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The Evolution of Nursing Leadership: Novice to Expert

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Date of Submission: June 15, 2020

Dedication

For Brooke and Ben. You will always be my reason.

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Abstract

The nurse leader is critical in staff development, contentment, retention, patient safety, quality of care, and achievement of organizational goals. Nurse leaders in a managerial role must lead, oversee, delegate, guide, and support staff nurses. They are expected to demonstrate clinical competence, make decisions, communicate effectively, be visible and approachable, and empower others. Some skills learned as a charge nurse can help the new manager adapt to the role, but many healthcare organizations offer a novice nurse manager a limited orientation.

Purpose: Effective nursing leadership requires nurse managers to have clinical experience, think critically, motivate others, communicate and delegate constructively, nurture talent, and empower other individuals. The purpose of this quality improvement (QI) project was to develop leadership training for nurse managers to ensure managerial retention, increase staff nurse satisfaction and compliance, and improve patient and organizational outcomes.

Design Methods: Eight nurse managers in a rural hospital in the southeastern United States attended in-person, individual, one-day leadership development training sessions over a two-month implementation period in the spring of 2020. The project was designed to increase the self-reported leadership competency levels of nurse managers using a quantitative, quasi-experimental design to guide the project. Participants completed a demographic survey that included age, ethnicity, gender, highest nursing degree earned, years of nursing practice, years in nursing management, and previous leadership experience. Participants then completed the Nurse Leader Competency Self-Assessment© on the American Organization for Nursing Leadership (AONL) website before and after the leadership development session to determine the effect of training on self-reported leadership competency.

Conclusion: The results of the Nurse Leader Competency Self-Assessment© were analyzed using Minitab® 18.1 software. The Wilcoxon-Sign Rank test was performed to analyze the effect of the training on participants' with a p-value less than 0.05 showing statistical significance. Participants perceived knowledge and confidence improved significantly ($p \leq 0.05$) on 33 of the 43 objectives that were analyzed from the Nurse Leader Competency Self-Assessment©.

Implications for Nursing: The leadership development program had a positive impact on nurse managers' self-reported competency levels, and the data supports the benefits of leadership training. The Nurse Leader Competency Self-Assessment© was effective in ascertaining self-reported deficiencies in nursing leadership and would serve as a useful tool when implementing a leadership development program.

Keywords: Nursing Leadership, Nurse Management, Leadership Barriers, Communication in Leadership, Conflict Resolution, Leadership Development, Time Management in Leadership

The Evolution of Nursing Leadership: Novice to Expert

Introduction

Robust leadership is vital to the success of any organization. Nursing is America's largest healthcare profession, with over 3.8 million registered nurses. Many registered nurses today enter practice with an associate's degree offered by a community college ("AACN Fact Sheet," 2019). Given the vast number of nursing professionals in the health care workforce, nursing leadership is needed to meet the burgeoning pressures on the nation's healthcare system. It is imperative that nurse managers develop essential leadership expertise and serve as full partners on the interdisciplinary health care team. Leadership training in associate degree nursing curricula is limited; therefore, nurse managers may rely on their employers to provide education through internal programs. However, many rural health systems, including the one used in this project, lack a leadership training program for new nurse managers, most of whom hold an associate's degree in applied science.

Background

The Robert Wood Johnson Foundation partnered with the Institute of Medicine in 2008 to assess and transform the nursing profession. An appointed committee was charged to construct a report making recommendations for a blueprint for the future of nursing. Their report is entitled "The Future of Nursing: Leading Change, Advancing Health." To ensure that nurses are ready to assume leadership roles, leadership development and mentoring programs need to be established ("Future of Nursing," 2010). The resulting ad hoc committee has a vision for nursing through 2030 ("The Future of Nursing 2020-2030," 2019). There are seven primary indicators in "The Future of Nursing: Leading Change, Advancing Health." Indicator five focuses on nursing leadership. The recommendation is to ensure that leadership positions are available to and filled

by nurses. The initial goal is to have 10,000 nurses on board by 2020. As of February 14, 2019, 5,670 nurses have reported serving on committees. Among states in America, Alabama is among those showing the least improvement since the campaign began (“Campaign for Action Dashboard,” 2019).

Registered nursing employment is projected to grow 15 percent from 2016 to 2026 (“Occupational Outlook Handbook,” 2019). In a state-by-state study, the nursing shortage is predicted to be among the highest in the Southern United States (Nursing Shortage,” 2019). Although the challenges for the nursing profession are formidable, they present countless opportunities for nurses to influence healthcare delivery. Capitalizing on the opportunities created by these challenges will require leadership from every area of nursing. According to Schub and Balderrama (2017), effective nursing leadership require nurses to excel in various capacities: They must have clinical experience, think critically, motivate others, communicate and delegate constructively, nurture talent, and empower other individuals. Productive nursing leadership creates a positive work environment where other nurses are motivated, inspired, and supported; a nurturing work environment results in reduced stress, burnout, and errors. A positive work setting also increases job satisfaction, organizational engagement, and productivity.

