's initial area of research interest. Phase two was identification of available literature in the area of initial research interest. This included available governmental documents, an initial broad scan of literature, including search of electronic data bases, included all variations of all key words of research interest, which resulted in an overwhelming plethora of articles related to the key words. Results of Key words alone:

- nurse leader (486,000 results),
- nurse leader development (335,000 results),
- nurse leadership (821,000 results),
- nursing leadership (903,000 results),
- nurse leadership development (754,000 results),
- nurse leader development models (201,000 results),
- nurse succession planning (36,300 results),
- nurse leadership theories (181,000 results),
- nurses in interagency coordination (15,400 results)
- nurses in interagency collaboration (22,100 results)
- best practices in nurse leadership development (366,000 results)
- nurse leader development practices (220,000 results)
- nurse leader development strategies (211,00 results).

Phase three of the methodology was the development of a research question that would be the primary objective of this study which would be: professionally important to this researcher as a VA Nurse and VA Nurse Leader, that would increase this researcher's professional and intellectual awareness, make a contribution to VA Nursing, as well as, be of general interest and supported by VA Leadership and CGSC. The primary research question was to identify the current nurse leadership development practices and strategies in the VHA. The specific focus of this study is on the professional body of RNs within the VHA. Secondary questions include what is the VA Leadership Theory and what are the leader competencies required of nurse leaders in the VA? The mixed methods multi-dimensional approach was used to pursue the study's primary and secondary research questions and objectives as follows:

1. Identify and document nurse leadership development strategies and practices in the Veterans Health Administration.
2. Identify and document the prevailing Veterans Affairs Leadership Theory.
3. Examine and review trends and projections in the Veterans Affairs Registered Nurse professional nurse workforce.
4. Identify and document key competencies for Veterans Affairs Nurse Leaders.

The fourth phase of the methodology was systematic review to further filter and distill the initial broad expansive scan of the literature, to locate studies and documents that are relevant to the research primary and secondary questions specific to VA and VHA. The literature search was further narrowed to limit inclusion to articles published in the English language specific to VA and-or VHA, and primarily studies in the US, although one Finnish Study was included. Key terms were used in multiple combinations

with VA and-or VHA to identify relevant published qualitative, quantitative, or mixed methods studies. There was no limitation on the type of research design. Adding VA or VHA to the search word combinations resulted in a reduction of articles as follows:

- nurse leader (486,000 results),
 - nurse leader in VA (64,600 results)
 - nurse leader in VHA (5,410 results)
- nurse leader development (335,000 results),
 - nurse leader development in VA (55,800 results)
 - nurse leader development in VHA (5,230 results)
- nurse leadership (821,000 results),
 - nurse leadership in VA (97,200 results)
 - nurse leadership in VHA (5,950 results)
- nursing leadership (903,000 results),
 - nursing leadership in VA (127,000 results)
 - nursing leadership in VHA (4,770 results)
- nurse leadership development (754,000 results),
 - nurse leadership development in VA (76,300 results)
 - nurse leadership development in VHA (5,240 results)
- nurse leader development models (201,000 results),
 - nurse leader development models in VA (41,100 results)
 - nurse leader development models in VHA (19,300 results)
- nurse succession planning (36,300 results),
 - nurse succession planning in VA (19,800 results)
 - nurse succession planning in VHA (15,900 results)
- nurse leadership theories (181,000 results),
- nurses in interagency coordination (15,400 results),
- nurses in interagency collaboration (22,100 results),
- best practices in nurse leadership development (366,000 results),
 - best practice in nurse leadership development in VA (53,000 results)
 - best practices in nurse leadership development in VHA (19,900 results)
- nurse leader development practices (220,000 results),
- nurse leader development strategies (211,000 results).

The fourth phase continued with a systematic and iterative review of the literature with various combinations of key words already noted and in addition to those presented in combination with, succession planning, development strategies, education and training as well as coaching and mentoring. It was conducted for both qualitative and quantitative studies related specifically to development of nurse leaders in the VA, limited to the past

decade from 2003 to 2013, further distilling thousands of articles down to approximately 100 results for abstract review. The full review and retrieval process yielded about 100 items on nurse leadership development that may have included: either qualitative, quantitative, or mixed methods, as well as, some “gray” literature, such as governmental documents, reports that are generally published for government, academia or business for internal distribution but that may or may not be available to the general public, as well as, thesis and dissertations that may be on the internet or data bases that have not yet been published in peer reviewed journals. All 100 items respective abstracts, as well as, the other results previously referred to as gray literature were reviewed. After review of abstracts other gray literature items were reviewed, full articles read and reference lists explored for other relevant studies, most were on leadership development but not specifically on VA Nurse Leader—Nurse Leadership development. Casting this fishing net, caught many articles that were still not specific to the VA Nurse Leader—Nurse Leadership development but were of interest and value. This fourth phase involved repeated readings, comparing, and summarizing the most relevant studies which were included in this study.

The fifth phase involved repeated readings of studies and their findings for analysis and conclusion of the most relevant studies. Some of the studies focused on specific organizations, courses, programs, theories, leadership characteristics, some focused on specific skill development and identified competencies, practices, and strategies. Some studies included interviews, surveys, and focus groups, as well as, government and business industry studies. Most studies mentioned coaching and mentoring. Some discussed the type of practice environments that support nurse

leadership development. All were important, of interest, and provided a greater understanding of nurse leadership development and are acknowledged by inclusion in the reference list, even if the work may not have been cited. However, only two studies found by this researcher in the past decade provided primary research evidence of nurse leader development in the VA. These two studies, which are dissertations by Virginia Bieber 2003 and Natalie Sutto 2006, are included. Another study referenced by Bieber and Sutto was a study by V.C. Campbell 1995.

This study, the “VA Pipeline for Future Nurse Leaders: An Exploration of Current Nurse Leadership Development in the Veterans Health Administration” utilized a descriptive exploratory and comparative case study approach relying on current literature review, as well as, review of historical documents, collection and content analysis of archival, documentary material, administrative data, policy and procedure documents, and other clinical and administrative reports and documents. As discussed, a mixed methods design was used, and it is a type of design in which different but complementary data was collected on the same topic. The purpose of this mixed methods study was to explore and identify nurse leadership development within the VHA. The reasons for collecting both quantitative and qualitative data are to bring together the strengths of both forms of research as well as to compare, validate, and corroborate results.

The research findings through descriptive and comparative analysis will be presented in chapter 4. The history of the VA and VA Nursing includes the purpose of the VA, an overview of VA structure, the nursing service and how it has changed over time, roles and responsibilities of nurse leaders, and how the VA currently develops nurse leaders. The researcher conducted literature review and after compiling the information

from literature reviews and historical research, analyzed the status of current nurse leadership development practices with literature and VA.

Comparative analysis will include comparison between VA, the VHA Development Model, specifically VHA Nurse Leader Development and Leader Development. Comparative criteria will include when possible:

1. Mission and vision,
2. Core values and characteristics,
3. Strategic goals and strategic objectives,
4. Leadership principles,
5. Leadership development,
6. Leadership competencies.

This comparative analysis will also be based on comparative leadership criteria distilled from multiple sources such as the OPM, AONE and ANA professional organizations leadership criteria, Nurse Practice Standards and SL criteria to identify strengths, weakness, gaps, and biases in the VHA Nurse Leadership Development. After a thorough presentation of the findings through descriptive and comparative analysis, there are recommendations for possible future research in chapter 5.

CHAPTER 4

ANALYSIS

The purpose of this research study is to explore and examine the current nurse leader development practices in the VA, identify the VA Leadership Philosophy, and the VA RN workforce trends. It explores the concept of a leadership pipeline, attempted to identify any gaps or barriers to nurse leader development, and provides recommendations to better prepare our RNs to be capable and adaptable nurse leaders for current and future operations in a changing and complex environment.

Chapter 4 is the analysis of this research study on existing VA data, VA primary source information, and VA documents on leadership development programs in the VA, which were then compared with existing literature to answer the primary and secondary research questions. The primary research question was answered: what are the current nurse leader development practices in the VHA? Those practices and strategies were identified, reviewed, and summarized. The secondary research questions: what is the VA Leadership Philosophy was answered and emerged as Servant Leadership: what are the VA RN workforce trends was answered and will be further reviewed and summarized in this chapter. The VA Vision of Leadership in the 21st Century was also identified in the VA Strategic Framework and the concept of a leadership pipeline was examined.

The VA Nurse leadership development strategies and Nurse leadership competencies in VA will be discussed, to analyze the primary research study: what are the current nurse leader development practices in the VHA? Then VHA Nurse Leaders competencies and strategies for nurse leader development will be compared with VHA Leaders Development Guidance and other existing resources. The Servant Leadership

Philosophy will be further discussed and analyzed, as well as, the VA RN workforce tends.

The methodology used for this study is mixed methods, case study, and archival research, descriptive, exploratory with qualitative and quantitative methods. The qualitative methodology used is outlined in *Qualitative Research in the Study of Leadership*, Klenke describes content analysis as concurrent and intertwined with the research process a series of steps that takes the analyst from the initial identification of research questions and construct to the final interpretation of the data. The first step is the research of the topic of interest, specifically nurse leader development in VHA. The second examines existing theory that has bearing on the research question, and then goes through a series of design decision such as the use of coding, which for this study was thematic and specifying the unit of analysis, data collection, and final interpretation of the data (Klenke 2008). The quantitative aspect is the review of existing VA information, records, and data bases.

The VA faces several challenges, recent scandals, the leadership crisis, loss of senior leaders and nurse executives, institution memory loss and brain drain from the pending baby boomer bust. Additional challenges are the changing demographics in the aging Veteran population, as well as the aging employee population, specifically the nursing shortage. The complexity and chaos of VA healthcare demands new nurse leadership development approaches to achieve organizational goals and provide safe quality Veteran-centered care. Nurse leaders and nurse managers are the largest group of leaders in healthcare; their leadership is critical to manage and lead the VA and must be developed to do so.

Overview of Veterans Affairs and the
Veterans Health Administration

The Department of Veterans Affairs is the second largest Federal Department, with a workforce of over 321,000 VA employees (About VA 2013). VA Headquarters is referred to as VACO which is located in Washington, DC, and has field offices throughout the nation, as well as, US territories and the Philippines. The programs are administered by its three major line organizations Veterans Benefits Administration with 21,130 employees, the National Cemetery Administration with 1,690 employees, and the VHA the largest administration in VA with 270,111 employees providing medical care, all other employees make up the remaining 21,600 (see figure 10).

