The DNP as a Boundary Spanner

Amy Seitz Cooley

York College of Pennsylvania
Abstract

The DNP prepared clinicians are positioned to be boundary spanners within the organization. They are clinical experts with leadership, EBP, and process improvement skills. Their skills as a change agent and collaborator allow for the successful implementation of evidence based changes that assist the organization in meeting its strategic patient centered goals. This paper explores the role of the DNP as a boundary spanner within the complex health care organization.
The DNP as a Boundary Spanner

Health care is changing on a daily basis, becoming a complex environment requiring the highest level of scientific expertise and knowledge available to assure quality patient outcomes (AACN, 2014). The focus of this paper is to investigate the role of the Doctor of Nursing Practice (DNP) clinician as a boundary spanner within the health care organization. Productivity within the organization requires both efficiency and effectiveness (Robbins & Judge, 2013). Organizations are effective when they meet the needs of the people they serve. When the needs are met at a low cost, the organization is efficient. As a boundary spanner within the organization, the DNP clinician functions both effectively and efficiently in translating the organization’s mission and vision into the services that are value added to the patient as well as the organization. Further, the DNP must be effective and efficient in translating the corporate, competitive, and operational strategy into these types of services. To begin, what is meant by spanning boundaries, and being a boundary spanner?

Boundary Spanner Concept

Boundary spanning is defined as reaching across borders to build relationships, connections, and interdependencies in order to manage complex problems (PHAB, 2014). Evolving organizations are made up of specialized units created to deal with specific tasks within the environment such as marketing, or research and development (Tushman & Scanlan, 1981). In health care organizations, boundaries can be between patient care units or other disciplines as well. Boundaries in the organization separate specialized units from each other and from areas external to the organization (Tushman & Scanlan, 1981). While specialization increases efficiency of information processing within the unit, it can create obstacles to information processing between units and the external areas. Boundary spanning individuals develop
collaborative relationships and partnerships, manage through negotiating and influence, and seek to understand the roles, responsibilities and motives or others (PHAB, 2014). Organizations that create strategic alliances, networks, partnerships, and other collaborative arrangements are considered boundary-spanning organizations.

**Advanced Practice Nurses and Boundary Spanning**

Advanced practice nurses (APNs) are boundary managers (Hanson & Spross, 2005). APN roles include clinical nurse specialists (CNSs), certified nurse anesthetists, certified nurse midwives, and certified nurse practitioners. Managing boundaries denotes ways that APNs limit or extend aspects of their practice such as scope of practice, workload, and interpersonal boundaries. Extending or spanning boundaries involves building bridges that enable the APN to partner with other groups to meet a goal or expanding a boundary to meet identified patient or healthcare needs (Hanson & Spross, 2005). DNP prepared APNs are equipped to develop and evaluate care delivery approaches to meet the current and future needs of patient populations, and to ensure accountability for the quality of health care and patient safety for these populations (Marshall, 2011)

**Why the DNP for APNs?**

The focus on quality in healthcare came to fruition with the Institute of Medicine’s (IOM) 1999 report, To Err is Human: Building a Safer Health System. The IOM not only focused on the number of deaths each year from errors or preventable adverse events in health care, but also on the fragmented nature of the healthcare delivery system that compromises patient safety. In the follow up report in 2001, Crossing the Quality Chasm, the IOM calls on all health care organizations to promote health care that is “safe, effective, client centered, timely, efficient, and equitable” (p. 6). The IOM Committee on the Health Professions Education in 2003
recommended that all health professionals be educated to deliver interdisciplinary, patient-centered care that emphasizes evidence-based practice, quality improvement, and informatics (IOM 2003a). In the transforming health care delivery system today, there is a critical need for clinicians to design, evaluate, and continuously improve how the care is delivered (AACN, 2004). Skip ahead to the IOMs Future of Nursing report in 2010. In this report, there are recommendations for the following:

- Nurses practice to the full extent of their education and training
- Nurses partner with physicians and other health care providers in redesigning health care in the United States (US)
- Advanced practice registered nurses practice autonomously; the scope of practice barriers are removed
- The number of nurses with a Doctor of Nursing Practice (DNP) degree will double by the year 2020
- Prepare and enable nurses to lead change to advance health

