American Nurses Association Leadership Institute Competency Model

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Competency models are used by many different professions. Competency models use competencies, or knowledge, skills, and abilities, that are used in the practice of the profession and determine the level of proficiency that is needed at each stage of development or responsibility (Orr, Sneltjes, & Dai, 2010). Competencies can serve as a standard of skill that is necessary to perform in order to have success in a work setting (Competency Model Clearinghouse, 2015). In nursing, there are several competencies that must be assessed, both prior to awarding of a degree and throughout a career. However, unlike some professions, nursing is among those professions which have varied competencies and skills that change depending on the type of nursing that is done. Each competency model is then different from others, though there are commonalities. One of these commonalities is a standardized leadership model which was developed by the American Nurses Association (ANA) Leadership Institute.

The ANA developed a model of Professional Nursing Practice Regulation in 2010 (See figure 1). The model forms a pyramid with four levels in a circle surrounded by three key aspects of nursing care. The four levels, from lowest to highest are:

1) Nursing Professional Scope of Practices, Standards of Practice, Code of Ethics, and Specialty Certification,

2) Nurse Practice Act and Rules and Regulation,

3) Institutional Policies and Procedures, and

4) Self-Determination.

The ANA model uses three foundation documents to define the scope and standards of practice: *Nursing Scope and Standards of Practice*, *Code of Ethics for Nursing*, and *Nursing's Social*

Policy Statement, which embody the bottom tier of the pyramid. The three words inside the

circle are quality, safety, and evidence.

The base of the pyramid establishes the basics of nursing competency. The definition of

professional nursing scope of practice is dependent on individual states, but there are

commonalities among most states. The standards of practice do not adjust and it is duty of every

registered nurse to be individually responsible and accountable for maintaining professional

competence. The code of ethics refers to the elements of "honesty, responsibility, credibility,

and the ability to use ethical considerations to guide decisions and actions" (American Nurses

Association Leadership Institute, 2013, p 2). Special certifications can be earned in several

specific nursing fields, such as critical care, emergency, and perioperative.

The second tier on the pyramid, Nursing Practice Act and Rules and Regulation, refers to

understanding the influence that rules and regulations have on the overall practice of nursing.

Being up to date on all laws that affect nursing is imperative in furthering an individual's scope

and understanding of the overall business of nursing.

The third tier, Institutional Policies and Procedures, starts the nurse on the path of

influencing nursing practice. Understanding current policy at an individual's institution is the

beginning of the influencing process. The first place that a nurse can utilize influence is on the

small scale, such as an individual ward or department, then move on to the actual institution

level.

The fourth tier is Self-Determination. This is the level of leadership practice that can

affect nursing as a profession. This can include seeking roles of leadership in your medical

organization or through professional or regulatory agencies. It is at this level that the ANA focuses on preparing future nurse leaders and enhancing nursing as a profession.

Quality of practice refers to how an individual nurse contributes to nursing through creativity and innovation to ensure overall improvement in health care delivery. Safety is the number one concern for nursing. Nurses ensure that the highest standards of safety are enforced to protect patients, family, and staff. Evidence-based practice and research is utilized to reflect high standards and the integration of research into practice on all levels.

In addition to this leadership competency model, the ANA developed a list of necessary Leadership Institute Competencies that are needed to succeed in a nursing leader role (see figure 2). There are 27 competencies divided into three major domains. The three domains are Leading Yourself, Leading Others, and Leading the Organization. The 27 competencies can also be clustered into levels of leadership: advanced, developing, and emerging (see figure 3). By the separation of these competencies into domains and clusters, the ANA can reach nursing leaders at all levels of experience and across the organizational setting spectrum.

Leading yourself focuses on the adaptability, composure, image, initiate, integrity, learning capacity, self-awareness, and self-management. The second domain, Leading Others, focuses on those skills needed to influence others on a daily basis. These skills are: communication, conflict, diversity, employee development, global perspective, motivation, relationships, and work groups. The third domain, Leading the Organization focuses the nurse on those competencies that are needed to affectively lead at the organizational level. These skills are: business acumen, change, courage, decision making, influence, innovation, occupational skills, problem solving, project management, system thinking, and vision and strategy.

The ANA believes that competence in nursing practice is everyone's business.   It is the responsibility of the individual nurse to ensure individual competence through self- assessment on a continuous basis. It is also the work of peer assessment and evaluation to ensure the competence of those with whom an individual works. It is also the job of nursing leaders, supervisors, and mentors to evaluate and assess the performance of nurses at all levels of practice. In addition, certain performance measures can be evaluated by patients, families, and non-nursing colleagues.

Competency should be determined through a systematic assessment and collection of data, both subjective and objective. Competence should be determined based on the individual's knowledge base and level of practice, as well as based on actual performance measures. The utilization of assessment tools can assist in the determination of competence and maintain standards of performance. Tools can be designed to define, measure, and evaluate competence.

Overall, competence in nursing practice is complex. However, the adaption of competency models can assist in the determination of skills and practices in the nursing field. The utilization of competency models, such as the ANA Model of Professional Nursing Practice, can ensure compliance and commitment to standards of practice, evidence-based research and implementation, and furthering nursing practice in skills and behaviors.

