# Human-Centered Leadership:
## *Creating Change From the Inside Out*

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Human-Centered Leadership in Healthcare is a new leadership model that focuses on the fulfillment and effectiveness of the leader who simultaneously focuses on others. Through recognizing the humanity in others, cultivating growth in others, and creating healthy, connected communities for others, the Human-Centered Leader establishes cultures of caring, excellence, and trust. In this article, the Human-Centered Leadership approach is demonstrated through an exemplar involving a nurse leader of an intensive care unit where the central line–associated blood stream infection rate has increased. The nurse leader at the point of care validates that sustainable change occurs from the inside out.

*A leader is best when people barely know he exists, when his work is done, his aim is fulfilled, they will say: we did it ourselves.*

—Lao Tzu (brainyquote.com, Accessed October 11, 2019)

Envision a health care organization where the leader recognizes the humanity, compassion, and intent of staff members, and encourages them to speak up when problems exist without fear of shame or blame. Imagine a leader who invests in each individual's professional growth in order to establish a learning environment. Think about the impact realized through the collective wisdom of experts who come together to develop innovative ideas to solve the problems impacting their practice. These scenarios become reality through the practice of Human-Centered Leadership, a new innovative approach to leadership in health care, based on the science of complex adaptive systems (CAS). CAS postulates that energy emanates from the center outward, influencing independent agents within the system to self-organize, distribute leadership equitably, and cross the edge of chaos to create new order and innovation.[1-4] The Human-Centered Leader (HCL) seeks to address complexity through upholding, awakening, and connecting the people who care for the people with an ultimate goal of nurturing cultures of caring, excellence, and trust. The HCL starts by recognizing that change begins with self, thus, leadership "starts with me, but ultimately, it's not about me."

### EXEMPLAR

Several years ago, a very specialized intensive care unit (ICU) began to see an uptick in the central line–associated blood stream infection (CLABSI) rate. Because of the nature of injury of the patients on this unit, infection was a serious concern. The unit's professional nursing governance (NPG) council took ownership of the problem and started to explore the care and maintenance practices for central lines on their unit. The unit's leader, Doreen, ensured that the NPG council was afforded time and freedom to explore the problem with minimal input other than operational, fiscal, and organizational oversight. The nurses began to identify several barriers, one being that the standard dressings sometimes wouldn't adhere to the insertion sites because of weepy, broken skin. The nurses did some research on other options for covering and protecting the central venous catheter (CVC) insertion site, keeping in line with the organization's maintenance protocol. Several of the nurses reached out to a specific wound care vendor to see what options were available. After working with the vendor, an alternative dressing was trialed by the team and was found to cover and protect the site more effectively

**KEY POINTS**

- **Sustainable change is initiated from the point of care outward.**
- **The Human-Centered Leader (HCL) seeks to address complexity through awakening, connecting, and upholding the people who care for the people with an ultimate goal of nurturing cultures of excellence, trust, and caring.**
- **Human-Centered Leadership starts with you, but it's not about you.**