If nursing is to maintain a full partnership in the delivery of healthcare, integrating nursing leadership skills, expert clinical care, and evidence-based decision making will allow the nursing profession to have a strong, credible presence in the ever-changing and complex health care organization (Tymkow, 2014). The DNP program is a practice-focused program with a blend of clinical, organizational, economic, and leadership skills that will significantly impact health care outcomes (AACN, 2014). Benefits of a practice focused doctoral program include enhanced knowledge to improve nursing practice and patient outcomes, enhanced leadership skills to strengthen nursing practice and health care delivery, and parity with other health disciplines requiring the doctorate as the entry level credential (AACN, 2004).
The DNP prepared APN is adept in evidence-based practice (EBP). EBP is based on the scholarship of gathering research evidence, synthesizing the evidence, and translation of the evidence findings into practice (Tymkow, 2014). EBP leads to improving care delivery or health care systems and results in better care for patients, providers, and communities. It is this expertise that positions the DNP to be a boundary spanner within the organization. As nursing practice within the organization shifts from tradition to evidence based, the DNP is in the best position to affect and assess change within the clinical setting (Tymkow, 2014). In the AACN (2006), The Essentials of Doctoral Education for Advanced Nursing Practice, it states that the “DNP graduates must understand principles of practice management, including conceptual and practice strategies for balancing productivity and quality care” (p. 4). The DNP must be proficient in quality improvement strategies and creating and sustaining change at the organizational level (AACN, 2006).

The DNP CNS Boundary Spanning Work within the Organization

The organization where the DNP CNS works is a high velocity organization (Spear, 2009). There is a focus on managing processes and continuous improvement. These two characteristics separate the high velocity organizations from struggling ones (Spear, 2009). There is mindset of going from “good to great” (Collins, 2001). The Hedgehog Concept described by Jim Collins (2001) is articulated in the organization’s 2020 vision and mission: passion, being the best in the world, and what drives the engine. The vision includes statements such as “providing exceptional care in all its dimensions, every day; improving the health of populations served; being a financially and strategically strong organization to sustain the service mission for future generations” (WellSpan Vision/Mission). The mission of the organization is that the system will work as one to improve health through exceptional care for all, lifelong wellness, and healthy
communities. This mission and vision are examples of what Sinek (2009) described as the center of the “Golden Circle.” These statements reflect “why” the organization is in business. Each year, the strategies for meeting the mission and vision, or as Sinek describes the other two layers of the Golden Circle, the “how” and “what,” are planned and executed by a team of individuals with various specialized skills. The DNP CNS spans the boundaries created by specialized departments and partners with both administrative and clinical personnel to meet the organization’s goals.

The corporate and competitive strategies are outlined in an annual plan for the health care system. There are strategies designed to address each part of the mission. Each organization within the system has operating plans to carry out the strategy. The DNP works at the functional level toward meeting the organization’s operating goals. The DNP is a transformational leader having both clinical and leadership expertise (Marshall, 2014). As a boundary spanner, the DNP CNS is a change agent, partnering with employees of all disciplines to improve processes and outcomes. As a change agent, it is important for the CNS to articulate “why” the change is needed. This is done through effective collaboration with the interprofessional team members. Edersheim (2007) quotes Peter Drucker saying “the most important thing anybody in a leadership position can do is ask what needs to be done and make sure what needs to be done is understood!” (p. 12). The DNP CNS designs any improvement change in alignment with the organizations strategic mission and priorities.

The Effective and Efficient DNP Change Agent

As a leader in process improvement, the DNP CNS evaluates patient care outcomes and assesses what needs to be improved upon based on data. He/she looks to the evidence for practice gaps, evaluates and synthesizes the evidence, applies the evidence to the local context,
and designs the process to translate the evidence into practice through a process improvement plan (Graham, 2006). Interprofessional collaboration is the means to generating the evidence-based practice or organizational change to improve the health of the patient or population (Ash & Miller, 2014). Implementing the recommended practice requires change.

The DNP CNS is versed in one or more of the change theories to motivate and move the collaborative team toward the goal. Whether it is Lewin’s theory of unfreezing, moving, refreezing, or Everett Rogers’s diffusion of innovation theory, the DNP CNS uses assessment skills to ascertain readiness to change and influence to motivate adopters of change (Schadewald & Pfeiffer, 2014). Kotter’s principles for leading change are also used as the CNS creates the sense of urgency for the change, creates and communicates the vision for the change, and then empowers others to act on the vision (Kotter, 1996; Marshall, 2011). The CNS spans the boundaries of the clinicians at the bedside, the physicians, and administration, working with each group to answer why the status quo is no longer acceptable, how the goal of the project satisfies the need for improvement, what accomplishments will look like, and how success will be measured and sustained (Cohen, 2015). The DNP CNS involves stakeholders directly impacted by the change at all levels of decision making throughout the process. When stakeholders are involved they are more likely to take ownership of the change being implemented (Cohen, 2015, Marshall, 2011). In this way, the DNP CNS both effectively (does the right thing) and efficiently (does things right) works to translate the value-added services provided by the organization to the patients it serves.

Conclusion

The DNP prepared clinicians are well positioned to be boundary spanners within the organization. They are clinical experts with leadership, EBP, and process improvement skills.
Their skills as a change agent and collaborator allow for the successful implementation of evidence based changes that assist the organization in meeting its strategic patient centered goals. The complexity of healthcare mandates organizations to think in new ways (Marshall, 2011). By engaging the DNP practitioner in the planning and change processes, boundaries are extended, and true collaboration is enhanced.
References


