

The DAISY Nurse Leader Award: *Expressing Gratitude for Courageous Leaders* *Fostering an environment where compassion and courage can thrive*

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In July 2016, several nurse leaders gathered for an informal conversation about the attributes of a nurse leader recognized with The DAISY Nurse Leader Award™. Since 1999, The DAISY Foundation™ has embraced their mission to thank nurses for their compassionate and extraordinary care of patients through meaningful recognition with The DAISY Award®. The literature defines meaningful recognition as “a powerful form of positive feedback, meaningful recognition acknowl-

edges how a person’s actions affect the life of another, is relevant to the recipient, and is equivalent to his or her contribution.”¹ In 2014, The DAISY Foundation realized that more and more organizations wanted to recognize their nurse leaders in a meaningful way and were doing so with The DAISY Award. The intent of The DAISY Award is to recognize nurses who provide extraordinary patient care in a compassionate way. Inquiries from as far away as Vietnam were received, asking for a means to recognize nurse leaders for their compassionate and extraordinary leadership. A committee consisting of representatives from DAISY hospitals, DAISY staff, and nursing leaders met over the next few months to validate the need and establish the criteria. The DAISY Nurse Leader Award was launched at the 2015 AONE Conference, to recognize the unique qualities inherent in nursing leaders who create the environment where extraordinary and compassionate nursing practice may flourish. The first recipients were recognized in late 2015.



At this 1-year mark, with over 42 nurse leaders registered as DAISY Nurse Leader Award recipients and over 86 programs committed to using the award, it was time to reflect on the award and the characteristics of a DAISY Nurse Leader. So, at the conclusion of The DAISY Foundation board meeting, the nurse leaders who serve on the board were asked to consider the leadership characteristics of a DAISY Nurse Leader Award recipient and share their own journey as a nurse leader to embrace meaningful recognition and celebrate compassionate care practices. Joining me in this rich discussion included Cindy Angiulo, MSN, RNC (retired associate administrator, University of Washington Medical Center); Stuart Downs, DNP, MSA, RN, NEA-BC, CENP (chief nursing officer, Eastside Medical Center); Ann Evans, RN, MS, MBA, CENP, FAAN (retired chief nurse executive); Susan M. Grant, DNP, MS, RN, NEA-BC, FAAN (executive vice president and chief nursing officer, Beaumont Health); Mary Dee Hacker, RN, MBA, NEA-BC, FAAN (vice president, nursing and interprofessional research at Childrens Hospital Los Angeles); and Karlene Kerfoot, PhD, RN, NEA-BC, FAAN (chief nursing officer, GE Healthcare).

The DAISY Foundation places great value on stories of extraordinary and compassionate nursing care, which is the essence of the DAISY award process. Within the context of sharing our personal stories, this conversation began with such a story, fueling the discussion around courageous and compassionate leadership, evoking emotions and memories of leadership lessons for each of the participants, which they willingly shared.

THE LEADERSHIP JOURNEY BEGINS WITH A STORY

It is 1976, and the unit is a 36-bed open ward. Only curtains partition patients from one another when the need arises. The unit is buzzing with the morning routine of caring for a variety of female surgical patients. Medications are passed, doctors are making rounds, transfers to surgery, x-ray, physical therapy, and other destinations add to the hum. A brand-new nurse is “working the desk” as a final step in orientation. She sees all 36 beds in 1 glance, observing 1 patient who stares off in the distance, oblivious to the activity around her. In her chart, “Grace” is noted to be “depressed.” Twenty-two-year-old Grace was admitted from the intensive care unit (ICU) to the unit, post-cesarean delivery, for the treatment of very serious post-operative complications. Physically, she is recovering, but not emotionally. It is October, 2 months since she delivered her baby. She has yet to hold her daughter. The “rules” do not permit children on this surgical unit. A plan of care takes shape as this nurse talks with Grace. It seems simple: if Grace cannot go to her baby, the baby will come to her. The plan is shared with her preceptor, who advises that it is strictly against the rules, but adds that she will help in any way. On her next night duty rotation, the young nurse gives report to the evening supervisor making unit rounds. There is a 2-hour window before the next rounding. The plan is set in motion. On signal, Grace is wheeled to the patient lounge by a team member, a lookout is positioned on the ward, and the

back stairway door opens. Grace’s husband appears with a tiny bundle of cooing joy. Grace beams, tears well up around the room as the accomplices witness a very special moment.

The next morning, the nurse and her preceptor are called to the senior supervisor’s office. They are asked about the previous night’s activities in the unit. The preceptor speaks up and reports that exceptional care was provided and impacted Grace in a very positive way. The supervisor looks at each of the nurses sitting before her and says, “That is all I needed to know.” Then she dismisses the 2 nurses, without further questions, wisely recognizing that something powerful had happened.

