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Respiratory Therapist and Nurse Leadership: Shaping the Future of Healthcare Delivery

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Abstract

Purpose: The purpose of this paper is to identify the need for a transition in the structure of health care delivery in the United States away from a physician-dominant system. Health care and many of its accompanying demands should receive attention from policymakers, professional healthcare personnel, and educational establishments. Much of what is offered in this paper is generalizable to other countries. The specific examples cited are of particular interest to those in the United States. The goal of this paper is to launch a comprehensive dialogue related to the vertical transition of health care leadership. (Marchildon et al., 2021)

Further, throughout this paper, and in general, it is not the intention to suggest that medical expertise is unnecessary or undesirable. The intent is to broaden leadership participation, decision-making, and control of a system of health, only part of which is that of actually providing medical care. Those individuals outside of actual medical care delivery can apply their training in areas beneficial to overall health systems management and are not limited to the applied use of business skills. Data utilized within this paper come from a variety of sources, including qualitative interviews with health care organization directors. These interviews were conducted as part of a larger study examining whether progressive management practices are gaining in importance in healthcare. (Petersson et al.2022)

Keywords: _Respiratory Therapist, Nurse, Leadership, Patient Safety, Professional Practice, Clinical Decision Support Systems, Interprofessional Relationship, Practice Guidelines, Health Behavior, Computer Simulation_

1. Introduction to Respiratory Therapists and Nurses in Healthcare Delivery

As the demands, expectations, and effectiveness of the healthcare delivery system continue to dominate the national policy agenda, the quality, scope, and thrust of activities comprising that system appear to require detailed examination and reassessment. If much of the clinical portion of healthcare is labeled diagnosis, treatment, patient care, and health maintenance, such an investigation becomes a natural concern of nursing. Nurses have always been recognized both as the primary deliverers of healthcare services and as the major disciplining catalyst of the patient population. Contemporary issues, such as primary care, an individual patient focus, a family orientation, and involvement of communities in efforts to maintain health status, have prompted a reexamination of these total services. With qualified health personnel available, a potential system of coordinated healthcare delivered by such qualified people is realizable. The potential for achievement of individual, family, and community levels of health goes beyond the highest aspirations that were part of early efforts in this country. Yet, such achievements remain to be realized. (Mitchell et al.2020)

2. The Role of Leadership in Healthcare Settings

Nurse leadership knowledge has remained a cornerstone of health care for many years. However, the knowledge of what other colleagues, such as respiratory therapists, contribute to leadership and its importance is not well explained. Leadership in the health care setting is not reserved for an elite or confined to one profession. All health professionals in their setting have leadership as a trait they possess, and to achieve the desired levels of health care, the situational leadership model states that they have to determine which leadership style or combination of

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styles is best suited to their staff and situation. All clinicians are given leadership responsibilities regardless of their roles and the health care setting in which they practice. This stems from the concept that leadership is not only a role but also a process. One does not have to be an executive, director, or leader to have an overall impact on the organization. Therefore, health professionals have been encouraged to acquire leadership roles at various levels. (Broome, 2025)

The professional roles that respiratory therapists are undertaking provide a window into the future regarding the ways that all of the health professions will grow and develop to meet the future needs of the population. This provides us with the opportunity to understand the contributions, impacts, and interactions of respiratory therapists and how we can share or adapt these qualities. Of all our professional accomplishments, the ability to engage in the political and organizational construct of health care and the health challenges facing society may be among our greatest responsibilities and privileges. In other words, it is difficult to show the impact of our profession's policy changes if the future respiratory care leaders do not embrace and develop that particular component of our practice.

2.1. Defining Leadership in Healthcare

When defining leadership in the healthcare sector, it is appropriate to consider what constitutes nursing leadership and, separately, what constitutes leadership in the broader context of the healthcare sector. Nurses represent the largest group of care providers in healthcare, as well as being the clinicians that work around the clock, seven days a week; are frequently referred to as the "backbone" of healthcare; and are most responsible for both the implementation of medical orders and for ensuring that the required care for all units of any department is given to patients. Nurse leaders can frequently be found in executive administrative, mid-level management, or charge nurse positions. Remarkably, a consequence of the underrepresentation of these leaders is that nursing concerns are not usually given the weight they deserve. For this reason, the opportunity for improvement within healthcare is lost. The majority of studies on leadership involve leaders of a "general nature," and most of these are done with managers from the business sector. (Al-Metwali et al.2021)