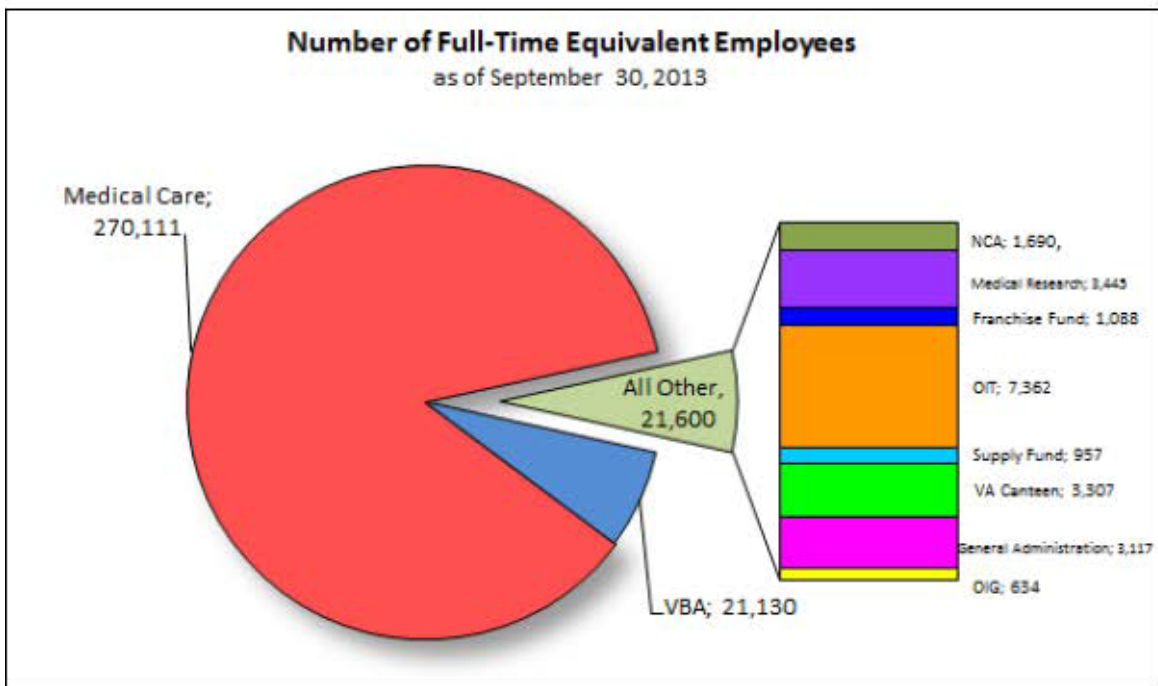


Figure 10. Number of Full-Time Equivalent Employees
as of September 30, 2013

Source: U.S. Department of Veterans Affairs, "Office of Budget," accessed June 8, 2014, http://www.va.gov/budget/docs/report/2013-VAPAR_FullWeb.pdf.

The VHA Mission is to serve the needs of America's Veteran. To accomplish this, VHA is a comprehensive, integrated healthcare system including the VHA Nursing workforce. The VHA Nursing workforce is led by the CNO in the Office of Nursing Service, in Washington, DC, who is responsible for centrally supporting VHA Nursing Personnel. VA had 87,540 nursing personnel (including nurse anesthetists) as of December 2013 of which 54,789 are professional RNs who work within the VHA.

The Department of Veterans Affairs has one of the largest nursing staffs of any healthcare system in the world. The VHA integrated nursing service numbers 87,540 nationwide. The VHA Nursing Service is composed of over 54,000 professional nurses, which are RNs, 14,333 Licensed Practical/Vocational Nurses (LPNs/LVNs), 12,285 nursing assistants and 3,045 health technicians who provide comprehensive, complex, and compassionate care to the nation's Veterans (VA Nursing Outcomes Database 2013).

The VA operates the largest integrated healthcare delivery system in America, known as the Veterans Health Administration. There are twenty two million Veterans living today. Of those, there are 8.7 million Veterans enrolled for care, with 83.6 million outpatient visits a year. VHA is one of the largest civilian employers with over 277,000 VHA employees and is the largest healthcare employer in the world (FY 2012 End-of-Year Pocket Card).

Retirement Outlook and Characteristics of the VHA's Workforce

By the end of FY 2018, 47 percent of the FY 2011 on board full- and part-time workforce will become eligible for regular retirement; with 23 percent projected to actually retire. In addition, the average age of VHA employees, has increased over the

last 10 years from 46.9 to 48.2 years. Over the last five years, the percentage of employees age 65 and over increased from 3.1 percent to 4.3 percent and those 55 and over increased from 30.1 percent to 33.3 percent. The percentage of employees under age 35 has also increased from 12.1 percent to 14.5 percent in that same time period. See figure 11 below.

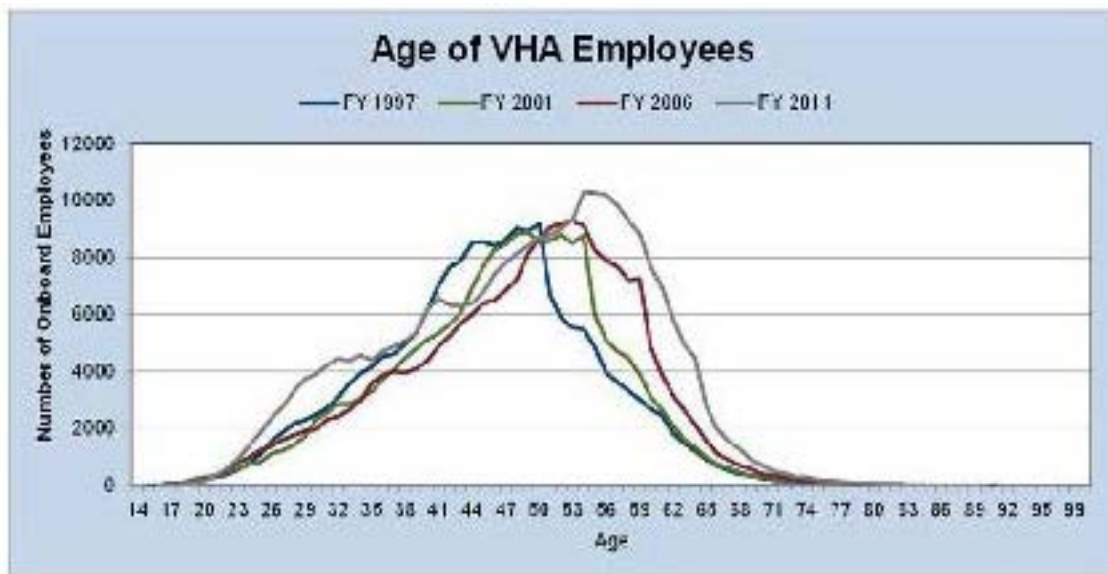


Figure 11. Age of Veterans Health Administration Employees

Source: U.S. Department of Veterans Affairs, *Veterans Health Administration's Workforce Succession Strategic Plan for Fiscal Years 2013-2019*, accessed April 28, 2014, http://www.vacareers.va.gov/assets/common/print/2013_VHA_Workforce_Succession_Strategic_Plan.pdf, 25.

“Baby Boomers” continue to make up the majority (56.9 percent) of the VHA workforce, but the percentage is declining by about two percentage points each year. The Traditionalist Generation, which as of 2011 is age 67 or older, decreased from 3.7 percent in FY 2009 to 2.5 percent in FY 2011. The percentage of “Millennials,” age 31 and

under, increased from 7 percent to 9.5 percent in the same period. The Baby Boomers Generation is by far the largest segment of the VHA workforce (see table 7).

Table 7. Veterans Health Administration Workforce by Generation

Generation	Birth Years	Age (as of 2011)	FY 2011 VHA Workforce	Percentage of Workforce	Percentage of Losses
Traditionalists	1922-1944	>=67	6,765	2.51%	25.44%
Baby Boomers	1945-1964	32-46	153,667	56.93%	45.79%
Generation X	1965-1979	47-66	83,754	31.07%	28.54%
Millennial	1980-2000	<=31	25,611	9.49%	0.23%

Source U.S. Department of Veterans Affairs, *Veterans Health Administration's Workforce Succession Strategic Plan for Fiscal Years 2013-2019*, accessed April 28, 2014, http://www.vacareers.va.gov/assets/common/print/2013_VHA_Workforce_Succession_Strategic_Plan.pdf, 26.

VHA Supervisors—Historical Workforce Data

There are 22,000 leaders in VHA. The number of supervisors in VHA has increased by 23 percent over the five year period. The majority of this growth (18 percent) occurred between FY 2008 to FY 2010. Supervisors currently make up 9 percent of the total workforce and the supervisor to worker ratio is about 1:10. The supervisor growth rate decreased from 3.6 percent in FY 2011 to 2.3 percent in FY 2012. The number of supervisors is expected to continue to grow for a total increase of 7.8 percent over the next seven years, with growth of 2.3 percent in FY 2013, before leveling off to approximately 1 percent by FY 2018. In order to replace losses and increase the onboard number of supervisors as projected, VHA will need to gain approximately 12,321 supervisors by the end of FY 2018, for an average of 2,053 per year. By FY 2018,

approximately 55 percent of current supervisors will be eligible for regular retirement. The primary source of losses for supervisors is retirement, with an FY 2012 retirement rate of 4.4 percent, reflecting the expected rebound in retirements after the sharp decline in FY 2009.

Among the 447 exit survey respondents who identified themselves as supervisors and managers in FY 2011, 38.3 indicated normal retirement was the reason for leaving while 27.9 percent indicated a negative reason for leaving (i.e., lack of advancement opportunities, communication problems, compensation, the job itself, lack of respect from management, lack of managerial skill, obstacles to getting the work done, workload, and work stress). Supervisors and managers top reasons for leaving: exit survey results indicate supervisors and managers top reasons for leaving are normal retirement:

1. Normal retirement 38.3 percent;
2. Advancement (unique opportunity elsewhere) 14.5 percent;
3. Management (lack of respect) 5.8 percent;
4. Obstacles to getting the work done 4.7 percent.