From a financial perspective, nurse leader recruitment often costs double when enlisting nurses outside of the organization as opposed to developing leaders among current employees. The aging nursing workforce, the nursing shortage, and healthcare reform are the motivating forces for changing the healthcare delivery system. Anticipated mass retirement of seasoned nurses, including veteran nurse leaders, makes nurturing the evolution of current nurses into nurse leaders vital (Schub & Balderrama, 2017).

Problem Statement

In the past three years, the organization selected for the Doctor of Nursing Practice (DNP) project has experienced several administrative changes and a high turnover of nurse managers. Most nursing managers in the facility have an associate's degree in nursing and no previous formal leadership experience. A needs assessment revealed a lack of leadership training for nurse managers, many of whom verbalized a knowledge deficit in leadership skills, some to the point of expressing a desire to return to their previous staff nurse position. Formal leadership training is often expensive, a concern voiced by the organization's Chief Nursing Officer (CNO) in an interview. The DNP project provided supplemental, formal leadership training for the organization.

Nurses often accept leadership positions without thorough training and support ("Essentials," n.d.). Finding the best evidence required this project planner to formulate a clinical question. A project focused question was formulated utilizing an evidence-based practice framework. A population, intervention, comparison, and outcome question (PICO) is a method used in evidence-based nursing to frame and answer clinical questions (Echevarria & Walker, 2014). The PICO question for this DNP project was as follows: "For nurse managers in a rural hospital, how does a leadership development program, compared to the current leadership orientation, affect nurse managers' self-reported competency?" The study population was nurse managers requiring leadership training. The intervention was the implementation of a needs-based leadership development program. The comparison was a self-reported competency assessment given before and after nurse managers completed a leadership development program, and the outcome was that the nurse managers' self-reported competency assessment would improve post-training. A needs assessment was accomplished with the Chief Executive Officer

(CEO), the Chief Nursing Officer (CNO), the Quality Improvement (QI) manager, the education director, the Information Technology (IT) nurse manager, and the nurse managers on each unit requiring leadership training. The collected data guided the project.

Organizational Description of Project Site

The project site was a 170-bed acute care hospital in the southeastern United States. The facility provides a broad range of services and is the only hospital in a county with over 1,077 square miles, serving approximately 54,000 residents.

Review of the Literature

Over 75% of current nurse leaders will exit the workforce within the coming five years, generating the equivalent of over 67,000 leadership vacancies (Perderson et al., 2018). A study was conducted at an organization experiencing high turnover rates of leadership positions. They found that promotion without leadership experience or developmental opportunities would lead to poor outcomes. After a literature review of research, strategies, and programs, a formal leadership program ensued. The curriculum had 13 domains, including leadership. The participants were required to take part in a leadership class, attend all nursing and leadership meetings, and shadow nurse leaders at all levels and departments for specified blocks of time. The program was successful in shifting paradigms from bedside nursing to that of an organizational leader (Perderson et al., 2018).

Hadji (2015) reported an expected 8% vacancy in nursing management in the United States because of the projected retirement of nurse managers. New nurse managers have a large set of challenges to overcome when promoted, especially from within their department. Some may experience opposition after earning the position over another staff member or because of previous friendships with staff nurses, which must change from a co-worker to a

supervisor/employee relationship. While most hospitals have staff nurse orientation, few have an organized transition process from staff nurse to a nurse manager role. Often, a high expectation is placed on the new manager to know how to perform in a leadership role, creating excessive stress and contributing to an increased nurse manager turnover rate. The first three months are crucial in establishing relationships and building credibility. The new nurse manager should understand the staff's expectations and discuss how they are planning to meet reasonable requests. The manager should set clear expectations for the team, including expected outcomes and timelines. Also, rewards and recognition are essential in building a positive work environment. In cases where nursing staff bully the manager, the manager must respond respectfully and convey a zero-tolerance policy for bullying. Nursing staff will often try to test the new manager's availability and support. The new nurse leader must have excellent communication and team-building skills and act as a role model. Nursing staff will follow a leader they trust, which requires consistency and equity in decision making. Developing the skills needed to become productive nurse manager requires a structured leadership program. The traditional undergraduate program is inadequate to prepare staff nurses for a leadership role, but a robust leadership development program can better prepare a staff nurse for a leadership role (Hadji, 2015).

Stanley and Stanley (2017) conducted a literature review of 27 articles and concluded that the critical attributes of a clinical leader are clinical competence, effective communication, a focus on values, supportiveness, the ability to motivate others, approachability, visibility, being a positive role model, good decision making, and a focus on excellence. They also found that being in a position of control, having a vision, or being creative was not likely associated with clinical leader attributes. The study also identified an extensive list of barriers to effective

leadership such as resistance from colleagues to change, a reduced level of leadership training, inability to deal with staff, communication issues, confusion about leadership and management, bullying, blurred role boundaries, and undervalued leadership.

