



PART I

The *Revolutionary* Theory Evolves

*T*he evolution of an idea includes an accumulation and integration of change over time. Human-Centered Leadership in Healthcare® (HCL-HC) was originally introduced as a constructivist reflection of modern healthcare leadership grounded in the idea that effective leaders in complex systems prioritize their own well-being. The leader is then equipped to turn their energy outward to Awaken, Connect, and Uphold their teams and colleagues. Through rigorous testing of the theory with real-world leaders and teams, HCL-HC has expanded into a more mature version with nuances related to mindset, language, measurement, and how to put it into action. Read on and discover the ongoing research that's informed the latest and greatest version of HCL-HC.



CHAPTER 1

On the Shoulders of Giants

If I have seen further, it is by standing on the shoulders of giants.

—Sir Isaac Newton, English scientist

*H*ave you ever looked up at the night sky and felt an unexpected sense of connection—like you’re part of something bigger? There’s something about stargazing that reminds us we’re not alone. Across time and cultures, people have looked up to the sky with curiosity, wonder, and even a hint of hope. The same stars that guided ancient travelers, inspired storytellers, and fueled scientific discoveries are still shining above us today. It’s a reminder that no matter how much the world changes, we’re all linked through the shared human experience.

And that brings us to Human-Centered Leadership in Healthcare (HCL-HC). Like the stars, leadership evolves, shaped by new ideas, shifting landscapes, and the needs of those it serves. What began as a concept grew into a theory, then into a guiding philosophy—one that embraces the complexity and unpredictability of modern healthcare while staying rooted in the values that have always mattered.

In this chapter, we’ll explore how this approach took shape and why it continues to be a powerful force in nursing and healthcare leadership today. Come along as we

trace the path of a theory that, much like the stars, has the potential to illuminate the way forward.

What If Copernicus Had Just Kept His Mouth Shut?

Robust theories continuously unfurl, emerge, and take shape to stand the test of time. Theories are inextricably connected to practice and practice to the dynamic emergence of theory. Just like when Copernicus first proposed that the Earth was a planet like Jupiter that circled the Sun. This was a revolutionary and unpopular idea that had to be tested because back then the more widely held belief was that the Earth was the center of the universe. Unfortunately, it was 1515 and there were no powerful telescopes to help him test the theory. By 1610, one of his contemporaries, Galileo, pointed his telescope to the night sky and saw that moons orbited Jupiter, and he documented the phases of Venus to prove that the planets do indeed orbit the Sun. Next, Kepler and other scientists built on Galileo's and Copernicus' theories, developing the mathematical equations still used today to predict the movement of planets. As time passed and history moved along, you might recall how an apple changed everything, and Isaac Newton added to Kepler's theory of planet movement by defining motion. From there, Newton shifted the scientific perspective to the Laws of Motion and Gravity. You're probably on the edge of your seat, wondering who gained an advantage over Newton. If you said Einstein, you get a gold star. In the early 1900s, Einstein honored Newton's ideas but added an element related to relativity. The Theory of Relativity didn't replace Newton's laws of motion and universal gravitation, which are still used today to launch satellites; rather, the Theory of Relativity was a more inclusive representation of Newton's theory. Were the theories of Copernicus, Galileo, Kepler, Newton, and Einstein inaccurate? No. Evidence supported each theory, generated accurate expectations, used a specific frame, and most importantly paved the way for new avenues of research, thinking, and practice. If Copernicus had kept his mouth shut, perhaps the journey to the scientific understanding of physics would have looked quite different. Thankfully, in today's highly technological world and in part due to the work of giants such as Copernicus and his colleagues, research and the evolution of theories don't take 400 years. If that were the case, we wouldn't have much to share about HCL-HC. What you're about to read is our own Copernicus story but one within a world that is much more connected than in the 1500s.

Which Came First, the Theory or the Practice?

A theory evolves when new questions are asked, new contexts emerge, and new frames are used to understand and explain the phenomenon. In a review of the evolution of nursing research, Stolley, Buckwalter, and Garand (2020) wrote that theories also evolve when new evidence is brought forward. Theories are not static, rather they can be compared to a living organism that matures, ages, changes, and adapts to an ever-changing world. Theories are also informed by perspectives and contexts. HCL-HC provides an exemplar of how a theory really does grow and change. Since the original constructivist grounded theory was published in 2021, we couldn't have imagined the groundswell of interest in this contemporary, relational, and healthcare-specific leadership theory. Nurses from around the globe identified with the shared mindset of leading from the perspective of a shared human experience. We discovered you can't just "drop the mic" and walk away. Nurse scientists, leaders, and academics were eager to test the theory. And we were delighted to partner with them. HCL-HC looks a lot like its original self of four years ago, but real-world application with nurses and teams has cultivated growth with roots and branches. The theory is not bigger, but it's definitely better. It's better because science challenged the theory (and us) with hard questions such as "What does it look like in practice?", "Does it make a difference in outcomes, for nurses and patients?", "How do you measure it?", and "How do we integrate the theory into graduate education?".

These questions and many others guided the evolution and related work over the past four years. HCL-HC was first introduced as a contemporary theory, and to some, a movement, grounded in the concepts of complexity. The original theory focused on leadership from the "inside out." As we journeyed across the United States and worked via the virtual world with global colleagues, the theory evolved in front of our eyes. As nurse leaders from practice and academia tested the theory by putting it into action, some significant advances reminiscent of Newton's apple drop developed. Here are some of the highlights:

- **"Self"** evolved as a distinct dimension, which expanded the theory from the previous three dimensions of Awakener, Connector, and Upholder.
- **A validated instrument** was developed to measure the four dimensions of HCL-HC from different perspectives: Self-Assessment, Others (Direct Reports), and Colleagues.