The 2013 VHA Workforce Succession Strategic Plan Supplemental provides an analysis of all top occupations, as well as a narrative summary of issues regarding recruitment and retention challenges. However, for the purposes of this thesis the study focus is on Professional Nurses only, which are RNs. The data from the VISN Workforce Succession Strategic Plans identified RN occupations are the second most challenging to recruit and retain, following closely behind physicians, identified as being the most difficult to recruit and retain. VISN plans projected staffing replacement needs based on regrettable losses, retirements, other separations, and future mission needs. Facilities

participated in the succession planning process by providing their input on the top 10 occupations to their network planners.

The occupations aggregated through this process, are listed in rank order in the 2013 Top Occupations Table. A total of 55,499 losses are anticipated for the top 10 occupations between FY 2012 and FY 2018 which are (1) physicians, (2) registered nurses, (3) human resource management, (4) physical therapists, (5) medical technologists, (6) pharmacists, (7) psychologist, (8) occupational therapists, (9) physician assistants, and (10) nurse anesthetists. A total of 69,567 new hires will be needed to maintain staffing levels and grow these occupations through FY 2018. See chart (table 8) below of the top ten occupations most challenging to recruit and retain.

Table 8. Top Ten VA Occupations most Challenging to Recruit and Retain

Rank	Top Ten Occupations	Losses FY 2012 Through FY 2018	Hires FY 2012 Through FY 2018
1	0602 Medical Officer (Physician)	14,318	16,722
2	0610 Nurse	29,304	38,164
3	0201 Human Resource Management	1,567	2,042
4	0633 Physical Therapist	794	1,015
5	0644 Medical Technologist	2,251	2,539
6	0660 Pharmacist	2,754	3,262
7	0180 Psychology	2,305	3,405
8	0631 Occupational Therapist	571	656
9	0603 Physician Assistant	1,203	1,265
10	0605 Nurse Anesthetist	432	497
Total		55,499	69,567

Source: U.S. Department of Veterans Affairs, *Veterans Health Administration's Workforce Succession Strategic Plan for Fiscal Years 2013-2019*, accessed April 28, 2014, http://www.vacareers.va.gov/assets/common/print/2013_VHA_Workforce_Succession_Strategic_Plan.pdf, 50.

Office of Nursing Service

The Department of Veterans Affairs has one of the largest nursing staffs of any healthcare system in the world. The VHA integrated nursing service numbers 87,540 nationwide. The VHA nursing service is composed of over 54,000 professional nurses, which are RNs, 14,333 Licensed Practical/Vocational Nurses (LPNs/LVNs), 12,285 nursing assistants, and 3,045 technicians providing comprehensive, complex, and compassionate care to the nation's Veterans.

Veterans Affairs National Nursing Data and Demographics

Trends and Projections in the VA Registered Nurse Workforce

The VA Nursing trends for RN education levels for nurses with bachelors, is at 63.3 percent in FY 2012, which is a slight increase from 61.9 percent from 2011. While the national average for RN's is only 55 percent, which is up 5 percent in the past 10 years, however that is still 8 percent below the VA Nurses average. The national RN average will exceed the VA if it continues to increase 5 percent a year, since the VA is currently trending up only at 1 to 3 percent. However, while Bachelors, Master's, and Doctorate Degrees have been trending up slightly in the VA as evidenced by table 9 below, they are not trending or pacing as high as the RN National Averages. National RN Master's and Doctorates Degrees increased drastically by 67 percent in 2011.

The following tables provide a visual of the VA National Nursing Data and Demographics, including trends and projections in the VA Registered Nurse workforce, educational levels.

Table 9. VHA All RN Education Level Trend Education Level

VHA All RN Education level Trend Education Level	2010	2011	2012
% of Direct Care RNs with at least a Bachelor's Degree	60.4%	61.9%	63.3%
% of Direct Care RNs with Bachelors only (nursing or non-nursing)	51.3%	52.4%	53.4%
% of Direct Care RNs with a Master's or a Doctorate (nursing or non-nursing)	9.1%	9.4%	9.8%
% of Direct Care RNs with a Doctorate (nursing or non-nursing)	0.42%	0.40%	0.40%

Source: U.S. Department of Veterans Affairs, *Office of Nursing Services (ONS) Annual Report 2012: VA Nursing: Shaping Healthcare from the Veteran Patient's Perspective* (Washington, DC: Veterans Health Administration, 2012).

Table 10. VHA Employee Count by Nursing Skill Mix FY 2012

VHA Nursing Skill Mix Employee Count–Fy12 Nursing Skill Mix	Number by Skill Mix	Percent
1061 REGISTERED NURSES	51,085	60.7%
1064 NURSE PRACTITIONERS	4,544	5.4%
1065 LPNS AND LVNS	13,741	16.3%
1066 NURSING AIDES AND NURSING	11,438	13.6%
1067 CLINICAL NURSE SPECIALIST	488	0.6%
1031 OTHER HEALTH TECHNICIANS	2,820	3.4%
Total Nursing Employees	84,116	100%

Source: U.S. Department of Veterans Affairs, *Office of Nursing Services (ONS) Annual Report 2012: VA Nursing: Shaping Healthcare from the Veteran Patient's Perspective* (Washington, DC: Veterans Health Administration, 2012).

Table 11. Highest Level of Education for Direct Care VA RNs and all VA RNs FY 2012

Education Levels	Number	Percent
Nursing Diplomas	3,160	8.4%
Associate Degree	10,508	28.1%
Bachelors—Non Nursing	2,577	6.9%
Bachelors—Nursing	17,713	47.3%
Master’s—Non Nursing	1,270	3.4%
Master’s—Nursing	2,056	5.5%
Doctorate—Non Nursing	123	0.3%
Doctorate—Nursing	15	0.0%
Professional Degree	22	0.1%

Source: U.S. Department of Veterans Affairs, *Office of Nursing Services (ONS) Annual Report 2012: VA Nursing: Shaping Healthcare from the Veteran Patient’s Perspective* (Washington, DC: Veterans Health Administration, 2012).

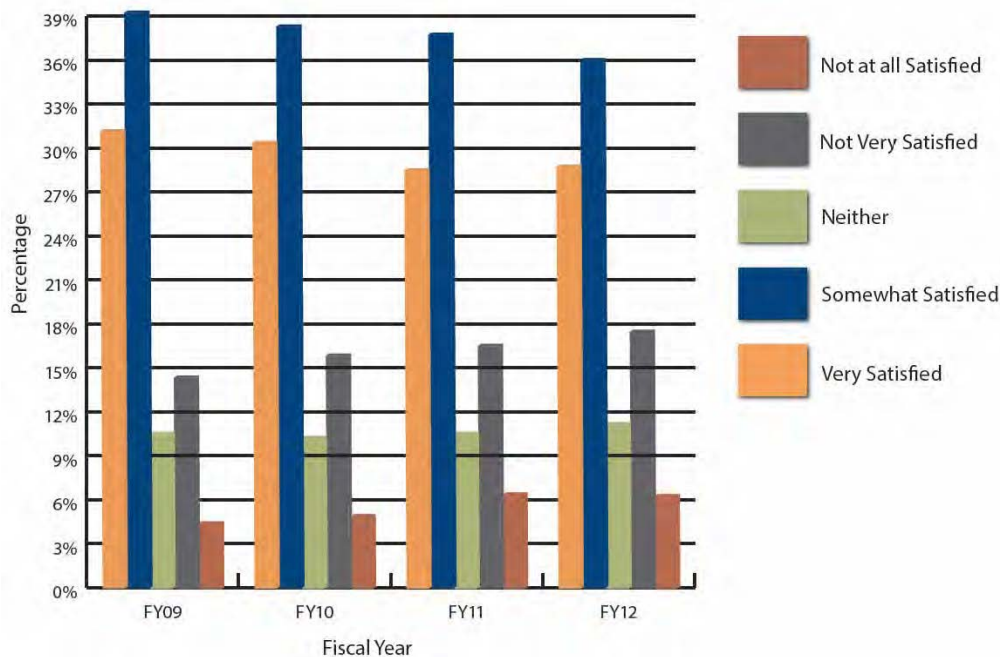


Figure 12. VHA Overall RN Satisfaction Trend FY 2012

Source: U.S. Department of Veterans Affairs, *Office of Nursing Services (ONS) Annual Report 2012: VA Nursing: Shaping Healthcare from the Veteran Patient’s Perspective* (Washington, DC: Veterans Health Administration, 2012).

The overall RN Satisfaction Surveys have been trending down since FY 2009. “very satisfied” decreased about 3 percent from about 31 percent to about 28 percent. “Somewhat satisfied” decreased 3 percent from 39 percent down to 36 percent. “Neither” remained about the same at 10 percent. Literature review correlates RN Satisfaction Surveys with multiple factors including leadership. SL is correlated with increased satisfaction among customers and employers. As SL is rolled out across the VA, RN satisfaction may begin to trend up again.

To answer the primary research study what are the current nurse leader development practices in the VHA a comprehensive literature review was conducted including VA documents and VA reports. Reports reviewed and analyzed included the Office of Nursing Services Annual Reports from 2009 to 2012 the most recent publication available, as well as National Commission on VA Nursing published in 2002, the nurse leadership development strategies and nurse leadership competencies in VA. Then a comparison of VA Nurse Leaders competencies and strategies of VHA Nurse Leader development, with VHA Leaders development.

Nurse Leadership Development Strategies in Veterans Affairs

“With the steady rate of Nurse Executive vacancies occurring annually, it is clearly recognized as a priority to plan preparation of the next generation of Nursing Leaders” (U.S. Department of Veterans Affairs 2012a).

“Leaders make things happen, but a prepared and influential leader goes a step further by making a difference in the organization and those that they serve” (U.S. Department of Veterans Affairs 2012a).

In the 2012 Office of Nursing Services Annual Reports VA Nursing: Shaping Healthcare from The Veteran Patient's Perspective, identifies leadership excellence as the first element. The strategies identified under leadership excellence were: New Executive Training Program, nurse mentoring, Nurse Webinar Series, aspiring nurse leadership for succession planning, and the Jonas Center for Nursing Excellence Scholars Program. The 2012 ONS report states "this captures how nurse leaders are being prepared to ensure that quality, safe, efficient and value-added Veteran care is provided" (U.S. Department of Veterans Affairs 2012a).