Nelson-Brantley et al. (2019) discussed the impact of nurse managers on nursing work environments and clinical outcomes. Data shows the correlation between high-performing nurse managers and nurse job satisfaction. Some attributes of excellent nurse managers are an unwavering focus on quality and safety, a culture of respect, nurse manager support, high visibility, interprofessional rounds, team building, communication skills, use of data to support decisions, and appropriate staffing.

Inexperienced nurse leaders may initially resist crucial conversations. Failing to provide constructive feedback is not beneficial for the individual or the team. Feedback should be immediate, when possible, and conveyed in a positive, calm manner (Blatchley, 2017). Leaders must also practice the skill of receiving constructive feedback. Leaders seeking feedback have increased job satisfaction, greater creativity, faster adoption of new roles, decreased turnover rates, and improved performance scores. One strategy used for receiving feedback is the ACT model (Accept, Clarify, and Thank). Leaders should seek feedback with no verbal interruptions, ask clarifying questions, seek examples, and request suggestions for other behaviors (Kowalski, 2017).

Lown (2018) found that nurse leaders can play a critical role in empowering nursing staff to express their compassion for patients, families, and coworkers. Leaders can institute positive practices for nursing staff and address modifiable causes of burnout through organizational and cultural change. The study found that supporting compassionate care will improve employee well-being and engagement as well as patient care quality while decreasing employee burnout.

McCay and Larkey (2017) conducted a systematic review of the literature and found that transformational leadership, whereby leaders take a visionary position to inspire followers, is one of the most commonly written about leadership models. They concluded that organizations investing in leadership skill training have the potential to influence nursing satisfaction and retention.

Based on the review of the literature, there are recurring characteristics that a nurse manager must possess to be an effective leader. Acquiring these attributes often requires formal leadership training. Research shows that nurse leaders are declining in number and that the problem is projected to worsen in upcoming years. Strong nursing leadership is vital to the prosperity of healthcare organizations, their staff, and the patients they serve.

Theoretical Framework

The first theory selected for this project was the Transformational Leadership Theory. In 1985, Bernard Bass developed the Transformational Leadership Theory to describe the psychological mechanisms used by leaders. This theory is an enhancement to the Transformational Leadership Theory proposed by James Burns in 1978. Bass researched the level of influence that a leader could exert on followers. Bass discovered four elements that embodied transformational leadership: (a) individual consideration, (b) intellectual stimulation, (c) inspirational motivation, and (d) idealized influence (“Bass Transformational Leadership Theory Explained,” 2019).

With individual consideration, the leader emphasizes what a member of the group needs. Leaders then create motivation at the individual level to encourage productivity. This motivation may entail serving as a mentor or a facilitator. It may also require a leader to be a teacher. Transformational leaders must provide intellectual stimulation by keeping nursing staff

challenged. A leader using this element may resemble a teacher, but he or she is promoting change at the individual level. A leader also must furnish inspirational motivation. A nurse manager cannot inspire people to follow without providing a goal or an attainable vision. There must be an essential reason for the nursing staff to work hard at achieving a goal. People typically move forward to better themselves. A transformational leader can encourage a group of people to move forward toward mutually beneficial success. When using idealized influence, a transformational leader cannot remain within a comfort zone. Leaders must continually strive for improvement because they become role models for everyone on their team. Pride, enthusiasm, and trust are paramount for team motivation. The Bass Transformational Leadership Theory allows nurse leaders to assess their specific qualities to improve their ability to influence others. Over time, a leader learns to transform his or her colleagues (“Bass Transformational Leadership Theory Explained,” 2019).

The second theoretical framework used to guide this project was Patricia Benner’s Novice to Expert model. In this framework, Benner uses the Dreyfus Model of Skill Acquisition to categorize skill sets for nursing (Benner, 1984). Benner (1984) describes the Dreyfus Model as having five specific stages nurses move through as they gain skills and proficiency: (a) novice, (b) advanced beginner, (c) competent, (d) proficient, and (e) expert. This model functions for the bedside nurse, but it may also serve as a model when guiding new nurse managers.

Specific characteristics are prevalent in each phase of learning (Benner, 1984). The novice nurse has had no experience at all and needs rules and directions to accomplish tasks. Advanced Beginners have gained real-life experiences from past situations and apply them when faced with new situations. These nurses progress from the use of basic rules to the application of guidelines in their daily work. The competent nurse is more capable of coping

with day-to-day pressures but still does not have the speed of response that the proficient nurse possesses. The proficient nurse can distinguish when a situation is outside the norm. This skill develops through experience, and proficient nurses can identify problems rapidly. Finally, the expert nurse can see the whole picture of a challenge using holistic practices. Colleagues often consider these nurses experts. Nurses often transition from a staff nurse role to a leadership position. Typically, these nurses are proficient-to-expert nurses at the bedside and are familiar with the daily operations of patient flow and requirements of quality patient care within their units; however, many are novice managers with limited leadership training (Benner, 1984).

Goals, Objectives, and Expected Outcomes

The project goal was to assess increased competency levels of nurse managers following a leadership development program. The SMART template crafts objectives and should be specific, measurable, attainable, realistic, and timely (Zaccagnini & White, 2017).

