Nurse Manager Competencies Supporting Patient Engagement

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Patient engagement is an important element in transitioning care delivery to achieve population health management goals. Providers are challenged to develop care delivery processes that better engage patients in their life journey across the healthcare continuum. Nurse leaders are central to this process. Building upon the American Organization of Nurse Executives competencies for nurse executives, the nurse manager role requires specific skills to translate the vision of patient engagement into practice.

The US healthcare system has undergone significant reform. Changes in health law are forcing healthcare organizations to examine how care is provided, how patients are involved in their care, and the impact on outcomes and safety. Implementation of the Affordable Care Act[1] is a driving factor for change and the impetus for transparency, care coordination, and patient engagement to improve health outcomes. As the largest healthcare profession, nursing is at the forefront of the care delivery system.[2] Nurses can significantly impact patient engagement.[3] Nurse managers (NMs) can influence care transition due to their unique position as leaders who drive patient care activities—reporting to nurse executives while directly managing clinical nurses. With access to patients and families, NMs are the "change agents" who can transform the care delivery system to one in which patients and families are true partners with clinicians and pro-

viders.[4] Nurse executives play a transformational role, developing the structures and processes necessary for NMs to be successful in the changing healthcare environment.

Significance

Despite calls to move the healthcare system from episodic, acute care to wellness and prevention, changes have been slow. Providers and clinicians have not completely leveraged patient engagement as a strategy to make the significant change needed to impact overall health. Involving patients in their care is not new. A report published in 2001 outlined 6 specific aims to improve healthcare and included the concepts of safe, effective, patient-centered, timely, efficient, and equitable care.[5] One of the limitations surrounding patient-centered care (PCC), however, is that it depicts a 1-way relationship where clinicians create and implement a plan of care for patients (Table 1). The concept of PCC does not explicitly state whether or to what level clinicians exchange information with patients to create that plan. In addition, PCC does not address the level of patient involvement in care decisions and often results in a plan of care without assessing a patient's level of willingness to be engaged.[6-8] Despite the fact that PCC has been effective in many care settings, it is limited to the traditional care delivery model because it does not encourage patients to become true partners in their care journey.

Patient engagement means different things to different people. The term has appeared in the literature for more than a decade, yet consensus on a single definition remains elusive. This article adopts the use of a common definition of patient engagement as "a set of behaviors by patients, family members, and health professionals and a set of organizational policies

Table 1. *Definition of Terms Used in Relation to Patient Engagement*

Term	Definition
Patient-centered care	"Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions"[5(p6)]
Patient activation	"Emphasizes patients' willingness and ability to take independent actions to manage their health and care"[28(p207)]
Self-care management	"Practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being"[29(p117)]
Patient experience	"The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care"[30(p3)]
Patient and family engagement	"A set of behaviors by patients, family members, and health professionals and a set of organizational policies and procedures that foster both the inclusion of patients and family members as active members of the healthcare team and collaborative partnerships with providers and provider organizations"[9(p10)]

and procedures that foster both the inclusion of patients and family members as active members of the healthcare team and collaborative partnerships with providers and provider organizations."[9(p10)] The future healthcare system is based on the core concept of individuals taking ultimate responsibility for their healthcare decision making.[1] Therefore, clinicians and executives can help shift the care paradigm by adopting the new Interactive Care Model (ICM) (described below) and developing key competencies for NMs to help transform the patient-provider relationship to one of true partnership.[10]