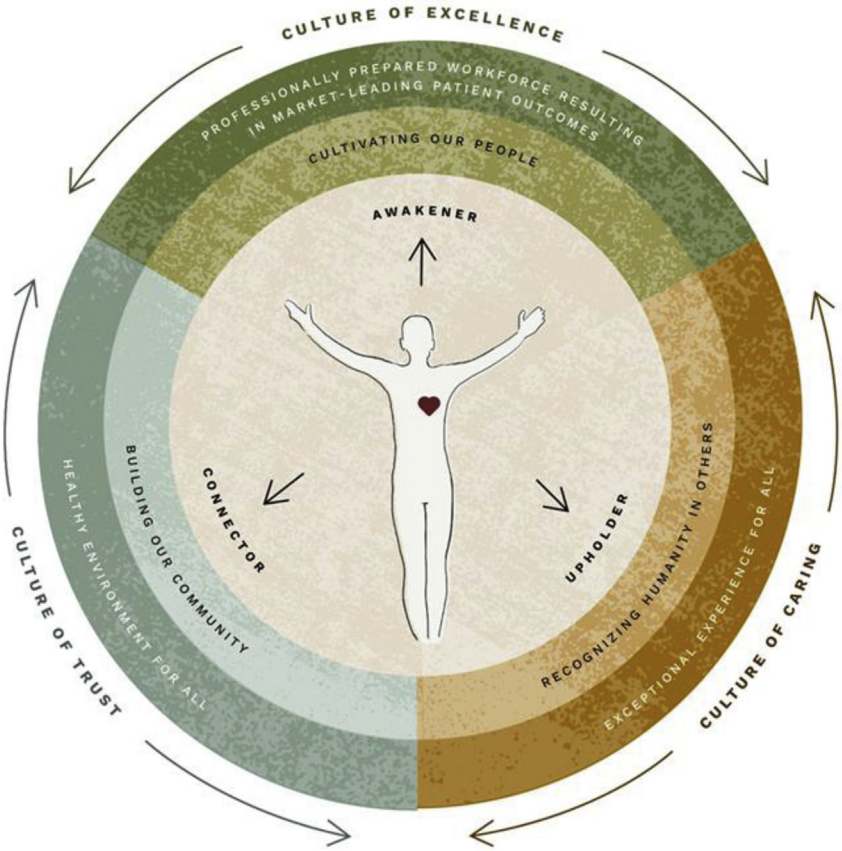


**Figure 1.** Human-Centered Leadership Model. The framework reflects an innovative approach to leadership in health care that starts with the leader's mind, body, and spirit as the locus of influence within local and larger complex systems. The Human-Centered Leader realizes success in nurturing cultures of caring, excellence, and trust by being an upholder, awakener, and connector.

than the standard dressing. The nursing staff then took the CVC maintenance and care protocol 1 step further and began to do dressing changes in pairs to ensure a standard of accountability for following best practice for CVC line maintenance. Slowly, the CLABSI rates began to improve. The nursing staff then identified champions of CVC line maintenance, and these nurses were charged with doing all of the weekly dressing changes to CVC lines, following the best practice guidelines. Soon CLABSIs were not an issue on the unit. The staff expressed ownership for the issue in seeking its resolution.

## THROUGH THE EYES OF THE UPHOLDER: A CULTURE OF CARING

In this exemplar, Doreen demonstrated the attributes of the upholder, within the model of Human-Centered Leadership, through her ability to be mindful of self and of others. She led with an open mind, leaving judgements and negative assumptions behind. As an upholder, she embraced an others-oriented mindset and had the ability and passion to believe in others more than others believed in themselves. The upholder supports, encourages, and creates an environment that is positive, nurturing, safe, and conducive to growth. Doreen demonstrated the qualities of the upholder by first acknowledging her care and concern for the patients on her unit who were being affected by the increase in CLABSI rates. More importantly, she acknowledged the humanity and compassion of her team, knowing that there was no intent to cause harm. Doreen's focus on her own humanity and that of others contributed to a positive experience for staff and patients and created a culture of caring (*Figure 1*).

### Be Vulnerable With Staff

Doreen began by identifying with those at the point of care. Promoting patient healing became the core purpose versus the metric itself. Instead of blaming and shaming her nursing team for an uptick in the CLABSI metric, she brought them together through the unit-based NPG. She acknowledged her vulnerability by letting her staff know that she did not have the answers and she trusted the team's competence, knowledge, and skill. She then challenged her team to think outside the box to find ways to decrease the risk of CVC infections for this specialized patient population. She assured them that she would be open to and supportive

of the innovative ideas they came up with. According to Lencioni, "...teamwork begins by building trust. And the only way to do that is to overcome our need for invulnerability."[5(p.63)]

### Recognize the Impact of a Just Culture

Frankel et al[6] describe a just and fair culture as an environment where staff feel safe and emotionally supported when speaking on issues regarding patient safety. Human-Centered Leaders understand that no nurse comes to work with an intent to harm, and that creating a work culture where staff can articulate areas of concern, weakness, or inability shows the greatest form of human caring. Doreen understood that the uptick in CLABSIs on her unit did not involve a purposeful intent to harm on the part of her nursing staff. After meeting with her staff to discuss safety concerns and barriers to safe care, she trusted them to discover ways to correct the problem. Because the staff felt safe and supported, they, in turn, expressed accountability for improving the care, and creating and maintaining an environment where individuals are not blamed or shamed for system issues that are out of their control. Lao Tzu states that "from caring comes courage"; and by taking the stress of the blame game off the table, focusing on the human in the bed versus the uptick in the metric, the nursing staff tapped into creative, courageous, and innovative solutions that addressed the barriers they faced in caring for this patient population. The staff became comfortable with monitoring and coaching their coworkers, which in turn, strengthened the culture of human caring, trust, and accountability.