Project objectives were as follows:

1. Involve all nurse managers in a Leadership Development Program.
2. Assess the current knowledge of nurse managers using the Nurse Leader Competency Self-Assessment© with a focus on The Art and The Leader Within (*Self-Assessment*, 2019).
3. Educate all nurse managers in a live, individual, full-day leadership development session.
4. Assess the competency of nurse managers post-Leadership Development Program by re-administering the Nurse Leader Competency Self-Assessment© with a focus on The Art and The Leader Within (*Self-Assessment*, 2019).

The expected outcome for this project was to improve the leadership skills of the novice nurse manager by creating and executing a leadership program with both a live course and an electronic version to address the identified gaps in leadership knowledge and skills.

Project Design

This project planner created an organizational program designed to increase the competency levels of nurse managers using a quantitative, quasi-experimental design to guide the project (“Quantitative Approaches,” n.d.).

Project Site and Population

The project took place in private offices of a 170-bed acute care hospital in the southeastern United States. The leadership development course occurred as a live, individual, full-day event. Required resources for the live sessions included a computer with functional audiovisual capabilities for the PowerPoint presentation, a printer, and computers with internet access for each participant to complete the Nurse Leader Competency Self-Assessment© for pre and post-education.

Participants included the Director of Nursing Education; the Infection Control Director; and nurse managers from the emergency department, the intensive care unit, the obstetrics unit, same-day surgery and operative services, case management, a medical-surgical unit, and home health services. The facility uses 350 staff nurses that provide 24-hour service (aside from same-day surgery and operative services, which have limited availability). Participants included in this DNP project were all unit managers and the executive leadership team of the chosen facility. The Quality Improvement Director was omitted from training due to the COVID-19 pandemic and will be educated later. Other nurses and staff within the facility did not participate in the DNP project. Most nursing managers in the facility have an associate’s degree in nursing and no

previous formal leadership experience. A needs assessment revealed a lack of leadership training for nurse managers, many of whom verbalized a knowledge deficit in leadership skills, some to the point of expressing a desire to return to their previous staff nurse positions. Formal leadership training is often expensive and was a voiced concern when interviewing the CNO. The DNP project provided supplemental, formal leadership training. The consent form clearly stated that participation was voluntary and that the participants could withdraw from the leadership development program at any time without retribution. The project planner offered lunch for all participants since the DNP project took place during their work time.

The Joint Commission-accredited facility project site offers emergency services, sleep studies, orthopedic services, obstetrics, radiology, nuclear medicine, imaging, rehabilitation services, inpatient surgery, home health services, and an attached skilled nursing facility. There is also an on-site air evacuation facility. In 2018, the hospital admitted 2,886 patients, had 49,036 outpatient visits, cared for almost 18,000 patients in the emergency department, and had 327 births. The skilled nursing facility was at 94% occupancy, and there were 8,221 ambulance events. 2019 statistics are unavailable due to the COVID-19 pandemic.

Setting Facilitators and Barriers

Setting facilitators included the CEO, the CNO, the QI director, and the Education Director. The CEO served as a preceptor for the project planner and supports leadership development for facility managers. The CNO endorsed the leadership development program and played a vital role in ensuring that the nurse managers were available to attend leadership development training. The QI Director supports leadership training for nurse managers and envisions a positive impact on patient safety and satisfaction. The Education Director worked to ensure space and resources were available for project implementation as needed. Presentations

occurred in various locations of the healthcare organization during business hours while the target audience was at work.

Barriers were minimal because the project was an educational program. Since the nurse managers were completing a self-assessment of their competency levels, there was the risk that doing so might cause feelings of inadequacy. Also, it was imperative that the information presented in the leadership development program was accurate and allowed the nurse managers to develop stronger leadership skills with no risk of harm to the patients, staff, or healthcare organization. Other barriers included the level of leadership skills of the nurse managers and their desire to engage in the program. Any unannounced regulatory visits could impact attendance. The COVID-19 pandemic began before project completion resulting in delayed training for one participant.

The project planner provided a supportive learning environment for attendees. Educational material included evidence-based information, and a book list on leadership was provided for attendees and administrative leaders. The goal was to have the facility purchase at least one copy of the suggested material and make it required reading for all nurse managers in the facility.

Implementation Plan/Procedures

Before initiation of the Leadership Development Program, a needs assessment was conducted by interviewing the CEO, the CNO, the QI director, the education director, and several nurse managers in the hospital. A recurring theme was a need for leadership development, particularly among nurse managers. The project planner designed a course centered on the following eight modules: Characteristics of a Leader, Leadership Styles, Leadership Behaviors, Barriers to Effective Leadership, Giving and Receiving Constructive

Feedback, Conflict Resolution, Transformational Leadership, and Teambuilding. This project planner notified the participants via email three weeks prior to the project implementation and asked them to sign up for individual sessions to implement the Leadership Development Program. The consent form clearly stated that participation was voluntary, and that the participants could withdraw from the Leadership Development Program without retribution. In the beginning, participants completed a demographic survey to determine age, ethnicity, gender, years of nursing practice, length of time in a leadership position, and prior management experience. Also, the Nurse Leader Competency Self-Assessment© was administered as a pre-Leadership Development Program assessment. The all-day session included a PowerPoint presentation covering eight modules: Characteristics of a Leader, Leadership Styles, Leadership Behaviors, Barriers to Effective Leadership, Giving and Receiving Constructive Feedback, Conflict Resolution, Transformational Leadership, and Teambuilding. The session ended with the Nurse Leader Competency Self-Assessment© as a post-Leadership Development Program assessment.