The National Nurse Executive Training Program that began in 2004 is an important component of NE development. The program matches newly appointed Nurse Executives with Nurse Executive Coaches. The program reports 111 matches of newly appointed Nurse Executives with tenured Nurse Executive Coaches with a retention rate at 90 percent. In FY 2013, the program was "expanding its Mentoring Program to aspiring Nurse Leaders to assure VHA has future Nurse Leaders prepared for future assignments" (U.S. Department of Veterans Affairs 2012a).

Nurse mentoring is one of VA strategies to develop nurses. Nurses are mentored throughout nursing school and through their career. The 2012 ONS reports that the mentoring relationship offers opportunities to work through challenging situations, results in situation resolution and lessons learned and enhances nurse leader development.

The VHA Certified Mentor Coach Program is a VHA national succession planning program and initiative implemented in 2005, designed to standardize the mentor and coach training for all persons serving in the role of mentor or coach for VHA succession initiatives and nationally recognizes those who become certified. This is a

robust mentoring certification program with standardized training; which requires one to two day classroom training followed by documenting hours of coaching and mentoring to reach apprentice and fellow levels. VHA tracks all mentors, encourages Mentor Coach Certification, and ensures the National Program roll out is standardized enterprise wide.

The national work towards leadership excellence, chaired by Sharon Parson, MSN, RN, MBA (Associate Director, Patient Care Services, Butler, Pennsylvania), developed and facilitated multiple activities and forums that prepare current and future nursing leaders. These activities and forums equip leaders with the knowledge and skill sets necessary for the constantly evolving healthcare environment.

In 2012, the field offices solicited aspiring nurse leaders who were interested in seeking additional leader opportunities and assignments and created a database of candidates that were identified and endorsed as aspiring Associate Directors for Patient Care Services. From that database, approximately 16 candidates were identified and endorsed by their NE as aspiring Associate Directors for Patient Care Services (U.S. Department of Veterans Affairs 2012a). This is consistent with the literature for succession planning, stretch assignment, or broadening assignment.

The Jonas Center is supporting VA nursing doctoral students who will become future leaders in research, clinical practice, and administration in areas related to Veteran's healthcare, to help ensure Veterans are receiving the best possible care. Scholar's research projects will be focused on priority Veterans' healthcare needs as identified by the White House and Veterans Administration. The program was designed based on a pilot Military Scholars Program launched in 2011, which included five scholars at the University of San Diego (U.S. Department of Veterans Affairs 2012a).

The Department of Veterans Affairs 2014-2020 Strategic Plan states “VA recognizes that its greatest asset is its workforce . . . to have the right people with the right skills in the right job at the right time. . . . VA recognizes that an organization is only as strong as its people . . . VA will develop *strategic leaders* and build a cadre of talented successors in the federal government’s management and executive functions. VA will develop and cultivate *leadership* skills and build the pipeline for future leaders to ensure effective succession management plans” [emphasis added] (U.S. Department of Veterans Affairs 2014c, 31).

An organization is only as strong as its leaders and workforce. An increasingly unpredictable world, shifting social and demographic changes, and tight fiscal constraints drive the Department of Veterans Affairs to continually reassess how to efficiently and effectively provide the best services and benefits for America’s Veterans. “[E]nhancing the quality of and access to benefits and services through integration within VA and with our partners; and **developing** our workforce with the skills, tools, and **leadership** to meet our clients’ needs and expectations” [emphasis added] (U.S. Department of Veterans Affairs 2014c, 4). The VA operates the largest integrated healthcare delivery system in America, known as the Veterans Health Administration. The VA is the largest employer of RNs. There are 54,789 RNs in the VHA.

The ONS has created the VHA RN Residency (Transition-to-Practice) Program. After developing a business case, ONS launched a 12-month pilot of a Nurse Residency Program at eight VHA facilities of various complexities of care levels. The program’s curriculum focused on refinement of graduate nurse clinical competencies, and development of professional nursing roles and leadership characteristics. The program

utilized a variety of educational strategies including classroom education; preceptor led clinical experiences, monthly meetings, group clinical debriefings, one-on-one mentoring, and an evidence-based practice project. All these strategies are consistent with findings in the current literature. All findings indicate the program was successful and ultimately proved beneficial to every facility in the pilot, resulting in a 100 percent RN retention rate of the pilot participants to date.

The VA Leadership Philosophy Servant Leadership was not easily apparent and was difficult to find within VA documents. Although much of the VA Leadership referenced leadership as a critical factor, most of the VA literature reviewed referenced transformational leadership and not specifically SL. The VA is transitioning to the SL philosophy and framework, although both transformational leadership and SL are both participatory and contributory leadership models and conceptual frameworks for effective and participatory leadership, the fundamental difference is in the leadership focus. The literature review for this study was only to identify the current VA Leadership Philosophy, not to compare and contrast transformational and SL theories. However, noted from the literature review the Transformational Leadership Model seems to have a greater body of research than SL. In transformational leadership the focus is directed to the organizations and the leader's behavior are to build followers commitment and motivation to achieve the organizations goals and objectives for the good of the group. There appears to be less research on SL but the difference noted from the literature is primarily the leadership focus in SL. The focus is on the follower, serving the follower, engaging the follower and leading to serve the follower, to ensure their needs are met and they grow as people, basically, it is leading from the heart. Although much of the VA

Leadership referenced leadership as a critical factor, most of the VA literature reviewed referenced transformational leadership as the leadership model; most mention of SL was by the NCOD and only in a few documents. This study and research did not look in depth at the challenges of empirically researching and measuring SL some of the findings included Stacie L. Herbert's 2005 study of SL.

Herbert's "Critical Analysis of Servant Leadership Theory" states "although there is a multitude of criticism against the SL theory, that Servant Leadership, based on serving other and putting their needs before your own, dates back over 2000 years and is making a come-back in successful organizations." Herbert states "though the principles are century's old dating back to Jesus Christ, Servant Leadership is seeping into the walls of universities, foundations churches, non-profits, businesses and the corporate world causing drastic change" (Herbert 2005).

Literature reviewed and cited by Herbert and others note a positive correlation between employee satisfaction and team effectiveness (Irving 2005) and a positive correlation to job confidence, sense of service, and perception of fairness (Walumbwa, Hartnell, and Oke 2010). VA RN Nurse Satisfaction Surveys have been trending down the past few years, with the implementation of the Servant Leadership Philosophy and initiatives; there may be an increase in VA RN Satisfaction Surveys. Correlations studies would need to be conducted to ascertain that. In a comparison of companies between 1995 and 2005, the 500 largest companies experienced a 10.8 percent return on investment, "Good to Great" companies a 17.5 percent return on investment, and servant-led companies a 24.5 percent return on investment (Keith 2010).

The SL principles have been encouraged by VHA Leaders and incorporated into field initiatives, succession plans, educational partnerships, and the VHA Organizational Health Newsletter. NCOD's approach for optimizing the delivery of Veteran-centered services is by strengthening employees to be an engaged and empowered workforce. The philosophy and practice of SL is one that emphasizes caring, authenticity, and putting Veterans and employees first, ahead of personal goals or leadership aspirations. Servant leaders strive to meet both organizational objectives and the growth (development) of their workforce.

The NCOD provides SL 360 degree assessments to provide VA employees with an assessment as a Servant Leader as well as behaviorally-based, actionable information that can be used to develop an individualized SL Personal Development Plan. The assessment is organized by an adaptation of James Sipe and Donald Frick's model of SL outlined in the Seven Pillars of Servant Leadership and is applicable as a model for nursing leadership within the VA. Engagement of SL highlights leadership support as the key to the VA organizational culture.

The NCOD is in the process of developing a toolkit of materials for individuals to use as they embark on their development journey; such as personal development action planning worksheets and informational resources about SL approaches. NCOD Goals are to continue to build the culture of SL, and incorporate SL concepts in all leadership development programs in VA.

The VA enterprise wide employee and leadership competency models provide a solid foundation for the VA's development programs and provide guidance on the

expected level of skills and sets standards to link competencies to training and ongoing leadership development.

Chapter 4 provided a brief overview of the VA, VHA, and the ONSs. It reviewed trends and projections in the VA, VHA and VA RN workforce. The VA Leadership Philosophy was identified as Servant Leadership. SL principles have been encouraged by VHA Leaders and incorporated into field initiatives, succession plans, educational partnerships, and the VHA Organizational Health Newsletter. However, although, SL has been identified as the VA's Leadership Theory, it does not appear to have been formally introduced into the VHA Nursing or the ONS, based on the literature review or review of the ONS website or various reports. However, the ONS literature makes reference to "serving." In the Office of Nursing Services Annual Report 2012 it states, "Leaders make things happen, but a prepared and influential leader goes a step further by making a difference in the organization and those that they **serve**" [emphasis added] (U.S. Department of Veterans Affairs 2012a, 3). There were a few articles found mentioning SL in the VA the literature review but primarily the articles were on transformational leadership.

Nurse leadership development strategies and nurse leadership competencies in VA were identified and examined to answer the primary research question of what are the current nurse leader development practices in the VHA. Then VHA Nurse Leaders competencies and strategies for nurse leader development were compared with the HPDM and VHA Leaders Development Guidance and were found to be aligned (see Crosswalk of Competencies below). Chapter 5 will provide the conclusion and recommendations of any identified gaps or barriers to nurse leader development and

provide recommendations to better prepare our RNs to be capable and adaptable nurse leaders for current and future operations, in a changing and complex environment.

Table 12. Leadership Competency Comparison Crosswalk

AONE NURSE LEADER FIVE CORE COMPETENCY CATEGORY	VA Broad Leadership Six Competency Category and ECF Core Knowledge		VA FOUR DIMENSIONS OF VA NURSING	VA OFFICE ON Strategic Six Functions	
Communication and relationship building	Partnering		Collaboration	Academic Partnerships	
Knowledge of the health care environment	Leading Change		Practice	Nursing Practice Transformation	
Leadership	Leading People		Practice	Leadership Excellence	
Professionalism	Results Driven		Professional Development	Career Development and Workforce Management	
Business Skills	Business Acumen	Global Perspective	Scientific Inquiry	Research and Evidenced Based Practice	Informatics and e-Health Technology

Source: Modified by the author from AONE, “Nurse Executive Competencies,” *Nurse Lead* 3, no. 1 (February 2005): 15-22; VA ADPS/NE Core Curriculum.