### Banish Shame and Blame

In her New York Times bestselling book, *Dare to Lead*, Brown[7] discusses the use of shame and blame as a management style in organizations. Blame often times leads to shame, and Brown states, "shame can only rise to a certain level before people have to armor up and sometimes disengage to stay safe."[7(p.116)] Brown goes on to state that blame and shame can be hidden behind the walls of an organization and can destroy innovation, trust, connection, and finally, the culture. She describes the most devastating sign of "shame infestation" within an organization is individuals staying quiet or hiding the truth in order to avoid the pain and embarrassment that shaming and blaming can lead to. In a health care environment, when staff feel unsafe and disengage from their team or their work, patient safety is at risk. In the exemplar, Doreen never once shamed or blamed the staff for the rise in CLABSIs. She recognized the complexity of the patient population, she empathized with her team and the barriers they faced in caring for these patients, her strong sense of self allowed her to speak openly and honestly to her team, and the culture of care that had been established provided an environment of innovation and creativity to address and eventually solve the issue.

## THROUGH THE EYES OF THE AWAKENER: A CULTURE OF EXCELLENCE

Doreen demonstrated the powerful attributes of the awakener through respect for and investment in her team as individual, educated, and experienced professionals. Her underlying goal was to cultivate the growth of each team member because she understood that in complex adaptive systems (CAS), an individual's growth would ultimately impact change and adaptation of the entire, interconnected team. As the team worked together in NPG, sharing knowledge, questioning, researching, and integrating the latest evidence into their practice, they were elevated professionally, and their ensuing practice changes resulted in market-leading patient outcomes. A culture of excellence emerged as the team owned the quality of their practice, their individual and collective competence, and the improved patient outcomes (*Figure 1*).

### Establish a Learning Environment

As an awakener, Doreen first established the expectation that the ICU was a learning environment. She herself modeled continuous learning and set a high bar for the staff. She supported the formalization of each team members' growth track through a collaboratively prepared individual growth plan. The plan included goals around completing educational programs, obtaining specialty certifications, attending conferences and continuing educational offerings, and learning how to integrate the latest evidence into practice. Doreen followed each one's professional growth closely and provided feedback and course correction as needed.

### Connect Organizational Goals With Individuals' Values

O'Grady and Malloch state, "Aligning staff motivation with organizational goals is the only sustainable way of ensuring staff investment and ownership."[2(p.147)] The C-suite's goal is to decrease payment penalties by reducing the number of patient harm events. While upper leaders are appropriately motivated by this goal, the staff at the bedside are internally motivated by their purpose of promoting healing and improving the care their patients receive. The nurse's internal motivation powered by their sense of purpose creates the authentic desire for creativity and innovation that cannot be imposed externally. If Doreen had suggested that the staff members team up with a "buddy" to ensure they are following the dressing change technique correctly, the team would likely resist this change. Because this solution was initiated by the staff, they own the process, the outcomes, and the accountability.

### Coach for Change and Innovation

The HCL must be comfortable with the consistency of change. According to Porter O'Grady and Malloch,[2] the primary work of the leader is to help others deal with the changes that affect their lives and their work. The success of the awakener is dependent on his or her ability to embrace change, predict change, adjust to change, and bring others along on the journey. Staff must recognize that they are required to keep moving forward professionally if they are to remain relevant in the changing environment. Doreen's transparent communication with her staff and her ability to connect and align the internal values of staff members with the organization's goal of decreasing CLABSIs motivated the team's willingness and desire to make process changes to improve patient care.

Weberg[8] states hat innovation needs to be incorporated into the daily operations of the organization and culture. The leader ensures that processes, policies, and resources are in place to allow for and support its development. The leader communicates the demand for innovation within a specific context of the population and is open to new solutions. Doreen didn't insist that the organization's standardized dressing for central lines was the only acceptable solution. She allowed the team to fully explore options, based on their experience and knowledge. She supported the team in their research and contacts with vendors as they searched for a suitable dressing for the unique population. According to Porter O'Grady and Malloch,[2] innovation is driven from the point of service and requires a full investment and engagement of those who do the work supported by those who lead the work.