Role Changes

To shift the care delivery system, role clarity needs to occur. Nurse executives must work with NMs to redefine their role and develop a system for patient engagement that ultimately impacts the role of all nurses within the healthcare system. A report from the Nursing Alliance for Quality Care outlined key distinctions between the role of direct care nurses and NMs related to patient engagement.[3] Direct care nurses are responsible for working with patients and families to most optimally manage their care or experience.[3] They can move from providing care to partnering with patients to enhance self-care management. It is critical that patients are involved in their care to achieve optimal health, foster disease prevention, and reduce acute episodic hospital admissions.[11] Conversely, NMs are responsible for managing a microsystem of care. With the support of executive leadership, they lead direct care nurses in making system-level changes that facilitate the ability of people to more actively engage in their care. Health reform offers providers incentives for initiatives that support patient engagement, but reduces reimbursement if clinical quality and satisfaction targets are not met. NMs play a critical role in monitoring, evaluating, and reporting initiatives and are held accountable for these quality measures.[12,13] NMs lead integral programs to improve health outcomes for key quality indicators including, but not limited to, fall prevention, pressure ulcer and surgical wound infection reduction, and unplanned readmissions.[12-15] Crucial areas of focus for NMs include educating clinicians regarding the importance of patient engagement and determining appropriate measures to assess the effectiveness of change.

Role of NMs in Patient Engagement

NMs must work with all stakeholders including administrators, directors, clinicians, and patients to establish and support a collaborative, interprofessional team approach to change and lead clinical practice. In partnership with nurse executives, NMs can serve as change agents and champions for patient engagement by providing resources such as time, money, and the ability to leverage technology in order to effectively manage patient care.[16] NMs can empower direct care nurses to make decisions about how to engage patients and their families and provide support to develop a culture of shared decision making. Based on the definition of patient engagement and the numerous roles of healthcare providers, it is imperative to identify a central leadership role that can influence the needed practice changes to create an environment where patient engagement can occur. NMs can fulfill this critical role.[3,17]

One model to support the NM's role in patient engagement is the ICM. It is designed to create an environment where healthcare professionals and patients or consumers can be true partners in care.[10] It provides a framework to enhance this relationship by truly understanding what is important to each individual, assessing that individual's capacity to engage

in care, and using the information to tailor individualized interventions.[10] Encouraging the patient to be a member of the care team and work as an equal partner with clinical professionals is a major shift in care delivery. NMs can support this patient transition by working with their executive leadership team and the clinical teams. Table 2 outlines the 5 core process components of the ICM and the implications for both NMs and nurse executives. Many of these implications require NMs to assess current practice and help identify practical solutions for creating an environment where patient engagement can occur.

Competencies for NMs

In order for NMs to be successful change agents for patient engagement, it is important to understand the competencies and education required to support this role transition. Many NMs are selected for their role based on clinical expertise and lack formal leadership training or skills.[16,18] They need support from executives to gain the education and training to be successful leaders. The *Future of Nursing Report* calls for nurses to have "2 critical sets of competencies: a common set that can serve as the foundation for any leadership opportunity and a more specific set tailored to a particular context, time, and place."[19(p224)] NMs need the required leadership skills to serve in a management-level position. They also need defined competencies for creating an environment for patient engagement.

Leadership Competencies for NMs

Several sets of leadership competencies for NMs and executives can be found in the literature.[4,20] While each set is organized differently, each contains similar core elements. The American Organization of Nurse Executives' (AONE's) Nursing Manager Skill Inventory is a practical tool for NMs and their supervisors to use to develop a professional development plan.[4] Based on a learning domain framework, the AONE skill inventory identifies 3 core areas for NMs: "The Science: Managing the Business," "The Leader Within: Creating the Leader Within Yourself," and "The Art: Leading the People."[4] Many of the core components in this tool align with AONE Nurse Executive Competencies, which can be adapted into successful competencies for NMs. Leadership skills are fundamental components of both NM and nurse executive positions and essential elements when collaborating with each other.

Patient Engagement Competencies for NMs

While core leadership competencies are necessary for NMs, additional capabilities are needed to support improved levels of patient engagement. Table 3 outlines the core AONE leadership competencies, the competency category, and the nurse executive knowledge, skills, and abilities that can be leveraged to improve patient and family engagement.[20] These knowledge, skills, and abilities are targeted to nurse executives in their support of NMs as they implement changes in the care setting. The partnership between nurse executives and NMs is key to create sustainable change. NMs must implement the shared vision, transition care delivery models, and leverage technology to meet patient care needs.