- A **mindset** and **language** capturing the essence of each of the four dimensions emerged.
- A transformative roadmap was crafted to help leaders evolve personally and professionally, bringing the four dimensions to life in an actionable way: **Being, Knowing, and Doing**.
- A connecting theme of **relational leadership** surfaced: relationship with Self, first, and then the outward focus on relationships with others.
- As appetite and demand for HCL-HC grew, we developed a **Certified Facilitator Course** in which participants are equipped with the knowledge, skills, and tools to effectively teach and promote these leadership principles. The course combines theoretical frameworks with practical application, enabling facilitators to foster relational and HCL practices within their organizations.

So, to answer the initial question in this section, “Which came first, the theory or the practice?”, I would challenge you to answer right now to yourself. Do you think human-centered leaders existed before we did our original research in 2020? We believe the answer is yes. The practice was there, but it had not been named. In this instance, we believe the practice came before the theory, but practice is now informing and refining the theory.

The Intent and Context

In our 2021 introduction to HCL-HC, we used the metaphor of a hospital’s physical architecture to highlight the importance of the human aspect of healthcare (Kennedy, Leclerc, & Campis, 2021). Just as the steel beams and concrete foundation of a hospital become invisible yet essential supports, the human architecture—nurses, doctors, and the entire team—provides vital care. Registered nurses, who form the largest part of the healthcare workforce, are like the invisible beams, working tirelessly round-the-clock 365 days a year. Expanding this metaphor beyond a single hospital to city-wide and national levels, nurses remain the backbone of healthcare. With nearly 4.7 million nurses in the United States, they are the invisible architecture that ensures continuous care (National Council of State Boards of Nursing, 2024). Just as the physical structure of a hospital supports its purpose, nurses support the humans entrusted to their care, maintaining the health and well-being of patients every minute of every day.

The intention of this book is to update the original introduction of HCL-HC with real-world examples of the theory in action. We will also share real-world research done by not just us, but others from around the world who are integrating HCL into practice environments. As we consider this strong sense of purpose and commitment to care for others, the HCL-HC approach will assist you in putting a name to the qualities and attributes of the leader you may already be and the leader you aspire to be. The primary tenets of HCL-HC will help you identify how effective leaders start with self and then organically emanate their influential energy outward to their teams and their patients. In this book, we will walk you through a series of steps to identify and recognize HCL-HC attributes that already exist within your leadership style and will challenge you to consider how to strengthen other HCL-HC attributes that might not be as evident to you. You will be challenged to do a good bit of self-reflection and self-examination because, as we say in HCL, “It starts with you, but it’s not about you.”

Why does HCL-HC zero in on healthcare leaders and, specifically, nurse leaders? Remember, nurse leaders are those leaders at the point of service from the bedside to the boardroom and all roles in between. To answer the question, HCL-HC did not originally intend to “target” a certain population; rather, the theory and approach continue to emerge through ongoing research and construction of meaning. This means we’ve collaborated with nurses and interprofessional teams around the world to validate the dimensions, expand the theory, measure the dimensions, validate how the dimensions are operationalized in practice, and explore connections between HCL-HC

INTENTIONS

- Discover how the theory has been updated to reflect real-world practices.
- Dive into the research that supports the updated theory and associated outcomes.
- Identify ways you can put HCL-HC into practice, just like the many nurses and leaders who’ve paved the way over the past few years. Their stories will inspire you!
- Learn about strategies to align dimensions of the human-centered leader at all levels of nursing education (BSN, MSN, and DNP) by focusing on alignment with the *ANA Code of Ethics for Nurses* (2025) and *AACN Essentials* (2021). See Appendices D and F.

and outcomes. Because evidence is the foundation of practice, in the following chapter, we'll describe the various studies we've had the honor to do with experts across the globe. The primary intentions of this book are to share with you the new and improved theory, the research behind it, and the exciting outcomes-based ways it's been put into practice. Our hope remains the same, that you'll feel as if you're connecting with an old friend, that leader you knew years ago when you were a new nurse, or that leader you now work alongside. We also hope you'll recognize yourself.

Discussion Questions for Groups

By addressing the following questions in a discussion with colleagues, we can better understand the potential for nursing to evolve beyond traditional methods and embrace a contemporary, relational leadership style that aligns with the ongoing changes in society (Appendix J).

1. Movements often undergo phases of growth, resistance, and adaptation. How do you see this pattern in the context of nursing leadership today?
 - Do you believe the profession is currently experiencing a phase of resistance to change, or is it more adaptive and open to new ideas?
 - What indicators would suggest that nursing is ready for a paradigm shift in moving from traditional or transformational leadership to HCL-HC?
2. Consider the role of grassroots activism in the evolution of social movements. How can grassroots efforts within nursing contribute to a broader transformation in the field related to leading in a relational way?
 - What are some examples of grassroots initiatives that have successfully brought about change, and how can these principles be applied to nursing?
 - How important is it for nurses to engage in advocacy and activism to promote a new vision for the profession's future?
3. Finally, discuss the importance of intergenerational collaboration in the evolution of movements.
 - How can newer generations of nurses learn from the experiences and lessons of those who came before them, and vice versa?
 - In what ways can this collaboration drive innovative approaches and solutions in nursing leadership and practice?

Reflection Questions for Individuals

As you consider the fact that change is inevitable within your own life, profession, and organization, how can you develop a mindset to better manage and even welcome new ways of thinking and leading? What's one small thing you could do differently that would influence how you view change? Consider how evidence and research could play a role.

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Recommended Reading

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