Measurement Instruments

The Nurse Leader Competency Self-Assessment© measured the outcomes of this DNP project. In 2004, The American Association of Critical-Care Nurses (AACN), the American Organization of Nurse Executives (AONE), and the Association of peri-Operative Registered Nurses (AORN) formed the Nurse Manager Leadership Collaborative (NMLC) to identify the skills required to operate as a nurse manager. Two years later, AONE and AACN established the Nurse Manager Leadership Partnership (NMLP) to sustain leadership development. These efforts resulted in the Nurse Manager Competencies and the Nurse Manager Skills Inventory Tool (“Nurse Manager Competencies,” 2015). In 2015, the AONL Nurse Manager Competencies

were updated, and an online assessment, The Nurse Leader Competency Self-Assessment©, was created (*Self-Assessment*, 2019). The Nurse Leader Competency Self-Assessment© measures self-assessed competence in three domains:

1. The Science

- a. Financial Management
- b. Human Resource Management
- c. Performance Improvement
- d. Foundational Thinking Skills
- e. Technology
- f. Strategic Management

2. The Art

- a. Human Resource Leadership Skills
- b. Relationship Management and Influencing Behaviors
- c. Diversity

3. The Leader Within

- a. Personal and Professional Accountability
- b. Career Planning
- c. Personal Journey Disciplines (*Self-Assessment*, 2019).

This project focused on The Art and The Leader Within. The expected outcome was that the nurse managers would report increased self-reported competency following the Leadership Development Program.

Data Collection Procedures

There was a small sample size of nine participants in the program. Of the nine, one participant did not complete the post-teaching Nurse Leader Competency Self-Assessment© and was removed from the project. A consent form was designed for participants in the Leadership Development Program. To de-identify participants, nine envelopes containing the consent form, the pre-program Nurse Leader Competency Self-Assessment© results, and the demographic survey were labeled “A” from one to nine; nine other envelopes were labeled “B” from one to nine for the post-program Nurse Leader Competency Self-Assessment©. The project planner assigned each pair to a different participant. A master list of pairs will be locked in a filing cabinet in the project planner’s home for five years. To ensure the confidentiality of participants, no document had participant identification. One participant was removed, resulting in eight participants for data collection.

A statistician was used to generate data from the demographic survey and the Nurse Leader Competency Self-Assessment©. Data was analyzed using quantitative analysis. The effect of a Leadership Development Program for nurse managers on their self-reported competency was measured. Participants completed the online tool by scoring themselves as a novice in experience and skill, a beginner in experience and skill, competent in experience and skill, proficient in experience and skill, or an expert in practice (*Self-Assessment*, 2019).

Data Analysis

Participants completed a demographic survey at the beginning of the Leadership Development Program. The Nurse Leader Competency Self-Assessment© was administered pre and post-Leadership Development Program to all participants. Data was analyzed using

quantitative analysis to determine means for self-reported competency before and after the Leadership Development Program.

The results of the Nurse Leader Competency Self-Assessment© were analyzed using Mintab® 18.1 software. A total of 8 participants were included in this study. Each was asked to take an initial self-assessment and then attend the Leadership Development Program. Upon completion of the program, each participant then took the same self-assessment again. The main aim of this research was to determine if the training sessions resulted in higher scores on the self-assessment. All responses were on a scale of 1-5, where 1 indicated novice capabilities and 5 indicated expert capabilities.

The sample of eight consisted of all white female nurse managers. Half of the participants were between the ages of 51-60 with the remaining half split between the age categories 31-40 and 41-50. There were varying amounts of time as a nurse for the participants. However, most participants (75%) had been working as nurses for 16 years or more. One participant listed a master's degree in nursing as the highest degree obtained while the other seven participants all listed associate's degrees in nursing as the highest degree obtained. Exactly half of the participants indicated they had been nurse managers for five years or less, and the other half had been in the position for six years or more.

Prior to their current positions, only 37.5% (3 out of 8) reported previous management experience. The graphs in Appendix G help to illustrate the demographics of the sample data set.

To analyze the effect the training sessions had on the survey results, a Wilcoxon-sign rank test was performed since normality could not be assumed. The table in Appendix H lists all the areas on the Nurse Leader Competency Self-Assessment© that were positively impacted from training and resulted in a significantly higher score on the post-training self-assessment. A

p-value less than 0.05 indicates statistical significance. Only ten areas that showed no significant increase in score post-training. Those are displayed in Appendix I.

