Transformational Leadership in Rural Public Health Nursing: A Decade of Curriculum Evolution

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  - “Nursing Leadership in Rural Health Care” - 07/01/2009 to 06/30/2012
1. Increase enrollment in PHN

2. Develop and institutionalize on-line courses

3. Revise and enhance curriculum:
   - Transformational Leadership
   - Rural Health
   - Cultural competence & appreciation

4. Develop DNP program

   Funded by HRSA grants for 6 of those years.
A Decade of Change

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## Increased Enrollment in PHN

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*HRSA Grant # 1*

*HRSA Grant # 2*
Develop and institutionalize on-line courses

- On-line education provides masters education for nurses who cannot attend classes in Charlottesville because they:
  - Live in rural or underserved areas
  - Live at a distance and cannot commute
  - Require flexible scheduling due to:
    - Work responsibilities
    - Family responsibilities
  - Any student wanting on-line options

- Began on-line in 2003 - All MSN core and specialty courses in:
  - Community/Public Health
  - Health Systems management

- Added to MSN on-line in 2009 -
  - Psychiatric-Mental Health

- Added in 2007 –
  - DNP courses - web enhanced
Evolution of On-line Capabilities

- In 2003 - Began using Blackboard for selected MSN courses that were repurposed for asynchronous classes.
  - Students attend class one day at the beginning and one day at the end of each course.
  - Began with on-line courses for PHN and HSM specialty masters students
  - Offered core MSN courses both on-line and in class each year

- Psychiatric-Mental Health masters program requires synchronous two way visual contact with students.
  - In 2009 the availability of improved technology enabled faculty to add masters courses for PMH students to our on-line offerings.
  - These courses are offered in synchronous format using web-based technology for distant students.
Evolution of On-line Capabilities

- In 2007, DNP program was developed in “Executive Format”.
  - This program uses “web-enhanced” technology for course management.
  - Students attend class for a week (one full day for each course) at the beginning and end of each term, and for one Friday each month. The remainder of class work is done on-line.
  - Technology that allows for synchronous participation at a distance is used for students who are unable to attend class in Charlottesville.

Continually improving technology challenges faculty to develop new formats for course delivery that is pedagogically sound and maintains the quality of education offered, while accommodating the needs of mid-life working professional students.
Luncheons for students enrolled in on-line masters courses facilitates social connections and support among students, and rapport with faculty.
Revise and enhance curriculum:

Transformational Leadership – an evolving model.

We began in 2003 with a model for leadership in Community / Public Health and Health Systems Management that synthesized education, research and practice.
LEADERSHIP IN COMMUNITY, PUBLIC HEALTH AND HEALTH SYSTEMS

RECRUITMENT of Faculty & Students
Outreach to minority, rural and underserved populations
Emphasize Cultural Diversity

EDUCATION: C/PH & HSM Leadership
- Core Public Health Functions
- Cultural Competence
- Interdisciplinary partnerships
- Public/private partnerships
- Disaster Preparedness

Linkages

RESEARCH
- Evidence-based Practice
- Data based decision making

PRACTICE:
- Core Public Health Functions
- Public/Private Partnerships: Public & Private Health Systems
- Preceptor Development & Advisory Council

Model for PHN and HSM Leadership - 2003
Revise and enhance curriculum:

Rural Health & Transformational Leadership Model:

- Provides specific attention to key issues in rural health services delivery.

- Depicts collective local and regional healthcare systems in the context of rural population and community characteristics.

- Emphasizes integrated programming within community and rural healthcare systems through quality improvement and other efforts.
Rural Population

- Twenty five percent (25%) of the U.S. population. Health hindered by economic limitations, cultural and social differences, educational shortcomings, lack of attention by legislators, and isolation.

- **Poverty**: Per capita income $7,417 lower than in urban areas; poverty level among children is 24%, poverty rate is higher for rural women than for men, and even greater for minorities in rural areas. Rural population more likely to work for lower wages and to lack health insurance.

- **Health Problems**: Obesity in children, adolescents, and adults is more common, cerebrovascular disease is reported to be 1.45 higher, and hypertension is 1.3 higher in rural than in urban MSAs.

- **Limited access to care**: There are 2,157 Health Professional Shortage Areas (HPSA’s) in rural areas compared to 910 in urban areas in the U.S. Rural residents have less access to essential Public Health services compared to those who live in urban areas.
Revise and enhance curriculum:

- By 2009 was expanded that model to one of Transformational Leadership (TL).

- TL - Collective attributes, skills, and methods that nurses in advanced roles use to organize health care efforts toward achieving quality care and reducing rural-urban disparities in health outcomes.

- TL merges - Ideals of leaders and followers to pursue a greater good; encourages pervasive exercise of leadership (Sullivan & Decker); promotes change and encourages the leader to transcend management by visualizing a new role for the empowered nurse.