Further analysis of VA leadership development programs indicates that they are quite diversified with commonalities. There are over 100 VA programs enterprise wide with about 30 of those programs being structured programs, but not specific to nursing. Most are blended programs with classroom sessions, online training, projects and self-directed activities some have strong mentoring and coaching components where others are completely self-directed and independent study, whether online or with a study guide. Two significant and structured nursing development programs include the RN Residency

and Clinical Nurse Leader Programs, which are structured VA programs specific to clinical nursing that have some leadership components.

The VA has many strategies, initiative, and campaigns' to build VA Nurse Leadership capacity, but they are primarily clinically focused. The two specific to nurse leadership are the Nurse Manager Passport and the Associate Director/Nurse Executive Core Curriculum, however, both are independent study guides. These independent studies would benefit from being converted to actual programs, to include a blended model with classroom education, as national standardized program administered locally or regionally in person, as a nurse leader academy or institute. They could be modeled after the VA RN Residency Program.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

In conclusion, based on this study and review of literature, RNs are the largest component of all healthcare employees in the nation, at 2.8 million RNs, and the VA is the largest employer of nurses with 54,000. Therefore, nurses, as the largest sector of healthcare professionals should take the lead in the healthcare industry in the nation and VA nurses should lead within the VHA. However, with forecasting, workforce trends, and an aging workforce, there is evidence of a continued nursing shortage and an impending Baby Boomer Bust which would compound the VA nurse leadership crisis. The VA must prepare and grow future nurse leaders to ensure the VA pipeline of VA Nurse Leaders. Nurse leadership development must occur at all levels of nursing, as all nurses are leaders. Nurse leader development should occur along the continuum in nursing education and practice from the student nurse, to the bedside nurse, to the boardroom nurse.

Nurse leadership development is a journey not an event. It is a multi-dimensional process. Leaders and professionals engage in lifelong learning. Nurses must first learn to lead self, lead others, and then lead the organization. They must seize the initiative and take responsibility of their own professional leadership development and lifelong learning. The organization must be a healthy competent learning organization, high reliability organization that supports employee engagement, leadership development, and specifically nurse leader development.

In addition, the VA should be the pace setter on nurse leadership development, since VA employees the largest number of nurses. The VA has a plethora of strategies,

initiatives, programs, scholarships, and fellowships that were identified in the study that contribute to nurse leadership development. However; they are diversified and managed by several offices within the Federal Government, the OPM, the VA enterprise, VHA, ONS, as well as, public, private, and non-profit institutions. The study recommends that the VA seek to develop an enterprise wide standardized nurse leadership curriculum approach, for nurse leader development. There are several models, including the Army Nurse Corp Academy which was not reviewed and the AONE as previously discussed. An enterprise wide approach to nurse leader development will facilitate the integration and alignment of the VA Mission, Vision, Values and guiding principles with the Servant Leader Philosophy to ensure an integrative framework and model for nurse leader development. VA could create its own VA Nursing Leadership Academy or Institute. This Academy or Institute would ensure a baseline level of competence in nursing leadership, as well as, ensure the VA has a pipeline of capable and prepared nurse leaders for future operations. The VA has an existing model in the RN Residency programs.

This study proposes that the VA would benefit from better integration, coordination, synchronization, and unity of effort across the VA organization, within the VHA and the ONSs various organizations.

This study also suggests there should be a central repository of information and knowledge management. A comprehensive registry of all the nursing leadership development opportunities in a central location, on the Office of Nursing Web site, is recommended for the nurse seeking leadership development to be able to locate and identify opportunities in one place. Not all opportunities are listed in a single source repository, document, or website that this researcher could locate, nor could this

researcher identify a signal source repository during the extensive literature review. Some developmental and training opportunities were listed in multiple locations on the internet, on the main VA websites, and on other VA websites and reports. Some were listed in the Office of Nursing Services Annual Reports and Strategic Plans, as well, as the Office of Academic Affiliations, but not one comprehensive listing was found. To ensure accessibility to resources and engagement of front line nurses, such a central location should exist.

This research identified numerous opportunities for leadership development for nurses throughout the VA enterprise. The study suggests that these developmental activities should be communicated enterprise wide and be rolled down to front line staff to amplify awareness of these opportunities. From the literature review, it is not clear whether VA Nurses are aware of the multitude of development and scholarship opportunities available to them as VA Nurses through VA, VHA, OPM, and the VALU. Nor does the literature review indicate how many nurses have engaged in these programs. What is clear from the literature review is that although these opportunities for leadership appear to be open and available to VA Nurses, the opportunities are actually very limited, and highly sought by other disciplines and administrators as well as nurses. It is not clear from the literature what the actual distribution of opportunities and selection of VA Nurses are for these developmental opportunities. However, with VA Nurses being the largest component of the VA workforce, the probability that it is an equitable distribution to nurses is doubtful but worth further investigation in that the equity and equality would be beneficial.

The VA is the leader in providing clinical experiences and development for students from academic affiliations and should ensure that VHA is taking care of their own and growing their own future leaders, the literature review validates that the VA is primarily growing their own future leaders.

The American Nurses Association 2014 Nurse Week Logo is “Nurses Leading the Way,” ANA President, Karen Daley stated “Every day, nurses step forward embracing new technologies, resolving emerging issues, and accepting ever-changing roles in their profession. They lead the way for their patients, colleagues, organizations, and the health care industry as a whole” (ANA 2014). As the largest employer of RNs, VA should lead the way in the development of nurse leaders for the VA and the nation. Nurse leadership development must occur at all levels of nursing, as all nurses are leaders.

Servant Leadership was identified as the emerging VA Leadership Theory. This philosophy needs to be promulgated throughout the VA. VA reports indicate that pilot locations have been identified and are implementing SL. Servant Leadership should define the curricula and format of all leadership development programs within the VHA. Important historical and descriptive work highlights the importance of nurse leader development of registered nurses at the bedside, the operational and strategic levels. These findings have important implications for evolving theoretical models describing the process of nurse leadership development. Qualitative methods are essential for understanding the process of nursing leadership and leadership development for research transfer and evidenced based leadership practice and development.

The VHA has numerous nurse leadership development strategies. However, the study findings suggest the VHA RNs would benefit from a more coordinated,

standardized, structured, and integrated leadership development program incorporating the Servant Leader Development Model. This would better prepare registered nurses at the bedside, the operational level as nurse managers, other organizational nurse leaders and nurse executives at the strategic and national level. There is merit in adopting a more integrated and consistent Nurse Leader Development Model in VHA. This researcher recommends taking advantage of additional opportunities for collaboration and coordination in interagency education and training approaches in VHA Nurse Leader development.

The report on the *Future of Nursing* is a Call to Lead, and for transformative leadership development of those leadership capacities that demonstrate nursing's ability to act as a full partner and key player in healthcare decision making. It makes specific recommendations on the advancement of nursing leadership. This study identified the need for VA Nurse Leaders to be prepared and developed to move the VHA forward in an era of the Baby Boomer Bust, increasing rate of retirement eligible nurses, continued nursing shortage, and possible impending surge of Veterans accessing VHA Services as a result of the military draw down. Diminishing public opinion of the VA in light of recent VA scandals and Inspector General Investigations validates the importance and value of VA Nurse Leaders, which cannot be overstated. Especially in light of the impending loss of nurse leadership, institutional brain drain, and potential leadership vacuum as the military draw down that may cause a surge in Veterans accessing and utilizing VA Services. VA Nurse Leadership in today's environment is more important than perhaps at any other time.

The Institute of Medicine calls for the nurses to become recognized leaders of the healthcare industry; possessing the knowledge, skills, and attitudes relevant for effective leadership and the necessity to use the technology of the 21st Century to aim for an essentially global community; are the key perspectives significant to nursing leadership and management (Jumaa 2007). Effective nurse leadership development is the key to the viability and success of the VHA as nurses lead the way and partner with patients and all stakeholders. It is how the leader leads in the context of the setting which is paramount, which in part will depend on their education, training, and leader development as well as the leader's personal style and competencies. This highlights the value and importance of a national standardized VA Training Program and nurse leader development to ensure and validate baseline competencies of leadership. From the literature review of the Servant Leader Model, the VA is using Sipe and Frick's Model of Servant Leadership. The seven Pillars as previously discussed entails leading from your heart. The Seven Pillars are:

Pillar I: Person of Character-Maintains Integrity, humility and value driven.

Pillar II: Puts People First-service driven, mentor minded, shows care/concern.

Pillar III: Skilled Communicator-empathetic listener, communicates persuasively, invites and delivers feedback.

Pillar IV: Compassionate Collaborator-Builds teams, communities, safety.

Pillar V: Foresight-Visionary, anticipates consequences, takes courageous, and takes decisive action.

Pillar VI: Systems Thinker-comfortable with complexity, effectively leads change, stewardship.

Pillar VII: Moral Authority-Shares Power and Control, creates a culture of accountability.

These pillars align with the VA's Core Values, Strategic Framework and VA's Characteristics of leadership.

The primary purpose of this study was to explore and examine current nurse leadership development in the VHA and identify the Department of Veterans Affairs Leadership Theory. During the review of relevant literature, VA documents and publications the current leadership theory was identified as SL. Future research should focus on experimental aspects involving implemented SL development programs and the program's effect on the quality of patient care, patient outcomes, patient satisfaction, and nurse job satisfaction in relation to retention and turnover rates. It would be important to further study and relate job satisfaction to patient care quality, patient satisfaction, and SL through correlational studies. Also, studies involving meta-analysis of variables related to those areas would allow stakeholders to know factors affecting job and patient satisfaction. Within any health care organizations, implementing leadership development is a resource intensive endeavor; it requires financial resource, human resource, time, energy and the commitment of the organizations and those being developed. Further studies must evaluate the benefits, challenges, barriers, and financial constraints of developing nurse leaders in any development model and particularly the Servant Leader Model. Literature and other research indicate that SL development would be cost effective in meeting today's changing healthcare environment. The results of this study can be used as evidenced based research, an education tool for those wanting to influence the nursing and nurse leader shortage. These results may indicate nursing leaders in hospital settings can enhance the work environment, to increase satisfaction for all nurses, by using the Servant Leadership Model.