Education Preparation for NMs

For the past 5 years, the nursing profession has focused on elevating education standards for direct care nurses. The *Future of Nursing* report calls for 80% of the nursing workforce to be BSN prepared by 2020.[19] One reason is because baccalaureate programs teach leadership skills and competencies.[19] Changing a care delivery system to more effectively engage patients in their healthcare journey requires leadership skills at the macrosystem and microsystem levels. *The Essentials of Baccalaureate Education for Professional Nursing Practice* provides a framework for nurses to develop the leadership skills needed to lead the care transformation toward patient engagement.[21] Of the 9 defined essentials for BSN programs, 4 relate to knowledge, skills, and abilities necessary for NMs to move the healthcare system to one where patients are true partners in care. They include basic organizational and systems leadership for quality care and patient safety, interprofessional communication and collaboration for improving patient health outcomes, clinical prevention and population health, and professionalism and professional values.[21] These essentials help BSN-prepared nurses to see healthcare from both a broad population health perspective and an individual patient level. Patient engagement requires clinicians to understand these macro and micro intricacies in order to serve as champions for direct care nurses, leaders, and patients themselves.

Despite progress in nursing education, a recent study examining the NM's role in quality improvement initiatives found that a BSN was the highest level of education for NMs, and half of the respondents held only an associate's degree.[22] Another study that used the AONE Nursing Manager Skill Inventory to collect input on continued professional development in NMs found that 67% of participants held a BSN, and only 3% had a master's degree in a nonnursing area.[16] Nurse executives can support NMs' pursuit of higher education through many avenues, including, but not limited to, flexible work schedules, on-site education programs, and scholarship funds. Establishing

Table 2. *Patient and Family Engagement ICM and Implications for Nursing Leadership*

Component of the ICM	Implications for the NM	Implications for the Nurse Executive
Assess the person's capacity for engagement A holistic patient engagement index measures the factors that influence a person's ability to be engaged in their healthcare journey. Changes will need to be made to create space in the care process to include patients in the assessment process	■ Assess current patient assessment process to determine if capacity to engage in care is being evaluated ■ Incorporate assessment of capacity to engage in admission, intake, and visit processes ■ Identify non–value-added work during intake process that can be eliminated to create more time to include this assessment	■ Assess the effectiveness of delivery models to more actively engage patients in their care (AONE Competency) ■ Develop new delivery models (AONE Competency) to redesign care delivery system across settings to include more robust assessment of a person's capacity to engage in his/her care. ■ Serve as a champion of performance improvement efforts to reduce non–value-added tasks for clinical team so that more time can be dedicated to assessment of a person's capacity to engage in care
Exchange information and communicate choices Decisions are made based on the person's values, beliefs, and preferences with the use of decision aids	■ Review the current care process and ensure that a goal setting component is included in the care process ■ Teach clinical team to include identifying patients' values and beliefs in the care conversations ■ Develop a plan to create an egalitarian exchange of information between the clinicians and the patients about the patients' care goals and choices available	■ Create a shared vision (AONE Competency) for engaging patients and families in their care ■ Assess the current state of information exchange between clinicians and patients. If necessary, develop a system-wide plan to adjust the communication and education styles of clinicians to meet each individual's needs ■ Allocate nursing resources based on the care needed to include this component in the care process
Planning between the person and the clinician The persons and clinicians collaboratively develop a person-centered holistic plan based on the person's specific needs, preferences, and resources	■ Consider standardizing bedside shift report to include the patient stating their goals each day ■ Include patient goals in daily huddles and update on hourly rounds ■ Encourage clinicians to integrate the patients' care goals into the daily workflow	■ Assess the current state of planning process in care settings ■ Complete a gap analysis of opportunities to strengthen care planning process ■ Discern opportunities to standardize bedside shift report across all care settings and develop operational plan ■ Leverage existing standards to make changes, for example, review Magnet® sources of evidence that require individualized care planning process and systems that include patients and family in their care (EPP 4)