Bibliography

American Nurses Association Leadership Institute. (2013, August). *Competency Model.*

Retrieved from American Nurses Association:

http://www.analeadershipinstitute.org/Doc-Vault/About-Us/ANA-Leadership-Institute-

Competency-Model-pdf.pdf

Competency Model Clearinghouse. (2015). *Develop a competency model.* Retrieved from Career

One Stop: http://www.careeronestop.org/CompetencyModel/userguide_competency.aspx

Orr, J. E., Sneltjes, C., & Dai, G. (2010, July). *Best practices in developing and implementing*

competency models. Retrieved from Korn Ferry Institute:

http://www.kornferryinstitute.com/sites/all/files/documents/briefings-magazine-

download/Competency_Modeling1.pdf

Figure 1. American Nurses Association Professional Nursing Practice Regulation (American Nurses Association Leadership Institute, 2013).
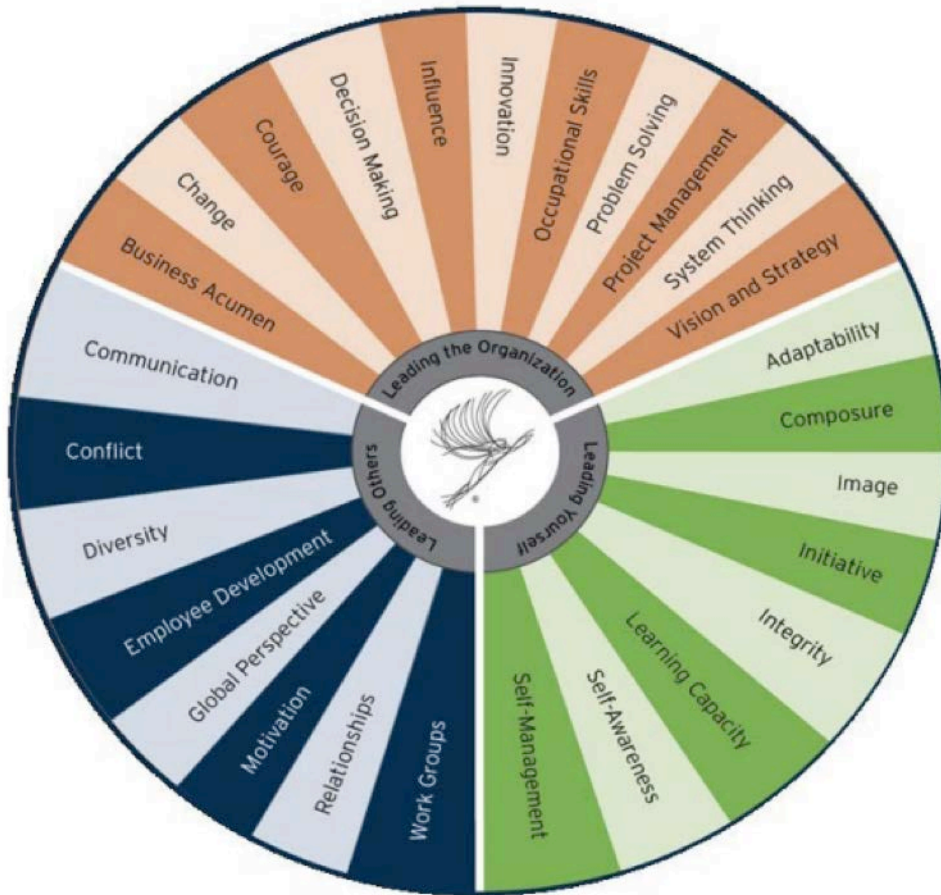
Center for Creative Leadership, CCL®

Figure 2. American Nurses Association Leadership Institute Competencies (American

Nurses Association Leadership Institute, 2013).

	Advanced	**Developing**	**Emerging**
Leading Yourself	**Adaptability** (Embraces flexibility, interpersonal savvy) **Integrity** (Credibility) **Self-Awareness** (Self-management, self-insight, self-development)	**Adaptability** (Openness to influence, flexibility) **Image** (Executive image) **Intergrity** (Builds relationships) **Learning Capacity** (Knowledge of job, business) **Self-Awareness** (Self-awareness)	**Adaptability** (Adapts) **Initiative** (Motivates self) **Integrity** (Acts with integrity) **Learning Capacity** (Learns through others) **Self-Awareness** (Seeks and uses feedback)
Leading Others	**Communication** (Communicates, Participative management) **Conflict** (Manages conflict, negotiation) **Relationships** (Building collaborative relationships)	**Communication** (Communicating effectively) **Conflict** (Confronting problem employees) **Diversity** (Leveraging differences) **Employee Development** (Developing and empowering) **Relationships** (Building collaborative relationships)	**Communication** (Communicating information, ideas) **Conflict** (Managing conflict, negotiation) **Diversity** (Values diversity) **Employee Development** (Leading employees) **Relationships** (Putting people at ease)
Leading the Organization	**Business Acumen** (Business perspective) **Change** (Leading change) **Courage** (Has the courage to take risks) **Influence** (Influencing, leadership, power) **Problem Solving** (Sound judgment) **Vision and Strategy** (Demonstrates vision)	**Business Acumen** (Seeks broad knowledge) **Change** (Change management) **Decision-Making** (Decisiveness) **Influence** (Strategic perspective) **Systems Thinking** (Acts systematically) **Vision and Strategy** (Strategic planning)	**Business Acumen** (Shows business knowledge) **Decision-Making** (Taking action, making decisions, following through) **Problem Solving** (Getting information, making sense of it; problem identification) **Project Management** (Organizes)

Figure 3. American Nurses Association Leadership Institute Competency Clusters (American

Nurses Association Leadership Institute, 2013)