This study was an exploration of current nurse leadership development in the VHA. This study examined both the current and historical nurse leadership development practices within the Veterans Administration. This study explored nurse leadership development in historical as well as current and relevant literature. This study discovered the current leadership model by the Department of Veterans Affairs is the Servant Leadership Model. The study described and defined: the significance of nurse leader development; and VA leadership competencies and explored the VHA HPDM. It reviewed the Department of Veterans Affairs FY 2014 to 2020 Strategic Plan, FY 2011 to 2015 Plan, the Office of Nursing Service Strategic Plan, and how those plans nest within the overall Strategic Plan. It also explored the High Development Performance Model.

Every nurse is a leader and leads at some level within the organization. With the current complex environment and the high retirement and turnover rate within the organization, succession planning and development of future VA Nurse Leaders for tomorrow's VA must be grown and developed today, to ensure the VA pipeline of nurse leaders. An analysis of the literature review has revealed strengths, weaknesses, gaps, and biases in the development of VA Nurse Leaders. The study concluded with recommendations and suggestions for further study on the topic.

While the recommendations are directed particularly to the VHA Nursing, they could also be applied to other organizations. To promote nurse leadership development and ensure a pipeline of future nurse leaders the proposed recommendations are:

1. Adopt, create, and implement a more integrated and consistent nurse leader development program in VHA.

2. Develop a Servant Leadership Model for VHA Nursing, which is piloted and then applied throughout the organization. The Servant Leadership Model should be relevant to the current VA Strategic Plan and the Office of Nursing Service Strategic Plan and must clearly articulate the different leadership levels.
3. Conduct a nurse leadership 360 assessment to identify SL training needs.
4. Provide Servant Leadership Training to all nurse leaders in the organization.
5. Create—Expand the nurse leadership development framework to include SL.
6. Conduct organizational assessments to identify succession planning issues.
7. Fully implement the previous recommendations of the VA Commission Report for professional development and support for education to enhance educational opportunities:
 - a. Create a standardized national nursing leader development program,
 - b. Standardize Chief Nurse and Nurse Manager Orientation at locally,
 - c. Continue established VA Mentoring Programs and Preceptorships,
 - d. Endorse formal leadership training for nursing leaders, the participation in programs such as: the VA Health Care Leadership Institute, Health Care Executive Fellowships, Leadership VA, Federal Executive Institute, New Executive Training, Senior Executive Service Candidate Development Programs and the VA Learning University Corporate Development Programs which includes the Military Schools and other program listed in the Appendix C,

- e. Consider creating a VA Nurse Leader Academy, Institute, and Fellowships, best practices exist in the literature such as Army Nurse Corp and the AONE.

Further Research

As a result of the literature review indicating support for the use of SL, additional research is warranted to determine specific aspects of SL training needs for nurse leaders. Further study recommended measuring the efficacy of the Servant Leader Leadership Theory as a framework for nurse leadership development in the VHA. Servant Leadership has not been implemented fully throughout the VHA and its effect in developing VA Nurse Leadership has not yet been fully demonstrated. Therefore its effect and utility in VHA is not yet known, however evidence from literature review indicate that SL will have positive patient outcomes, improving patient and staff satisfaction, quality, and safety. Further study should focus on the results of implementing the SL and the SL-based tools in pilot environments before the tools are implemented across the VHA. Such methodological approaches might include collecting quantitative and qualitative feedback on the capabilities, objectives, and measurable goals of the SL, as well as the use of the SL-based tool as a leadership development framework with feedback. Should SL and SL-based tools be correlated with a positive inflection in leadership development throughout VHA, their universal implementation would be warranted.

The VA, VHA, and ONS incorporates several innovative strategies, as evidenced in the literature review and analysis, to ensure the development of the next generation of VA Nurse Leaders while building on existing strengths and opportunities of already

existing strategies, programs, and interagency partnerships. The programs and strategies prepare nurses to be leaders equipped to manage and lead. Students have the opportunity to focus their studies in a particular area of interest via the practicum courses, which provide a unique educational experience. This allows current leaders and emerging leaders to customize their educational experiences to meet the organizational goals, the nurses learning needs, and overall professional goals. However, some of the programs have a limited number of openings and the opportunities are extremely competitive (see figure 13).



Figure 13. National Training and Development Programs Slide

Source: VALU National Training and Development Program (Powerpoint slide), accessed June 1, 2014, <http://www.valu.va.gov/Home/Search?s=development+training+slide>.

According to the VALU it has Corporate Executive Development Programs which are composed of established widely recognized leadership development programs, which is one of the VA's initiatives to create a pipeline of well-trained and effective leaders. It allows placement of VA employees in high impact leadership development programs as noted on the above slide for leadership development. They include programs from five days of leadership development at Maryland University to one year for the White House Leadership Development Program. See Appendix C for examples of the Leadership Programs available. These programs are offered to high potential VA employees, including nurses, to create a cadre of well-trained leaders prepared to handle the ever changing landscape of VA Healthcare. This author participated as an interagency exchange student in the Intermediate Level Education Program, at the Army CGSC, Fort Leavenworth. CGSC is part of the Combined Arms Center Leader Development and Education and is a 44-week program. From the CGSC course summary:

The CGSC Interagency Exchange Program offers a unique professional development opportunity for US Federal Agency mid-level officials. It offers a collaborative, experiential, and educational partnership in which interagency students, US military students, and international military officer students gain expertise and knowledge in solving today's complex problems. They also gain unique insights into each other's culture, language, organization, and processes.

CGSC Mission-Educates and trains field grade officers and mid-level civilian officials to be adaptive leaders, capable of critical thinking, and prepared to dominate in Unified Land Operations and collaborate in joint, interagency, intergovernmental and multinational environments in the US and abroad. The Command and General Staff Officer Course (CGSOC) is taught in the CGSC Command and General Staff School (CGSS). (United States Combined Arms Center 2014)

The benefits of interagency education experienced by this author during and as a result of, Intermediate Level Education Program learning opportunity include: increased leadership capacity, increased awareness and usage of alternative, multi-faceted

approaches to learning, increase in analytical and problem solving skills, use of the Military Decision Making Process to solve wicked problems (a problem that is difficult to solve because of incomplete or unknown variable and contradictory and changing requirements), enhanced interest in global issues and world events, broader general knowledge, learning through practical immersion, and leveraged group learning that has a greater collective impact. The use of the Army Design Methodology and the Military Decision Making Process integrated planning are tools and methodology that can be applied and utilized in the VA to address complex and ambiguous problems as an organizational leader and a nurse leader in healthcare decision making.

The Institute of Medicine report on the *Future of Nursing* is a Call to Lead, and for transformative leadership development of those leadership capacities that demonstrate nursing's ability to act as a full partner and key player in healthcare decision making. It makes specific recommendations on the advancement of nursing leadership.

One of former VA Secretary Shinseki's last internal communications with VA employees discussed transforming the VA into President Obama's vision of a 21st Century organization.

On this, our 25th anniversary as a cabinet-level Department, I am proud to serve with all of you as we achieve President Obama's vision for transforming this Department into a 21st century organization. All of our resources—high-quality and safe health care, disability compensation and pensions, education and training, home mortgages, life insurance, and jobs that allow them to realize the American Dream—are dedicated to honoring Lincoln's charge to serve, without hesitation or equivocation, the 7 percent of Americans, who have safeguarded our way of life. They have earned our unwavering commitment through selfless service and immense sacrifice . . . we must continue to pursue excellence in this noble mission. We must continue to envision future requirements and ensure that all generations of Veterans receive the best possible care and services in the decades ahead. (Shinseki 2014)

To ensure that all generations of Veterans receive the best possible care and services as indicated by former VA Secretary Shinseki, we must continue to envision future requirements. These future requirements include the development of VA Nurse Leaders. Identified in this study, “VA Pipeline for Future Nurse Leaders: An Exploration of Current Nurse Leadership Development in the Veterans Health Administration” is the need for VA Nurse Leaders to be prepared and developed to move the VHA forward in an era of the Baby Boomer Bust, increasing rate of retirement eligible nurses, continued nursing shortage, impending surge of Veterans accessing VHA Services as a result of the military draw down, and diminishing public opinion of the VA in light of recent VA scandals and Inspector General investigations, the importance of VA Nurse Leaders cannot be overstated. Especially in light of the impending loss of nurse leadership, institutional brain drain, and potential leadership vacuum from nursing retirements.

The complex National Veterans Affairs Healthcare System is in crisis and is in need of adaptive, capable, effective, qualified nurse leaders. Ensuring a VA pipeline for effective future nurse leaders through an effective, comprehensive, standardized national VA enterprise wide Nurse Leadership Development Program, is mission critical. A key to sustained and effective organizational nurse leadership is having a nurse leadership pipeline, a pool of internal candidates who have been identified as potential nurse leaders who participate in nurse leadership development programs and succession planning activities to become nurse leaders. Succession planning is an essential proactive business strategy to identify and develop internal candidates, to assume key leadership roles in the future. VA Nurse Leadership in today’s environment is more important than perhaps at any other time. The VA is under tremendous scrutiny and political pressure. The VHA is

undergoing exponential change. By embracing and operationalizing the Servant Leadership Philosophy as a model and framework for VA Nursing Leadership, VA Nurses will continue to improve the quality and safety of care and continue to lead the transformation of the VA. There is no greater honor than serving those who served. Keeping our commitment to ensure our noble mission of serving our Nations Veterans and providing the best care anywhere is the VA Nurses' highest priority. As the largest VA resource, VA Nurses are a national treasure. VA Nurses are the heart and soul of the VA and are in the unique position to lead the way to a new and better VA.