Appropriate interventions determined Jointly determined tools, resources, education, technology, and support advance the person in his/her self-care journey	■ Include patient education and patient teaching early in the patient stay
	■ Be involved in the evaluation of patient education materials
	■ Leverage technology available to educate patients and provide interactive tools for them. Work to integrate the technology into the clinical care process
		■ Lead the effort to patient management of care in healthcare delivery system
		  ○ Include patients in family and advisory councils
		  ○ Use resources to educate executive peer leadership on current trends in patient and family engagement (see resource Table 4)
		■ Advocate for technology to enhance clinical support of patient and family engagement
		■ Develop patient education programs for point-of-service implementation
		■ Develop competencies of NMs to lead patient and family engagement tactics at the point of service
		■ Strategically shift the focus from acute care to care management across the continuum
		■ "Address ideas, beliefs, or viewpoints that should be given serious consideration" (Leadership AONE Competency)
		■ Assess the role of the clinicians and determine any changes needed to move to coaching and navigating roles in care settings

(continues)

Table 2. *Patient and Family Engagement ICM and Implications for Nursing Leadership, Continued*

Component of the ICM	Implications for the NM	Implications for the Nurse Executive
Evaluate regularly Continuous evaluation of a person's capacity to engage in care and clinical outcomes assists in further coaching the person to reach his/her ideal health	■ Incorporate reports of patients' level of engagement into hourly rounds, bedside shift report, huddles, and other point-of-service activities to provide feedback to clinical staff on progress for patient education, goal setting, and feedback ■ Reward and recognize clinical staff who are expert at engaging patients and families in their care ■ Monitor clinical outcomes of patient improvement in preparation for discharge, level of understanding and knowledge, and clinical measures such as blood pressure, blood sugar, and other measures of patient management ■ At the healthcare system level, share results with clinicians regarding readmission rates, length of stay, fall rates, and safety incidents where known patient involvement can improve outcomes ■ At the community level, share results with clinicians about prevention and screening improvements resulting from clinical education for patients (colon cancer screening rates, mammography rates, teenage pregnancy rates)	■ Identify clinical, healthcare system, and community level metrics that are impacted by patient and family engagement. ○ Share the metrics with the executive leadership team, medical affairs committees, and board of directors ■ Continually monitor and evaluate metrics and reward and recognize top clinical leaders in engaging patients and families

Source: Drenkard et al.[10], American Organization of Nurse Executives Web site.[20]

a pipeline of BSN-prepared nurses creates the opportunity for NMs to pursue MSN degrees, which will further prepare them for the increasingly complex healthcare environment.

In addition to formal education programs, NMs need access to continued professional development. Some of the core skills for NMs include communication, facilitating organizational goals, and removing barriers to practice.[23] However, to be successful, many NMs require training to "understand culture, behaviors, clinical outcomes, and operational issues."[12(p149)] Several programs have been created to support nurses transitioning from a direct care role to an NM role. It is no longer enough to provide on-the-job training. NMs need support through mentors, executive leaders, and continuing education. Several national nursing organizations, including the American Nurses Association and AONE, offer leadership development programs. AONE's programs include an NM institute and an NM fellowship. These types of programs are valuable not only for new NMs but also for existing NMs who seek lifelong learning. NMs will also require education about patient engagement so they can lead the transformation of care delivery. More resources are being developed, including formal education programs. Over time, it is essential that individual and family engagement competencies will be formalized, making education for NMs essential.

Implications for Nurse Executives

Nurse executives are responsible for setting strategy, communicating a vision, and overseeing the execution of that vision to ensure excellent patient care at the point of service. Additional resources for NMs to create a culture of patient and family engagement are outlined in Table 4. The investment in and development of NMs are a key tactic to improve care. In addition, healthcare professionals can tend to be dismissive of what patients have to contribute to their care.[24] Nurse executives need to partner with their nursing leadership team to create a vision for patient and family engagement, identify the barriers to effectively involving patients in their care, and develop plans that NMs can implement over time. In addition, nurse executives need to identify learning needs of healthcare providers and incorporate skill building into learning development plans of NMs and clinical nurses. NMs need to learn strategies for increasing patient involvement in care, setting direction on implementing patient engagement initiatives, and evaluating the impact of engaged patients on outcomes. Including patients and families on clinical