Cost-Benefit Analysis/Budget

A cost-benefit analysis may promote the DNP project to people with vested interests (Zaccagnini & White, 2017). The project planner did not receive any compensation for the Leadership Development Program, which occurred during business hours while the target audience was at work. A book list on leadership development was provided for attendees and administrative leaders. The goal was to have the facility purchase at least one copy of the suggested material and make it required reading for all nurse managers in the facility. Book expenses were around \$271. The cost incurred for this project was minimal and covered by the project planner. There was no cost for the training environment in the hospital setting. The benefits of this project exceed any costs incurred.

Timeline

The Leadership Development Program was implemented over a two-month period between January and the end of February 2020. This project planner met with participants as their schedules allowed (see Appendix C). PowerPoints of the educational offering, along with instructions for access to the Nurse Leader Competency Self-Assessment©, are available via the hospital learning management system for future reference. Project planner support is available through the end of summer 2020 and beyond, as needed.

Ethical Considerations/Protection of Human Subjects

Nurses must protect participant's right to confidentiality, privacy, self-determination, fair treatment, and protection from harm (Zaccagnini & White, 2017). Participants signed a consent form. Participants taking part in the DNP project were informed prior to signing the consent form

that they could withdraw from the project or leave the project at any time without retribution. The Leadership Development Program encompassed elements from DNP Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking. The project used advanced communication skills to lead quality improvement and patient safety initiatives, show sensitivity to diverse organizational cultures and populations, and develop effective strategies for managing ethical dilemmas in patient care and the organization (“Eight DNP Essentials,” 2017). While not the primary focus of the DNP project, the Nurse Leader Competency Self-Assessment© requires participants to answer questions to explore competency in financial management, human resource management, performance improvement, foundational thinking skills, technology, and strategic management (*Self-Assessment*, 2019). This portion of the assessment provides insight into areas for improvement such as using principles of health policy, business, economics, and finance to develop and implement effective plans to improve quality of care delivery; develop and monitor budgets for practice initiatives; and analyze the cost-effectiveness of practice while accounting for risk and improvement of healthcare outcomes (“Eight DNP Essentials,” 2017).

The project goal was to develop nurse managers with no risk to patients, staff, or the healthcare organization. The project did not involve patients or vulnerable populations. Because the project was educational and there was a self-assessment of competency, minimal risks were anticipated. The project included didactic instruction and activities. There was a negligible risk of physical harm during these activities. Nurse managers completed a self-assessment that could cause feelings of incompetence, so that may be considered a risk. Nurse managers read and signed an informed consent before taking part in the project. Information provided to nurse

managers was accurate to ensure the development of stronger leadership skills without causing harm to participants, staff, patients, or the healthcare facility.

Conclusion

The quality improvement project, a leadership development program for nurse managers, and its evaluation of self-reported competency was impactful. The sample size was small, with eight participants, but the results showed a statistically significant improvement in nurse manager self-assessment competency levels after leadership development training. This project and the resulting data support the call for leadership development programs in nursing.

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Appendix A

Bass Theory of Transformational Leadership



Appendix B

Patricia Benner's Theory: From Novice to Expert



Appendix C

Goals and Objectives of Leadership Development Program

Goal	Objective	Activity
Nurse managers will have improved self-reported competency levels after leadership training	Secure participants for leadership development program	Nurse managers were invited via e-mail to attend the Leadership Development Program
	Assess competency levels of nurse managers	Use the Nurse Leader Competency Self-Assessment© to assess competency levels of nurse managers before the Leadership Development Program
	Develop leadership skills through live and computer-based training	Implement Leadership Development Program Course Topics: <ul style="list-style-type: none"> ▪ Characteristics of a Leader ▪ Leadership Styles ▪ Leadership Behaviors ▪ Barriers to Effective Leadership ▪ Giving and Receiving Constructive Feedback ▪ Conflict Resolution ▪ Transformational Leadership ▪ Team Building
	Measure the impact of the Leadership Development Program on competency levels of nurse managers	Use the Nurse Leader Competency Self-Assessment© to assess competency levels of nurse managers after the Leadership Development Program

Appendix D

Project Results by Objective

Goal	Objective	Activity	Results
Nurse managers will have improved self-reported competency levels after leadership training	Secure participants for leadership development program	Nurse managers were invited via e-mail to attend the Leadership Development Program	Ten participants were scheduled. One was incomplete and one was unable to attend due to COVID-19 pandemic and will receive training later. Data includes eight participants
	Assess competency levels of nurse managers	Use the Nurse Leader Competency Self-Assessment© to assess competency levels of nurse managers before the Leadership Development Program	Eight participants completed the pre-program Nurse Leader Competency Self-Assessment© (see data analysis)
	Develop leadership skills through live and computer-based training	<p>Implement Leadership Development Program</p> <p>Course Topics:</p> <ul style="list-style-type: none"> ▪ Characteristics of a Leader ▪ Leadership Styles ▪ Leadership Behaviors ▪ Barriers to Effective Leadership ▪ Giving and Receiving Constructive Feedback ▪ Conflict Resolution ▪ Transformational Leadership ▪ Team Building 	<p>Training included in-depth, individualized discussion on all course topics. Participants verbalized increased knowledge after implementation of Leadership Development Program</p>