Most nurses who undertake leadership roles describe them as "administrative" in nature. A person does not have to be a manager or an administrator to be a leader. A leader can be a role model mother to a child or be in any performing role. As such, anyone in the organization can act as a leader. This highlights leadership as a societal issue and not just an occupational one. The healthcare sector is a "communications-intensive" environment, and decisions made about strategic priorities and operational tactics are affected and made on the basis of what is communicated. In order to align functions, it is crucial that nurse and clinical leaders effectively communicate while working under the dynamic and dramatic nature of the healthcare environment. Unless a person is involved in directing the activity of a group across members in accordance with organizational goals, it is not leadership. (Crowell & Boynton, 2020)

2.2. Importance of Leadership in Respiratory Therapy and Nursing

The field of anesthesia is an example of a healthcare profession that has been recognized for leadership in the healthcare industry for a long time. However, the 1990s saw significant changes in the healthcare system at the operational level. This caused clinicians to think more like administrators and led to increased interest in leadership among national professional organizations. Leadership potential in the nursing profession is still not fully aligned with the potential for effective leadership roles, but in the respiratory care profession, leadership remains low. To understand the importance of leadership in order to demonstrate it, it's helpful to think about roles in the larger healthcare team as well as understand sources of power, use conflict management methods, and examine the differences frequently present in the clinical and academic leadership roles. High-functioning teams are fundamental to providing patients with the best outcomes possible. For a healthcare team-related idea to move forward, it's critical that there are team members available to offer thoughts to resources that want change to happen but cannot due to a lack of credibility, control, or competing ideas within the department, hospital, or industry. When a member has developed an idea, a plan to change patient outcomes can move forward. Success in these opportunities can move a person towards more advanced leadership roles. (James et al.2021)

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3. Challenges and Opportunities in Healthcare Delivery

Providing safe, high-quality, cost-effective healthcare is a complex national and global challenge. Providing care that is patient-centered, easily accessible, of the highest quality, and cost-effective can best be achieved by individuals, regardless of their profession, working together as an interdisciplinary team. One way to facilitate the reform of healthcare delivery is to prepare healthcare professionals who can function and lead that interdisciplinary team. Reshaping the way care is delivered also calls for bringing more disciplined approaches to improving processes and the quality of care, which requires the use of evidence-based practice and health information technology. (Mohiuddin, 2020)

The shortage of respiratory therapists and registered nurses makes achieving these nationally recognized objectives a reality even more difficult. Yet, as the professions that work 24/7 as members of interdisciplinary healthcare teams, no others are better suited or prepared to lead changes that are meaningful and substantive for the health and well-being of the U.S. population. For respiratory therapists and registered nurses to lead, they must be prepared in their formal education programs to be an integral part of the delivery team from their first day at work. Respiratory therapy and nursing educators must create partnerships to sharpen the message they take to their stakeholders. By working together, respiratory therapists and registered nurses will be at the forefront of all major changes in healthcare delivery, including the implementation and maintenance of electronic health records, decisions in resource allocation and costs of care, advocacy for proper training, continuing competence, and positive practice environments, administrative leadership, reflective practice, and participatory management, development of an enabling healthcare system, and sufficient capacity in the healthcare workforce. (Gupta et al., 2021)

3.1. Current Challenges in Healthcare Delivery Systems

Current world events have brought to the forefront the need to plan for future responses to crises that include the presence and involvement of respiratory therapists and nursing leaders in shaping the quality and future of healthcare delivery. The experts agree that the time has come for respiratory therapists and nurses to display their passion for excellent patient care and compete with other healthcare professionals for executive positions. Respiratory therapists and nurses have more educational opportunities to advance in healthcare career ladder positions than have been available in the past. Calls for richer performance in healthcare access, quality, and outcomes at more affordable costs stipulate that the time to fully integrate respiratory therapists and nurses into every aspect of healthcare at all levels is now. (Alismail & López, 2020)

In the twenty-first century, healthcare is about being aware of the many disciplines that make the patient well, treating the whole person irrespective of race, color, disability, sex, sexual orientation, gender identity, religion, national origin, ethnicity, or age, and preventing and addressing all types of disease and disability. The development of fully functional and comprehensive models of healthcare delivery is a work in progress. Governments, corporations, and individuals of all ages have a stake in the health of children and adults and therefore work together to address the inadequacies of the healthcare delivery system of the future by utilizing respiratory therapists and nurses more fully in the advancement of best healthcare practices for all demographic groups. Healthcare delivery system challenges that are relevant to respiratory therapists and nurses are presented in the following articles that link shared leadership with patient care models, legal issues, and academia.

