This bill will enable judges and juries to accept patterns of prior domestic violence in current cases.

- SB 1264 – Expands the definition of "Great Bodily Injury" (Passed: Signed by the Governor 5/29/2026)
  - Bill Authors: Sen. Christi Gillespie and Rep. Nicole Miller
  - Background: Expands the definition of "Great Bodily Injury" to include concussions, prolonged pain, and injuries affecting more than 10% of the victim's body, and covers cases committed in the presence of a minor.

OAG Government Affairs Update: Mr. Wolf stated that Oklahoma's current statutes have a narrow definition of "great bodily injury," and SB 1264 expands the definition to include prolonged pain or significant discomfort, concussion, and injuries to more than 10% of the body, and updates statutory language relating to domestic assault to match the felony classification system.

- HB 3264 – Domestic Abuse by Strangulation as an 85% (Status: Did not pass)
  - Bill Authors: Rep. John George and Sen. Kristen Thompson
  - Background: Makes domestic abuse by strangulation an 85% crime, which requires those convicted to serve 85% of their sentence before they are eligible for release.
  - OAG Government Affairs Update: Mr. Wolf stated the passage of this bill was unsuccessful. He suggested reframing the discussion around strangulation, referring to it as attempted murder instead, which could ease the path forward to legislative approval.
- HB 3763 – Requiring annual domestic violence training for Oklahoma law enforcement officers (Status: Did not pass)
  - Bill Authors: Rep. Tim Turner and Senator Warren Hamilton
  - Background: Requires full-time peace officers to receive a mandatory two hours on domestic violence, intimate partner violence, and lethality assessment protocol issues as a part of the officers' annual continuing education requirements. Every active reserve peace officer must receive a mandatory one hour of continuing education on domestic violence, intimate partner violence, and lethality assessment protocol issues annually.
  - OAG Government Affairs Update: This bill was not heard because of opposition by CLEET and law enforcement associations to any additional mandatory training. CLEET would be amenable to additional DV training if it were not statutorily authorized. Discussions on this topic will continue into the next session.
- State appropriations funding for the Oklahoma Child and Adolescent Survivor Initiative (OCASI)
  - Background: OCASI will be a specialized program providing comprehensive, trauma-informed, mental health services to children impacted by intimate partner violence (IPV)-related homicide and attempted murder.
  - OAG Government Affairs Update: Mr. Wolf stated a total of $425,000 was secured for OCASI's deployment ■

OACNS

Followers Wanted: The Hidden Skill of Great Leaders



Tammy Hanks, DNP, APRN, PCNS-BC, NEA-BC, EBP-C, CNOR

Most nurses aspire to become better leaders. We pursue certifications, advanced degrees, formal leadership roles, and opportunities to influence change. We learn to communicate effectively, navigate conflict, inspire others, and move ideas into action. Leadership is a common professional aspiration; followership rarely is.

At first glance, that may seem reasonable. In a culture that celebrates influencers, thought leaders, and social media followings, being a "follower" does not sound especially aspirational. The term can suggest compliance, passivity, or simply carrying out what someone else has decided.

Yet when I think about the strongest leaders I have worked with, I often find myself thinking about the followers around them—not the people who simply agreed with them, but the people who challenged them.

The colleagues who asked difficult questions. The ones who identified blind spots. The people willing to say, "I see it differently," or, "Is there a better way?" They strengthened good ideas, improved weak ones, and occasionally prevented poor decisions.

It raises an important question: what if one of the most essen-

tial leadership skills is learning how to follow well?

Think about the best leader you have encountered in your career. What made that person effective? Was it vision? Expertise? Communication? Those qualities certainly matter, but many successful leaders possess them.

What often distinguishes exceptional leaders is the environment around them. They cultivate people who are engaged enough to contribute rather than simply comply—followers who feel comfortable offering feedback and who care enough about the mission to challenge the process.

Now consider leaders who were less effective. Was the problem always a lack of vision? Or was it sometimes the absence of meaningful engagement from the people around them? Teams can execute instructions without truly contributing to improvement. Ideas can move downward without thoughtful feedback moving upward. Questions can be interpreted as resistance rather than participation. The result is compliance—and compliance, by itself, rarely drives progress.

Nursing should understand this dynamic better than most professions. Every day, nurses are expected to think critically, advocate for patients, identify risks, and question practices that may no longer serve patients or clinicians well. We call these professional responsibilities. Rarely do we recognize them as followership skills.

Clinical nurse specialists encounter this dynamic regularly. Much of the CNS role depends on influence without authority. CNSs often support organizational priorities while simultaneously questioning practices that no longer align with evidence. They advance ideas not because they hold positional authority, but because they ask thoughtful questions, facilitate dialogue, and help others see opportunities for improvement. That work requires leadership; it also requires followership. Perhaps that is where the distinction begins to blur.

The ability to follow well develops many of the same capabilities associated with effective leadership. It requires intellectual curiosity, humility, and enough confidence to challenge ideas without needing to own them. It teaches us to separate commitment to a mission from loyalty to a particular person, process, or tradition. It also requires a willingness to be influenced.

That may be one of the most overlooked aspects of leadership development. We spend considerable time learning how to influence others. We spend less time considering how open we are to being influenced ourselves.

The strongest leaders I know continue to learn from colleagues, frontline staff members, patients, and teams. They remain willing to change their minds. They recognize expertise in others. They understand when to step forward and when to step back. In many ways, their effectiveness as leaders is inseparable from their ability to follow.

Perhaps that is the paradox: leadership and followership are not opposing skills. They are complementary ones.

As nurses, we spend considerable time developing our leadership skills, and rightfully so. Leadership matters. But perhaps we overlook one of the most important opportunities for growth. Every committee meeting, practice change, quality initiative, and interdisciplinary collaboration gives us a chance to strengthen a skill that shapes every successful leader: followership. The question is not whether we follow. We all do. The question is whether we follow in a way that advances ideas, improves practice, and strengthens those around us.

The next time you think about leadership development, do not ask only, *"How can I become a better leader?"* Ask yourself, *"How can I become the kind of follower great leaders need?"* The answer may reveal one of the most powerful—and overlooked—leadership skills you will ever develop. ■

Dr. Hanks is a Perioperative Practice Specialist at AORN. She is an advanced practice registered nurse and holds national certifications as a pediatric clinical nurse specialist, nursing executive, and perioperative nurse. She has over 15 years of experience as a pediatric perioperative nurse in a variety of roles including OR circulator, transplant team lead, charge nurse, clinical nurse specialist, and APRN. Dr. Hanks also previously served in system-level leadership roles in including Director of Nursing Research and EBP, Director of Quality, and CNO. She is passionate about nursing leadership and perioperative nursing and has been involved with nursing education throughout her career, holding academic positions at schools of nursing including adjunct clinical instructor, clinical assistant professor, and adjunct faculty.