- Our model for TL was expanded to address rural healthcare systems in the context of rural population and community characteristics.
Transformational Nursing Leadership in Rural Health

SYSTEM FACTORS, INDIVIDUAL, FAMILY, POPULATION AND COMMUNITY FACTORS

ACCESS TO CARE

CONSUMER/PROVIDER INTERACTION

LOCAL RURAL AND REGIONAL SYSTEMS OF CARE
(e.g. community health centers, public health, rural health clinics, critical access hospitals)

QUALITY SYSTEMS DELIVERY
eliminate barriers, reduce disparities
quality assessment and program evaluation

SYSTEM LEVEL OUTCOMES
Assure quality and improved health care and health care systems

ORGANIZATIONAL CHARACTERISTICS AND PROCESSES

SYSTEMS INTERVENTION, INTEGRATION AND EVALUATION

POPULATION OUTCOMES

TRANSFORMATIONAL NURSING LEADERSHIP

Attributes
- Inspirational
- Committed
- Egalitarian
- Ethical
- Involved

Empowerment, shared values and goals, equality, consensus and participative decision-making

Skills
- Shared problem solving
- Risk taking
- Motivation
- Challenging the status quo
- Soliciting new ideas
- Stimulating creativity
- Collaboration/Partnering

University of Virginia
School of Nursing
The purpose of the UVA Doctor in Nursing Practice Degree is to prepare DNP students to:

1. Perform at the highest level of nursing practice.
2. Assume leadership roles in complex healthcare delivery systems.
3. Critically appraise existing literature and other evidence in a specialty area to determine and implement best practices.
4. Improve patient outcomes by expanding DNP student knowledge of evidence based practice.
5. Evaluate information systems/technology that support patient care and healthcare systems.
Continuum of Advanced Nursing Practice (ANP) Competencies

MSN Essentials

- Research
- Policy, Organization
- Financing of Health Care
- Ethics
- Professional Role Development
- Theoretical Foundations of Nursing Practice
- Human Diversity / Social Issues
- Health Promotion and Disease Prevention

DNP Essentials

- Scientific Underpinning (I)
- Organizational and Systems Leadership (II)
- Clinical Scholarship (III)
- Information Systems (IV)
- Policy (V)
- Collaboration (VI)
- Clinical Prevention & Population Health (VII)
- Advanced Nursing Practice (VIII)
Project Outcomes

**Enrollment:**
- Significantly increased enrollment
- Increased the number of minority and rural students.

**Graduates:**
- Increased number of MSN students applying to doctoral programs after graduation
- Increased number of graduates in major management positions throughout Virginia
- Increasing numbers are taking the ANCC certification exam.
Project Outcomes

MSN and DNP graduates who are empowered with transformational skills are prepared to assume leadership in rural communities and to become change agents, influencing the nursing workforce, other disciplines, and communities.
Response to evolving national priorities

Our models and goals are consistent with national priorities:

  Described and promulgated the core public health functions of assessment, policy development, and assurance.

  Emphasized strengthening the public health infrastructure through partnerships, improved accountability, evidence-based practice, and communication (2003a).

  Addresses the compelling need for well-trained nursing leaders who practice at the highest level of their education.
A Decade of Change

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4. Develop DNP program

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Our model and goals are consistent with the recent *IOM report on the future of nursing*, which addresses the compelling need for well-trained nursing leaders who practice at the highest level of their education.
Develop DNP Program
Characteristics of Transformational Leaders

Transformational leaders have a clear vision and exert influence as role models who are:

- Willing to take risks;
- Inspirational, challenging community members, colleagues, and/or staff commitment to goals and a shared vision;
- Intellectually stimulating, soliciting new ideas and fostering creativity;
- Able to consider the needs of individual community members, colleagues, and/or staff, respecting these individual differences while developing team members as leaders.

Graduates are prepared to assume leadership positions and to become change agents:

- Influencing rural healthcare, the nursing workforce, other disciplines, and community residents.

Ultimately, leading others to address problems and conditions that result in health barriers and rural-urban disparities.
Revise and enhance curriculum:

- Rural Health Course:
- Cultural competence & appreciation
Nursing Workforce in Rural Areas

- The National Rural Health Association issued a policy statement in 2005 to address the shortage of nurses in rural areas.

- Shortage is related to the financial disincentive of working in rural areas and lack of recruitment efforts (NRHA 2005).

Rural areas offer limited access to professional education.
Distance education:

- We provided leadership in the SON to establish online learning as an accepted modality within the SON. This acceptance of distance education as a tool for high quality education required bringing about a “cultural change” among colleagues.

- Developed a model of andragogical education, based on distance learning at the SON, which will be further tested quantitatively and can be expected to provide a framework through which adult-oriented distance learning can be developed and improved.