3.2. Innovative Solutions and Opportunities for Improvement

Each healthcare facility should identify the unique needs of their organization and the patients being cared for in their facility. Facilities that have complex patients with multiple comorbid conditions and are capable of providing advanced treatment modalities should have intensive care unit respiratory therapists, registered nurse staffing guidelines that recognize the intensity of patient care needed by these patients, and ensure that the individuals in these positions are providing a safe, high-quality level of care. Innovative staffing models in acute care hospitals include emergency department respiratory therapists, transitioning from MD-led teams to respiratory therapist-led rapid response teams who can also respond or provide consults to all units including surgical, post-anesthesia care unit, rehabilitation, and oncology units, staffing healthcare facilities with respiratory therapists in the

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discharge area of the emergency department or the outpatient surgery unit so at-risk patients needing treatments and having difficulty breathing upon discharge from the emergency department are identified and treated immediately.

Respiratory therapist evaluation and management of positive air pressure respiratory adjustments and advanced diploma respiratory therapists adapt their skills to manage physiological changes related to the sudden and unexpected changes in patient status required throughout the hospitals and facilities, and respiratory therapists' management of weaning protocols can be performed for the majority of admitted patients. The shortened lengths of stay for surgical patients and decrease in hospital-acquired pneumonia and ventilator-acquired pneumonia will save healthcare money. As healthcare facilities continue to achieve additional savings from decreasing prices of services they provide, they can redirect the new money to provide additional services, increase pay for respiratory therapists, protect their staff, and expand their reach into more diverse and current positions for respiratory therapists. Demand for in-house evidence-based best practice guidelines to improve patient lung health and to decrease the length of time patients use a ventilator after surgery, multiple neonatal, pediatric, and adult patients discharge home after a long hospital stay on a scheduled use of a ventilator, receive continuous positive airway pressure while admitted to an acute care facility, need biomarkers and symptoms monitored on their continuous positive airway pressure machine, and that the ventilator be turned up during physical therapy and turned down when sitting in a wheelchair for a prolonged period of time, improvement of oxygenation before 15–30 seconds of their blood oxygen level drops below 88%, which initiates standard instructions to improve blood oxygen monitoring for patients, describing the benefits to respiratory patients, artifact-proof remote patient monitoring and care coordination often allows the patient to improve while at home if their carbon dioxide build-up has been relatively low, improvement in clinical outcomes when continuous capnography is used during dental procedures, reduction in the number of intubations in the emergency room and the continuous use of continuous capnography during intubation, reduction in the number of deaths related to poor handoffs when the transferring facility uses the national treatment guidelines for ventilator-associated conditions, compliance to lead detection and oxygen concentration monitoring equipment, and barriers that exist when similar identifiers are not placed on the patient were identified in the analysis of each dispersion report.

4. Collaboration and Interprofessional Teamwork

It is important to remember that the effective delivery of care is essential for today's interprofessional patient care teams. Open, honest communication based on understanding the perspectives of a variety of other team members fosters both effective and efficient team performance. Fostering relationships that are both collaborative and collegial helps to provide continuity of care. Building strong relationships among professionals supports resilience as well as collegial accountability. Open and honest communication can help avert potential problems. Members of the care team must be able to recognize and share their observations candidly in order to avert potential problems in patient care. There are many situations that may require specific conversations designed to avert misunderstandings and miscommunication. There may be conflicts concerning the professional scope of practice among team members. Clarification of individual roles and responsibilities can be provided by a culture of safety and mutual respect. (Dilles et al.2021)

Communication among the health care professions team should be based on professional respect for all members, as this helps to ensure positive relationships that are interprofessional in nature. There may be time in the professional meetings of respiratory care and nursing management teams to review inter-departmental teamwork or to go over specific situations in which communication might break down. Establishing areas of common ground can highlight the differences in professional roles while still focusing on the shared commitment to patient safety and quality. Team-building activities can help to create a supportive environment for communication and provide some insight into improving both coordination and the flow of work processes. In establishing a culture of teamwork that values the unique perspectives and knowledge of all patient providers, patient safety and quality are enhanced.