	Measure the impact of the Leadership Development Program on competency levels of nurse managers	Use the Nurse Leader Competency Self-Assessment© to assess competency levels of nurse managers after the Leadership Development Program	Eight participants completed the post-program Nurse Leader Competency Self-Assessment© (see data analysis)
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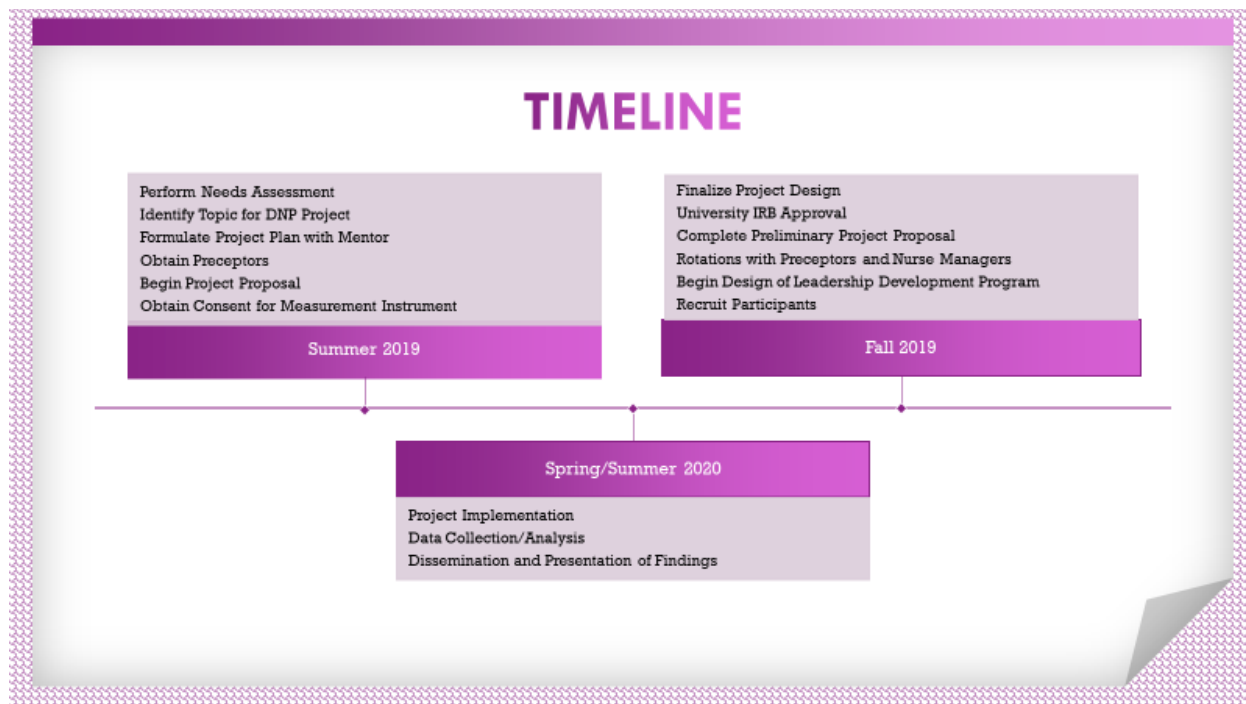
Appendix E