Table 3. Nurse Executive Competencies to Influence Patient and Family Engagement

AONE Nurse Executive Competency Domains	AONE Nurse Executive Competency Category	Nurse Executive Knowledge, Skills, and Abilities That Can Be Leveraged to Improve Patient and Family Engagement
Communication and relationship building	Influencing behaviors	■ Create a shared vision in your healthcare system for patient and family engagement ■ Inspire desired behaviors and manage undesired behaviors
Knowledge of healthcare environment	Delivery models/work design	■ Assess effectiveness of delivery models to include assessment of a patient's capacity to be engaged in their care journey ■ Develop new delivery models that include and address patient and family engagement in care
	Evidence-based practice/outcome measurement and research	■ Allocate nursing resources based on care needed ○ Shift of resources may be required to allow for more time in identifying patient needs and exchanging information during assessment process
	Performance improvement/metrics	■ Align patient outcomes with organizational goals ○ Monitor and evaluate patient satisfaction, clinical quality, and cost efforts to determine where more effectively engaging patients in care can lead to improved outcomes ○ Share results with clinical leaders on routine basis
Leadership	Foundational thinking skills	■ Address ideas, beliefs, or viewpoints that should be given serious consideration ○ Share current state of patient and family engagement in your organization and ideas that may change the conversation to have patients and families more active in their care journey ■ Provide visionary thinking on issues that impact the healthcare organization ○ Development of an organization-wide patient and family engagement program with vision, current state assessment, gap analysis, and recommendations for action
Professionalism	Advocacy	■ Promote clinical perspectives in organizational decisions ■ Represent the perspective of patients and families at the executive tables
Business skills	Strategic management	■ Create operational objectives, goals, and specific strategies required to achieve strategic outcomes
	Information management and technology	■ Identify technological trends as they apply to patient care ○ Assess the ability of technology to engage patients in their care journey ■ Provide leadership for the adoption and implementation of information systems

Source: American Organization of Nurse Executives Web site.[20]

advisory councils, patient experience advisory groups, and organizational decision-making bodies are tactics that many healthcare organizations now use and are best practices that others can consider using. Nurse executives are responsible for ensuring their NMs have resources to pursue higher and continuing education,

Table 4. Resources for NMs

Name of Resource	Description	Web Site
AONE Nurse Manager Skills Inventory[4]	Tool to assess NM skills and behaviors and allow for creation of a professional development plan	http://www.aone.org/resources/nurse-leader-competencies.shtml
AONE Nurse Executive Competencies[20]	Outline the knowledge, skills, and abilities for nurses in executive roles	http://www.aone.org/resources/nurse-leader-competencies.shtml
American Nurses Association: Nurse Managers[31]	Tools and books to assist NMs in their essential role	http://www.nursingworld.org/EspeciallyForYou/Nurse-Managers
AHRQ Role of the Nurse Manager module[32]	Outlines key roles and responsibilities of NMs and provides additional resources for leaders	http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/modules/nursing/nursingnotes.html

data management for monitoring and evaluation, and experience facilitating change processes. With the advancement of new ways of thinking about the patient-provider relationship, there are changes that are needed in the professional practice model and care delivery system. The nurse executive must partner with the NM to enact these changes and push the transformation forward.[17]

Conclusion

Health reform is driving patient engagement as a strategy to better manage the health of individuals and populations. There are early indications that engagement of patients and families will result in an improved healthcare system with enhanced outcomes.[25-28] Much work remains to close the gap between current practice and one that fully engages patients as partners in care. To that end, multiple changes need to occur. NMs play a crucial role in this transformation to create and implement a system that includes the patient as part of the clinical team. A change in the care delivery system has significant impact on providers, administrators, patients, payers, and outside stakeholders. NMs serve as the integrator between many stakeholders at the point of service. All stakeholders have a role. Patients will need to become more comfortable as healthcare consumers, more knowledgeable about accessing the healthcare system, and more involved in understanding and managing their personal health. The future is beginning to emerge—one in which patients are core healthcare team members and clinicians practice very differently from the way they do today. NMs are key to leading this effort.

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