This story opened the door to a broad conversation about leadership. Three levels of leadership were identified: the staff nurse as the frontline leader of patient care, the nurse manager providing resources for the provision of care, and the senior nurse leader providing the strategic vision for care delivery. The concepts of compassion and courage were also identified within the context of this story, and paired up as characteristics of each of these nurse leaders. All acknowledged that nurses have the power to lead at all levels, be it by formal position or informally through their own compassionate practice in caring for people, whether they are patients or staff, and that effective leadership requires a combination of compassion and courage.

Grace’s story, based on my own recollections, provides an example of the early influences that encourage compassionate and courageous leadership in nursing. All nurses carry their early stories with them that impact how they lead today and what legacy they will leave behind for future leaders. These early lessons lay the foundation for practice environments that support compassionate and courageous leadership, whether or not we are aware of the impact.

In the course of the conversation, this group of nurse leaders shared their own rich stories of leadership lessons, learned early in their careers. As each story was shared and discussed, 5 key themes of leadership emerged: advocating by example, meaningful mentorship, leadership inspired by staff and patients, leaders as listeners, and leading and inspiring versus managing people. It was agreed by all that these themes of leadership were attributes of compassionate and courageous nurse leaders, worthy of recognition with The DAISY Nurse Leader Award.

ADVOCATING BY EXAMPLE

Over time, leadership refines itself with individual experiences that reinforce the characteristics of an extraordinary nurse leader. Being surrounded by exceptional leaders from bedside to board-side teaches lasting lessons of compassionate leadership. As a young nurse in an ICU, Susan Grant shared her observation of the care given to a patient who was a Vietnam veteran: “He was paraplegic. He was abusive to the nurses. He was not easy to care for. One day, before morning report, the staff was debating who would take care of him during report. Without a word, while others debated his care, I saw Marcy, the nurse manager, go in and out of the patient’s room, prepping to bathe him. She combed each

knot out of his long, matted hair. She was a DAISY nurse before there was a DAISY Award! Marcy restored his dignity and humanity. The quiet work of caring for a patient: that's what a nurse is. That moment was a gift in leadership and compassion from Marcy."

A memory shared by Ann Evans was that of another leader as advocate: "Sister Myra James, RN, and CEO of the organization, knew everyone's name. She taught me the importance of being present and making connections to the people we care for and work with. She made rounds every day, even though she often didn't have time to do it. One day, after I had participated in 4 coronary codes, she gave me a card that said, 'Hang in there.' I still have it and look at it each day as a reminder to be present with those you are working with." Building trust into relationships with staff is an important component in advocacy and mentoring, and foundational in developing new leaders.

MEANINGFUL MENTORSHIP: PROVIDING A "PROTECTIVE WING"

Mary Dee Hacker noted that leaders early in her career provided her with a "protective wing" to give her room to learn, providing protection that allowed her the space, as an early leader, to be courageous in decision making. With a foundation built on trust, one's leadership skills can transition to a foundation of confidence. The protective wing is eased away when it is no longer needed. It is important to provide that protective wing physically, emotionally, and professionally. Leaders create an environment that is both physically and emotionally safe so that the nurse is cared for, allowing the nurse to focus on the needs of the patient. When a new nurse is stressed due to the physical demands of the care environment or emotionally challenged because of responsibilities in their personal life, it is hard to give more to the patient, the organization, and the profession. In keeping with the hierarchy of needs,² once physical and safety needs are met, the individual can move into a sense of belonging. The protective wing of the leader allows space for professional development and in accordance with Maslow, self-actualization. The nurse can evolve into leadership roles within the organization and the nursing profession, becoming a contributor to the bigger picture of care.

Mentoring that is meaningful may be formal or informal. Stuart Downs recalled a chief nursing officer (CNO) who took an interest in him. He remembers the CNO saying to him, "You'll have my job one day." A CEO reinforced with Stuart that he believed in his abilities to lead. As Stuart added, "He had compassion for me. He coached me. On leadership, I once heard, 'A good leader accomplishes, but a great leader says, 'Look who I helped become accomplished.'" Today, Stuart finds it very rewarding to mentor others to the CNO role. "I made mistakes, but someone had compassion for me as I learned. I ask those that I mentor to always pay it forward," he added.

"It was never my intent to leave the bedside," mused Ann Evans, "but a nurse leader once said to me, 'Now you get to nurse the nurse.' That leader took a chance on me."

LEADERSHIP INSPIRED BY STAFF AND PATIENTS

All agreed that great leaders are inspired by the work of the nurses they lead, and that excellent leaders keep a focus on excellence at the bedside. Cindy Angiulo spoke of the "intentional focus nurses have on patients and families. Leaders never lose sight of who is putting patients first." Sometimes it is the patient who becomes the mentor. Cindy Angiulo was a third-year nursing student rotating on an oncology unit. The oncology head nurse was Bobbie. She wisely assigned Cindy to a patient who was dying of cancer at the age of 33. Cindy sat with the patient and her husband as the patient passed away. For many years, the patient's husband corresponded with Cindy as a means of comfort and healing, sending pictures of his 2 daughters growing up through the years. This experience influenced her clinical practice over her career and led to her focus in palliative care. She shared that in another instance, in caring for a paralyzed patient, she learned from his challenges, that "you can do anything, if you want to." She added that we must "treasure the intimacy, not the task. To be conscious of your own role modeling as a leader and take opportunities to mentor whenever possible."