APPENDIX A

AUTHORS QUALIFICATIONS AND INTERESTS

Ms. Jessie D'Agostino, RN, is one of twelve civilian, Inter-Agency Students attending the US Army Command and General Staff College completing the Command and General Staff Officers Course and a Master in Military Art and Science with a concentration in Inter-Agency Studies. Ms. D'Agostino is the first civilian and VA Nurse to do so. Relevant academic and professional background includes: Thirty years in Nursing, a Bachelor's of Science in Nursing from Loma Linda University, a twenty-three year VA career as an RN in the VHA in various leadership roles such as: Team Leader, Clinic Coordinator, Assistant Head Nurse, Head Nurse, Nurse Manager and interim roles as Acting Chief of Patient Care Services, as well as, serving on numerous committees, including Chair of Recruitment and Retention for six years. These experiences have provided professional insight into this topic of nurse leadership and development. There has been tremendous research on leadership development, moderate research on nursing leadership development, but there is paucity on VHA Nurse Leadership development. This research effort continues to build on the previous research on nurse leader and nurse leadership development and specifically within the VHA. Ms. D'Agostino completed her senior year of nursing school on the VA Health Professional Scholarship and is attending CGSC on VA Scholarship through the VA Corporate Executive Development Board for Leadership Development which demonstrates the VA's commitment to develop and prepare the next generation of VA nurse leaders. You can contact her at the VA Long Beach Healthcare System (562)826-8000 ext. 5758 or jessie.dagostino@va.gov.

APPENDIX B

ADDITIONAL VA LEADERSHIP

DEVELOPMENT RESOURCES

VHA Workforce Succession Strategic Plan for Fiscal Years 2013-2019 identified the following as additional VA Leadership Development Resources:

One of the best emerging resources for employees is the MyCareer@VA web site (<http://www.mycareeratva.va.gov>). The MyCareer@VA site provides interactive career development tools to assist VA employees in exploring and charting their long-term career paths within VA. It helps employees to identify their work interests and work environment preferences, and provides career guides for numerous occupations, to include the required competencies, where in the VHA the positions are used, and recommended training for specific career fields.

The VA recently launched another valuable resource: the VA Leadership Development Portal (LDP) (<http://www.leaders4va.com>). The portal serves as a resource library, work collaboration tool, and social networking site all in one. It contains leadership videos, articles, podcasts, links to other sites and more. Books 24/7 give around-the-clock access to downloadable abstracts and books of interest on a variety of leadership topics. Learning groups, curriculum developers, and multiple other communities of practice use the site to share ideas, work collaboratively on projects, and post group documents or products. First time users will find instructions to establish a user account for the LDP using the link above, and once inside, they will find a wide array of valuable and interesting features to support their personal development.

The Talent Management System (TMS) (<https://www.tms.va.gov>) is the primary training delivery and tracking system for the VA. TMS provides VA employees with access to innumerable courses covering every conceivable topic, including occupation-specific technical skills and general leadership competencies. Employees can develop their own learning plans based on the competencies required in their occupation or those areas in which they would like to advance their knowledge and skills. Much of the training is provided directly through TMS; however, the registration tool allows employees to register for face-to-face courses, webinars and other learning sessions as well. One significant advantage of TMS is that it provides employees with up-to-date information on their progress in working through their learning plans. Mandatory training courses are automatically suspended for the employee. Reminder emails to the employee and supervisor ensures they are completed within the allotted timeframes.

U.S. Department of Veterans Affairs, *Veterans Health Administration's Workforce Succession Strategic Plan for Fiscal Years 2013-2019*, accessed April 28, 2014, http://www.vacareers.va.gov/assets/common/print/2013_VHA_Workforce_Succession_Strategic_Plan.pdf.

APPENDIX C

GRID OF VA TRAINING OPPORTUNITIES

Current Students		
Program Name	Description	Length
Pathways Internship Program	Allows students to join VA in career positions that emphasize long-term training and development.	Varies
Veterans Affairs Learning Opportunity Residency (VALOR)	Provides students with the opportunity to develop competencies in clinical nursing, pharmacy, and medical technology during residency at an approved VA health care facility.	One year
Workforce Recruitment Program (WRP) for College Students with Disabilities	Provides internships that may lead to permanent positions for individuals with disabilities.	12 weeks (summer)
Current Students and Recent Graduates		
Graduate Healthcare Administration Training Program: Health Systems Management Trainee Program	Offers employees opportunities to advance their careers. Develops highly trained health care administration professionals who provide staff support to key health care management officials within VA medical facilities.	One year
Graduate Healthcare Administration Training Program: Interns/Recent Graduates	Supplements the teaching component of health services administration graduate programs. Provides in-hospital experiences for students who are receiving or who have just received their master's degrees.	One year
National Diversity Internship Program (NDIP)	Offers temporary student internships for diverse student populations.	10 to 14 weeks (summer)
Presidential Management Fellows (PMF)	Provides unique leadership, training, and development opportunities for advanced degree candidates at the entry level of their career, who are expected to be change leaders at VA.	Two years
VA Acquisition Academy Acquisition Internship School: Acquisition Internship Program (AIP)	Provides practical, hands-on experiences in VA contracting organizations.	Two years
Pathways Recent Graduates Program	Provides recent graduates with opportunities to enter VA in career positions.	One year

Source: <https://www.mycareeratva.va.gov/library/55>.

APPENDIX D

CORPORATE EXECUTIVE LEADERSHIP PROGRAM

The leadership programs available through the VA Learning University, Corporate Executive Leadership Program process may include:

Federal Executive Institute (FEI)–Leadership in a Democratic Society

White House Leadership Development Program (WHLDP)

Harvard Kennedy School (HKS)–Senior Executive Fellows Program

George Washington University (GWU)–Center for Excellence in Public Leadership, Senior Leader Program

University of Maryland University College (UMUC)–National Leadership Institute, Leadership Development Program

Harvard’s National Preparedness Leadership Initiative (NPLI)–Meta-Leadership Program

American University (AU)–Key Executive Certificate Program

Partnership for Public Service (PPS)–Excellence in Government Fellows

Graduate School USA (GSUSA)–Executive Potential Program

Military Schools and Programs such as Command and General Staff College Intermediate level education (ILE) Command and General Officers Course.

Source: <http://www.valu.va.gov/SlickSheet/View/10>

APPENDIX E

VHA PROGRAMS, OFFICES, RESOURCES, AND WEBSITES

Academic Affiliations (<http://www.va.gov/OAA/>)

The Office of Academic Affiliations provides information for VA staff, clinical trainees, and other learning organizations about VHA higher education programs and opportunities serving the needs of America's Veterans.

Finance (<http://www.finance.va.gov/>)

The Finance staff deals with policy and operational issues relating to budget formulation and execution for all VHA programs, financial management, financial analyses, collections and revenue, and evaluation, analysis, and review of resource-related processes and initiatives.

Health Information (1)

The Office of Health Information supports the computer information needs of VHA clinical and administrative staff with functions including policy, funding, customer service, system improvements and new purchases.

Medical Inspector (<http://www.va.gov/health/medicalinspector/>)

The Office of Medical Inspector separately examines health care issues raised by ' and other interested parties, conducts surveys, gathers information, and reports results in order to improve the quality of care provided by VHA.

National Center for Ethics (<http://www.ethics.va.gov/>)

The National Center for Ethics is VHA's primary office for addressing the complex ethical issues that arise in patient care, health care management, and research.

Patient Care Services (<http://www.patientcare.va.gov/>)

The Office of Patient Care Services oversees VHA's clinical programs that support and improve Veterans' health care. The VA's broad approach to veteran care incorporates expert knowledge, clinical practice, and patient care guidelines in all aspects of care.

Patient Safety (National Center for Patient Safety) (<http://www.patientsafety/>)

The National Center for Patient Safety represents the VA's commitment to preventing and reducing unfavorable medical outcomes while enhancing the care given our patients.

Policy and Planning (<http://www.va.gov/healthpolicyplanning/>)

The VHA Office of the Assistant Deputy Under Secretary for Health (ADUSH) for Policy and Planning advises the offices of the Under Secretary for Health and Deputy Under Secretary for Health on the development, progress, impact of VHA policy, strategic planning, and knowledge/data management. Comprised of four central offices and two field-based groups, the ADUSH coordinates various aspects of VHA's national policy development and programs, collaborating with other Federal agencies that affect internal VHA planning, policy, and budget.

Public Health (<http://www.publichealth.va.gov/>)

The Office of Public Health helps protect the health of Veterans and VA staff through research, policies, and initiatives. The needs of special populations such as Veterans exposed to military hazards, and Veterans with HIV/AIDS and hepatitis C, receive our added attention.

Quality and Performance (<http://www.healthquality.va.gov/>)

The Office of Quality and Performance supports VHA's commitment to excellence in providing quality Veteran care. The care is based on medical research, factual information, and positive patient outcomes.

Research and Development (<http://www.research.va.gov/>)

The Office of Research and Development aims to lead the VHA in providing unique health care importance to Veterans through printing research articles, reports and posting accomplishments.

Research Oversight (<http://www.va.gov/oro/>)

The Office of Research Oversight assures the safety and protection of all subjects, human and animal, involved in VHA research activities.

Vet Centers (Readjustment Counseling) (<http://www.vetcenter.va.gov/>)

The Office of Readjustment Counseling oversees Veteran's post-war adjustment, counseling and outreach services, including post traumatic stress disorder. Services are available to all Veterans and family members dealing with military related issues.

APPENDIX F

ADDITIONAL VA RESOURCES AND WEBSITES

Listed below are several VA websites that provide information for or about Veterans, Veterans Resources, Services, and Benefits:

Burial and Memorial Benefits for Veterans—www.cem.va.gov

Center for Faith-based and Neighborhood Partnerships—
www.va.gov/cfbnpartnerships/

Clinical Training Opportunities and Education Affiliates—www.va.gov/oa

EBenefits—www.ebenefits.va.gov

Education Benefits for Veterans—www.gibill.va.gov

Employment—www.vetsuccess.govwww.vaforvets.va.gov

Freedom of Information Act—www.foia.va.gov/

Green VA—www.green.va.gov

Health Care in VA—www1.va.gov/health/index.asp

Homelessness Info—www.va.gov/homeless/
Opportunities for Veteran-Owned Small Businesses—www.vetbiz.gov

Human Resources and Administration—vacareers.va.gov/veterans

Managing My Health as a Veteran—www.myhealth.va.gov

Medical Research in VA—www.research.va.gov

Minority Veterans—www.va.gov/centerforminorityVeterans/

Operations, Security and Preparedness—www.osp.va.gov

Privacy Policy Information—www.va.gov/privacy/

Recently Published VA Regulations—www.va.gov/ORPM/

Reports, Surveys, or Statistics Regarding the Veteran Population—
www.va.gov/vetdata/

Women Veterans—www.va.gov/womenvet

Survivors Assistance—www.va.gov/survivors

VA's Budget Submission—www.va.gov/budget/products.asp

VA Directives and Handbooks—www.va.gov/vapubs/

VA Health Quality and Safety Performance—www.hospitalcompare.va.gov

VA's Home Page—www.va.gov

VA's PAR Submission and Strategic Plans—www.va.gov/performance

Vow to Hire Heroes—www.benefits.va.gov/vow

Web Links Part IV–52 **VA's Social Media Sites**—www.va.gov/opa/SocialMedia.asp

APPENDIX G

DEFINITIONS

The following definitions are mainly VA or Army definitions and are included for clarification, other definitions included are notated.