## THROUGH THE EYES OF THE CONNECTOR: A CULTURE OF TRUST

Doreen embodies the attributes of a connector through her ability to provide a structured nursing community that enabled a safe and healthy environment in which those at the point of care could give voice to and own the problem of increased CLABSIs. Consistent support of NPG breeds a culture of trust and in this case, Doreen and her team successfully tackled a serious patient harm situation (*Figure 1*).

### Consider a Different Way: Nursing Professional Governance

Because the center of a system can be likened to a cell's nucleus, the point of service offers the essence from which change, growth, and evolution emerge outward. NPG, formerly known as shared governance, is one of the most significant advances in nursing practice over the past half century.[9] The original intention of shared governance was to shift decision-making and ownership of the work environment and professional practice to those at the point of service. The connector, who often lives in the space between the 2 worlds of those at the point of service and those in the administrative suite, should become schooled on how to navigate conversations and operations that marry the goals of those above and those at the point of service. Doreen had to employ courage to mitigate the pressure she was feeling from administrators who wanted a quick fix to CLABSIs. As a connector, she started with self, and relinquished traditional rigid, bureaucratic, linear approaches to carve a new path. Doreen facilitated participative meetings that did not have a rigid preplanned agenda, rather the dialogue was guided by the staff members at the point of service. The agenda reflected the problems and issues known to the staff on an intimate level, which was an increase in CLABSIs. Doreen's support and consistent structure around NPG revealed independent agents who could self-organize, create simple rules, and cross their own edge of turbulence and chaos to change the entire system in the ICU.

### Recognize the Staff as Architects of Innovative Solutions

The connector embraces the concept of all leadership being local, which requires relinquishment of control of decisions that can and should be designed and implemented by those whose work environment is impacted. This does not mean the connector gives up all decisions. There are practical and administrative decisions that are still owned by the connector. Doreen starts with self in recognizing that she does not own nor is she the expert on all of the decisions of the team or the organization. The inner locus of awareness allows Doreen, as a connector, to freely share decisions, ideas, successes, and failures with the team.

### Be a Change Manager: Expect the Unexpected

According to Porter-O'Grady and Malloch, "Diversity makes chaos visible because it pushes systems to forever adapt to changes in their environment."[2(p70)] Traditional approaches to leadership attempt to mitigate or prevent the unpredictable, whereas a HCL embraces the idea that change, the unexpected, and the subsequent consequences that may include conflict or poor outcomes are much closer to the reality of today's health care system. The connector develops and integrates concepts of change management in terms that are congruent with a complex system. Trying to manage change with a linear approach in health care is like trying to fit a square peg into a round hole. There are a number of reasons Doreen opted for an approach to change that sees the environment as a CAS. First, the recognition that chaos is really the edge of change allows the leader to stop being reactive to situations and instead, pause in the moment with a mindful and authentic presence. Doreen recognized the turbulence caused by current challenges (increased CLABSIs) as the space where momentum could be

gained for adaptation to the new way of managing central lines and dressings. This new order of allowing true nursing governance from the point of care benefitted not just the individual and the unit, but the entire microsystem and larger system as a model of best practice emerged.[10]

## Implications for Nurse Leaders

The HCL, who practices self-awareness, self-care, and mindfulness, is also others-focused and recognizes that sustainable change is initiated from those at the point of care. The HCL knows that "it starts with me. but it's not about me." By embracing the attributes of an upholder, the HCL creates a culture of caring by believing in the good intentions of staff, being vulnerable, and *never* blaming or shaming. He or she is also an awakener and creates a culture of excellence by establishing a learning environment, connecting goals to purpose, and coaching the team on change and innovation. Lastly, the HCL is a connector and creates a culture of trust by establishing the NPG structure and recognizing the collective wisdom of staff to develop solutions in an ever-changing environment.

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Note: This research did not receive any specific grant from funding agencies in the public, commercial, or not for profit sectors.

1541-4612/2020/$ See front matter



https://doi.org/10.1016/j.mnl.2020.03.009