LEADERS AS LISTENERS

It may be someone in another profession that provides guidance on how to refine one's leadership skills. Mary Dee Hacker said, "We all want to be better, we look for opportunities to learn, to listen. Nurses are not always great listeners, as they are 'doers.' I learned the importance of listening instead of doing by watching chaplains. They are truly listeners! As a nurse leader, it is important to listen to those around you." Mary Dee went on to add, "We as nurses may be humble, but we know we cast a shadow on the patient, their family, and colleagues. What a nurse says carries influence. We must be thoughtful about what we say and do, especially as leaders. Sometimes, our greatest influence is not intentional. There is a willingness people have to allow nurses to touch them when they are most vulnerable. As nurse leaders, we have this opportunity to touch people through our leadership. We get to do these things—it's extraordinary. The most challenging is to listen in a therapeutic way to move to a decision. To me, that makes a great leader."

LEADING AND INSPIRING VERSUS MANAGING PEOPLE

In discussing leadership, it is important to distinguish between management and leadership. Karlene Kerfoot talked about the need to be "led and inspired" versus "managed." She shared that "It is about the patient, no matter what your role. When you focus on the patient needs with the staff, it all works together in a thoughtful, compassionate and effective way."

As a young woman, Karlene wanted to help society in some way. She started as a political science major in college with the intent of working in the Foreign Service and going to Afghanistan. She soon found that women, at that time, could not do so. Instead, she went into nursing with the same enthusiasm and aspirations to make a difference in people's lives. She has done so as a nurse leader, leading from

behind—letting those who understand the work determine the work, and rely on her leadership to provide the resources to get the work done. Karlene shared her belief that it is the leader's responsibility to “create incredible cultures that people believe in, can grow personally and professionally and where they can deliver excellence in care. Once that is accomplished, people have the confidence to take risks and trust that resources will be available to do the work. Leadership is about creating systems and cultures that enable nurses to deliver excellence in care, undistracted by dysfunctional cultures and systems that don't work.”

THE DAISY NURSE LEADER: THE COURAGE TO ENCOURAGE COMPASSIONATE CARE

Nurse leaders must own their leadership practice. As Mary Dee shared, “Leadership requires courage. As leaders, we must help our staff to find their courage and to become courageous and compassionate leaders on behalf of patients.” In the opening story, there was courageous and compassionate leadership at all levels—even some rule breaking—but all in the best interest of the patient. Recognizing courageous and compassionate leadership in a meaningful way is foundational to The DAISY Nurse Leader Award.

Recognizing and celebrating those courageous and compassionate moments of leadership elevates the characteristics desirable in nurse leaders today. As Susan Grant said, “Courageous and compassionate leadership is shaped by our core values, our family, our mentors, and our leadership moments. Today, courage is required more than ever, with so many tough decisions to make in providing care for patients.” The DAISY Nurse Leader Award provides a framework for meaningful recognition of leaders who create an environment for exquisite and compassionate care to thrive. Meaningful recognition is important to leaders in mitigating the effect of compassion fatigue for their staff but also for themselves. In a recent study by Kelly and Lefton,³ 1,136 nurses were surveyed to measure their professional quality of life. The measures addressed compassion fatigue, consisting of secondary traumatic stress and burnout, and compassion satisfaction, which encompasses the pleasure and gratitude that develops from caregiving. The study, using The DAISY Award as proxy for meaningful recognition, found that nurses who were nominated for the award experienced higher levels of compassion satisfaction and had lower levels of compassion fatigue.³ These results speak to the power of meaningful recognition and may translate to the future impact of The DAISY Nurse Leader Award on nursing leaders.

Through The DAISY Nurse Leader Award, the mission and values of an organization are not a framed statement on the wall but are set into practice and come alive each day through the nursing leadership. Creating a space to express compassion in the care of patients and staff is a hallmark of a DAISY Nurse Leader. Gratitude is expressed in the act of recognizing and celebrating with the award. Through the DAISY stories of courageous and compassionate leadership, new nurses define the characteristics they wish to have in their leaders and start to formulate their own leadership style

as they move into their professional trajectory. Recognizing courageous and compassionate leadership supports a healthy work environment that engages nurses in their own practice, leading to an enhanced patient experience and contributes to the development of the next generation of nursing leaders.

SUMMARY

As you can see in this discussion of the qualities of The DAISY Nurse Leader, some of the strongest, most enduring lessons learned about leadership happened when inspirational leaders were “just doing their job,” but doing so in a way that carried a legacy of compassion and courage to the next generation. What models of leadership are validated in your organization and how are they celebrated? The DAISY Nurse Leader Award is a pathway for the expression of gratitude and highlights the value of courageous and compassionate nurse leaders! **NL**

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