Ability: The capacity to act effectively. It requires listening, integrity, self-awareness, emotional intelligence, and openness to feedback (ANA 2013).

Adaptability: Ability to effectively change behavior in response to an altered environment or situation.

Adaptive leader: A leader who has the ability to influence people by providing purpose, direction, and motivation while operating in a complex, dynamic environment of uncertainty and ambiguity to accomplish the mission and improve the organization. An adaptive leader is able to change behavior and leadership style as needed, to meet the needs of the organization due to change in mission, situation, or audience.

Army leader: Anyone who by virtue of assumed role or assigned responsibility inspires and influences people to accomplish organizational goals. Army leaders motivate people both inside and outside the chain of command to pursue actions, focus thinking and shape decisions for the greater good of the organization (Department of the Army 2014).

Baby Boomer: People born between the years 1945 to 1964. The population over 60 is increasing while that under 60 is decreasing. Baby Boomers are considered the largest, wealthiest, and most educated generation in history (Berndtson 2013).

Baby Boomer Bust: Term this author is using to describe the phenomena of the generational shift in an aging population and the mass exodus of baby boomers from the

workforce, resulting in a shrinking workforce, institutional brain drain, and a significant gap in organizational leadership.

Chief Nurse Executive/Nurse Executive: The nurse who practices within the framework of the ANA Administrative Practice Standards in the management of healthcare series delivery by directing and coordinating the work of nursing and other personnel and representing nursing services (U.S. Department of Veterans Affairs 2003).

Command: The authority that a commander in the Armed Forces lawfully exercises over subordinates by virtue of rank or assignment. Command includes the authority and responsibility for effectively using available resources and for planning the employment of, organizing, directing, coordinating, and controlling military forces for the accomplishment of assigned missions. It also includes responsibility for health, welfare, morale, and discipline of assigned personnel (Department of the Army 2012b).

Community Living Center (CLC): Skilled nursing facilities often referred to as nursing homes. Veterans with chronic stable conditions such as dementia, those requiring rehabilitation, or those who need comfort and care at the end of life are served within one of VHA's 135 Community Living Centers (U.S. Department of Veterans Affairs 2014a).

Community-based Outpatient Clinic: These VHA clinics provide the most common outpatient services, health and wellness visits. To make access to health care easier, VHA utilizes more than 800 Community-based Outpatient Clinics across the country. VHA continues to expand the network of Community-based Outpatient Clinics to include more rural locations (U.S. Department of Veterans Affairs 2014a).

Competence: An expected level of performance that integrates knowledge, skills, abilities, and judgment.

Domiciliary (Dom): Forty-eight VHA Domiciliaries provide a variety of care to Veterans who suffer from a wide range of medical, psychiatric, vocational, educational, or social problems and illnesses in a safe, secure homelike environment (U.S. Department of Veterans Affairs 2014a).

Front-line Supervisor and Front-line Manager: Front-line Supervisors and Front-line Managers include all supervisory and managerial positions reporting to mid-management positions. In VA healthcare facilities, these employees include Assistant Service Chiefs; Section Chiefs; Head Nurses or Nurse Managers; other clinical, administrative, and wage-grade supervisors; and organizationally equivalent staff positions, such as the Administrative Officers or Assistants to major Clinical Service Chiefs, outpatient programs, or employees with managerial responsibility over technical or specialty programs. Equivalent VISN and VHA Program Office positions are normally at the GS-13 and Title 38 equivalent levels. Positions in VHA at the GS-11 and GS-12 levels must meet the definition of a supervisor or manager in order to be included. The Front-line Supervisor and Front-line Manager layer of the VHA organization is identified as HPDM level 2. These ECF positions are not covered by a collective bargaining agreement. The ECF position meets the definition of a supervisor or manager in Title 5 United States Code (U.S.C) 7103(a) (10) or (11), as appropriate.

Healthcare System (HCS): A system of several medical centers and clinics that work together to offer services to area Veterans as a Healthcare System (HCS) in an effort to provide more efficient care. By sharing services between medical centers, Healthcare Systems allow VHA to provide Veterans easier access to advanced medical care closer to their homes.

Knowledge: Encompasses thinking, understanding of theories, and professional standards of practice, insights gained from context, practical experiences, person capabilities and leadership performance.

Leader: Field Manual 6-22, *Army Leadership*, describes “adaptive leaders as being capable of identifying changes in the operational environment and possessing the mental agility and sound judgment to respond with well-reasoned, critical, creative thinking and innovative behavior that is effective in dealing with the change. They are comfortable with the concepts of Mission Command and mission orders and with the ambiguity and uncertainty inherent in unfamiliar, complex operational environments” (Department of the Army 2012c).

Leadership: The process of influencing people by providing purpose, direction, and motivation to accomplish the mission and improve the organization (Department of the Army 2012a). Defined by *Army Leadership*, Field Manual 6-22, is characterized by a complex mix of organizational, situational, and mission demands on a leader who applies personal qualities, abilities, and experiences to exert influence on the organization, its people, the situation, and the unfolding mission. Difficult and complex situations are the proving ground for leaders expected to make consistent, timely, effective, and just decisions (Department of the Army 2012c).

Leadership Practices: Kouzes and Posner developed five leadership practices that include: (1) model the way, (2) inspire a share vision, (3) challenge the process, (4) enable other to act, and (5) encourage the heart. The five exemplary practices were found to be common when describing best practices (Kouzes and Posner 2002).

Leadership System: The basis for and the way key decisions are made, communicated and carried out. It includes structures and mechanisms for decision-making: selection and development of leader and managers (Baldrige 2003 Health Care Criteria).

Magnet Recognition: An accreditation program recognizing excellence in nursing service departments against a specific set of standards aimed to: identify excellence in the delivery of nursing service to patients; promote quality in a milieu that supports professional practice; and provides a mechanism for the dissemination of best practice in nursing services.

Mid-manager: Mid-managers are supervisory employees who report to senior managers and non-supervisory management employees who report to senior executives or to senior managers. In health care facilities, mid-management positions include Associate Chiefs of Staff, Service Chiefs, Service or Care Line Managers, Associate and Assistant Chief Nurses and Nurse Managers who report to Nurse Executives or Care Line Managers, and organizationally equivalent senior staff positions, such as the Staff Assistant to the Director and the Administrative Assistant to the Chief of Staff. Equivalent VISN and VHA Central Office Program Office positions are normally at the GS-14 and Title 38 equivalent levels. The mid-management layer of the VHA organization is identified as HPDM level 3.

Nursing Leadership: Knowledgeable, strong, risk-taking nurse leaders who follow an articulated philosophy in the day to day operations of the nursing department. Nursing leaders convey a strong sense of advocacy and support on behalf of staff (U.S. Department of Veterans Affairs 2003).

Nursing Professional Development (NPD): A nurse's lifelong learning to develop, maintain, and expand competence in professional nursing practice (ANA 2013).

Professional Development: The process of setting and pursuing education and experiential programs and experiences to enhance one's ability to perform the various roles that nurses assume in practice includes orientation, in-service education, continuing education, formal education and career development with opportunities for competency based clinical advancement along with resources to maintain competency (U.S. Department of Veterans Affairs 2003).

Senior Executive: Senior executives are VHA Leaders who are either in the Senior Executive Service (SES) or Title-38 equivalent pay grades including; VISN Directors, VISN Chief Medical Officers or Clinical Services Manager, Medical Center or Health Care System Directors, VHA Central Office Chief Officers, and Program Directors. These employees are level 4 in the VHA HPDM. All employees under this definition are covered by the Senior Executive Performance System and VA Handbook 5027.

Senior Manager: Senior managers are the incumbents of Chief of Staff, Associate Director (General Schedule (GS)-15 and GS-14), Assistant Director (GS-14), and Nurse Executive or Associate Director for Patient Care Service positions in our health care facilities and the equivalent VISN and VHA Central Office Program Office positions. The VISN and VHA Central Office Program Office positions are at the GS-15 and Title 38 equivalent levels (Physicians, Dentists, Optometrists and Podiatrists at Executive grade and Registered Nurses at the Nurse V grade level). These employees are level 4 in

the VHA HPDM, and are covered by the ECF Performance System and VA Handbook 5013.

Succession Planning: An essential proactive business strategy to identify and develop internal candidates to assume key leadership roles in the future (Carriere et al. 2009).

Supervisor: A supervisor is an individual having authority in the interest of the agency to hire, direct, assign, promote, reward, transfer, furlough, layoff, recall, suspend, discipline, or remove employees; to adjust their grievances; or to effectively recommend such action, if the exercise of the authority is not merely routine or clerical in nature, but requires the consistent exercise of independent judgment.

Supervisor (Experienced): An experienced supervisor is an employee who has held a supervisory position for one or more years and meets the supervisory experience definition in VA.

Supervisor (New): A new supervisor is an employee who is promoted or hired into a supervisory position and who may not have previously had a minimum of 12 consecutive months of supervisory experience in VA. This applies to all disciplines, services and levels.

Vet Center: Vet Centers provide readjustment counseling and outreach services to all Veterans who served in any combat zone. Services are also available for family members dealing with military related issues. VHA operates 278 community based Vet Centers in all 50 states, the District of Columbia, Guam, Puerto Rico, and the US Virgin Islands.

Veterans Integrated Services Network (VISN): The US is divided into 21 Veterans Integrated Service Networks, or VISNs—regional systems of care working together to better meet local health care needs and provides greater access to care (U.S. Department of Veterans Affairs 2014a).

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