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4.1. Importance of Collaboration between Respiratory Therapists and Nurses

Traditionally, respiratory therapists work under the direction of the pulmonologist or critical care medicine attending physicians. However, as healthcare progresses, we must change our mindset and begin to recognize some of the restrictive limitations that have been imposed on this vital team member. The knowledge and skills of respiratory therapists must be utilized not only under the direction of the physicians but independently as well. We believe that for a healthcare team to function at its maximum capability, each team member's expertise must be utilized to the maximum of their professional ability. A healthy healthcare team is the most effective way to deliver excellent patient care and provide the most desirable patient outcomes. The future role of the respiratory care professional should not be perceived to be constrained by the traditional medical model of the

4.2. Effective Strategies for Interprofessional Teamwork

Respiratory therapists and nurses have a wealth of knowledge and the professional experience to contribute as partners in the development, justification, design, implementation, and evaluation of care delivery models. Yet there are no existing guidelines allowing dissemination of best teamwork practices or how to include respiratory therapists effectively in healthcare teams. Current shortages and a looming future of inadequate resources require that healthcare organizations integrate respiratory therapists in interdisciplinary teams in the most effective ways. Co-location of our professions and active marketing to patients, families, administrators, and providers help expand the use and knowledge of collaborative care models. Respiratory therapists and professional partner nurses working with an interprofessional team of physicians, patient transport staff, and ancillary departments deliver better services when practices reflect a focus on rapid weaning from mechanical ventilation and effective use of noninvasive positive-pressure ventilation, along with better implementation of evidence-based practices related to ventilator-associated pneumonia and patient mobility. Appealing and impactful were the results of a physician team that rethought the role of respiratory therapists and nurses in delivering efficient ventilator disconnection trials. Providing observational ventilation data and informing daily conversations on the safety of extubation have resulted in new respect and a productive team approach. A significant benefit is the use of respiratory therapist-managed sedation interruptions or lightening for decreased sedation and duration of mechanical ventilation.

5. Future Trends and Technologies in Respiratory Therapy and Nursing

Upon reflection of the experiences and roles that have taken both the nurse and respiratory therapist, it is evident to us that technology is evolving with particular speed. As a result, trends and technologies seem to impact the patients we care for and the way in which our services are provided. In considering these future trends, among the medical professionals as well as beyond the signing of patient-care related roles which respiratory therapists and nurses competently fulfill, it is of utmost importance for respiratory therapists, nurses, and all other clinical professions to be strategic thinkers in the evolving landscape of health care. (Kelly et al.2020)

The digitalization of healthcare systems has seemed to accelerate during the pandemic, as online platforms have come to the rescue of those needing access to healthcare while minimizing the risk of contracting or spreading the virus. This trend is expected to continue post-pandemic, leading to more healthcare services in digital format, including visits to online doctors and therapists. However, the lack of governance and policies specific to online healthcare presents risks to patients. Patients and health professionals may be left to maneuver through complex digital spaces to access services and information while facing data privacy challenges.

In the future, healthcare professionals will need to familiarize themselves with digital services, including online resources and telehealth systems, to advise patients on their options. Digital health is the convergence of digital technologies and healthcare, and it is increasingly infiltrating the field of healthcare, accompanying and influencing the way we live in the areas of prevention, diagnosis, treatment, follow-up, and research. In particular, to support care, digital health involves the development of methodological solutions for the acquisition and exchange of health information, as well as applications aiming to facilitate the sharing of such information between various users. In this regard, a common denominator to all these solutions intended to support care is to be the patient's assurance that they can access and share their healthcare data, and that they are stakeholders in

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such an exchange. The promotion of digital health facilitates, first and foremost, better information exchange among those participating in care – patients and healthcare professionals alike. (Jiang et al., 2022)

6. Conclustion

In conclusion, it is easy to see how the time-consuming and labor-intensive nature of traditional care models may create problems meeting future healthcare demands. Yet in this highly complex discussion, a missing cohort of leaders cannot be overstated. Strong leadership, guiding midlevel managers, and giving latitude and resources to empower staff, is the key to better quality of care. Without leaders who can articulate a vision and motivate interdisciplinary team members through a changing environment, no amount of additional training can keep worker morale from sinking or staff retention at a reasonable level. Optimally, quality is recognized, routinized, and used to promote retention and a quality workplace culture, not just massaged into producing a score for reimbursement. It doesn't seem unreasonable to expect better quality care delivery given the vast array of communication avenues available. (Specchia et al.2021)

On a final note, at the team leadership level, it is the RTs who must be prepared to own their part in steering these new workflows. Ongoing discussions among all involved team members with the educational, administrative, and policy cocreators are critical to achieving the optimal fit and benefit for all involved professionals and the families we exist to serve. The RTs' early efforts and outcome data must then be shared with the rest of medicine. A greater void in healthcare would be tough to find, but the delivery of care makes it all worthwhile.

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