Recommended Book List

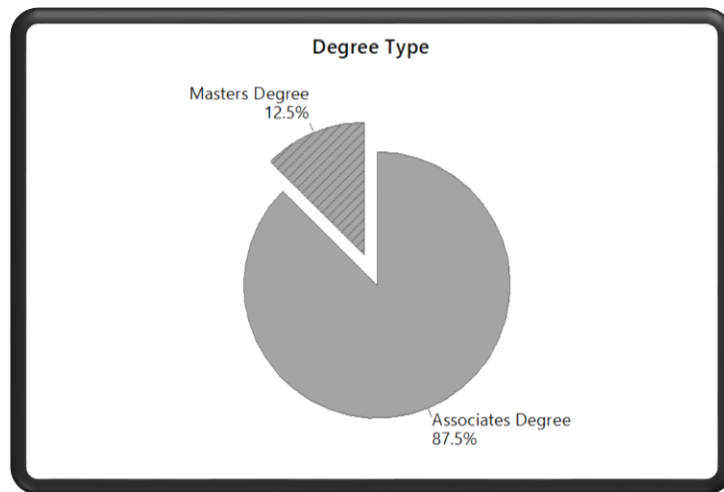
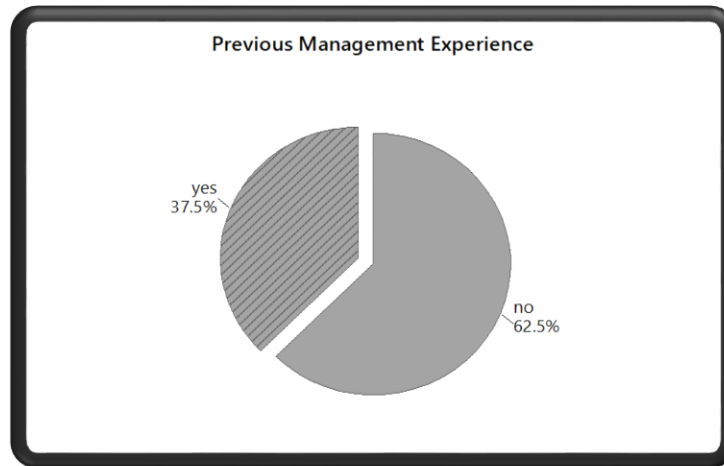
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The Nurse Leader Handbook	ISBN-13: 978-0984079421	\$25
A Culture of High Performance	ISBN-13: 978-1622180035	\$25
Grounded	ISBN-13: 978-1118680773	\$10
The 5 Levels of Leadership	ISBN-13: 978-1599953632	\$10
Initiating and Sustaining the Clinical Nurse Leader Role	ISBN-13: 978-1284113662	\$40
Straight A Leadership	ISBN-13: 978-0984079414	\$20
Strengths Based Leadership	ISBN-13: 978-1595620255	\$20
Hardwiring Excellence	ISBN-13: 978-0974998602	\$15
6 Shortcuts to Employee Engagement	ISBN-13: 978-1501080579	\$20
If Disney Ran Your Hospital	ISBN-13: 978-0974386010	\$25
Service Excellence Is as Easy as Pie	ISBN-13: 978-1622180011	\$22
Hey Cupcake! We Are ALL Leaders	ISBN-13: 978-0982850343	\$15
Eat That Cookie!	ISBN-13: 978-0984079445	\$24

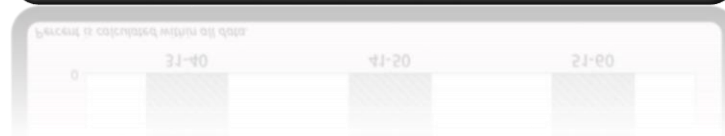
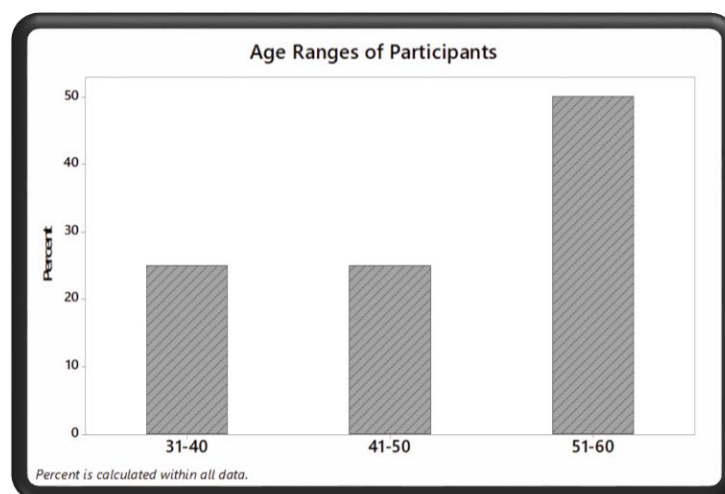
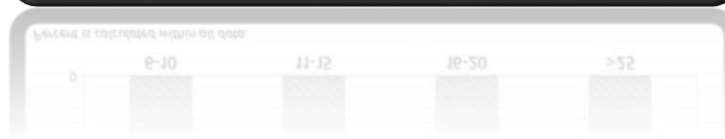
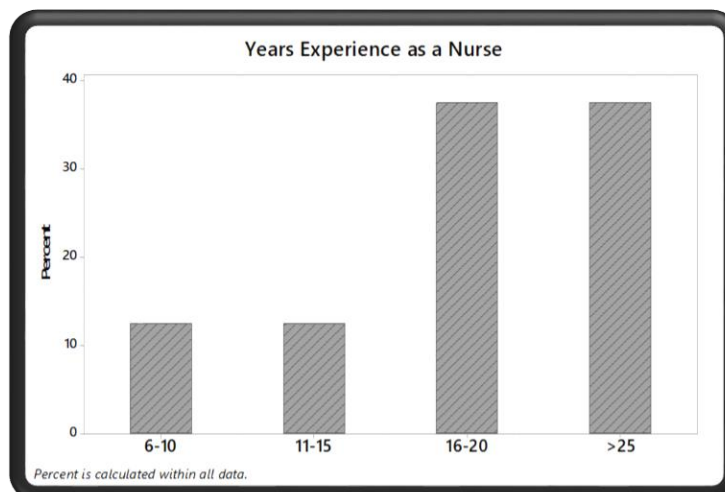
Appendix F

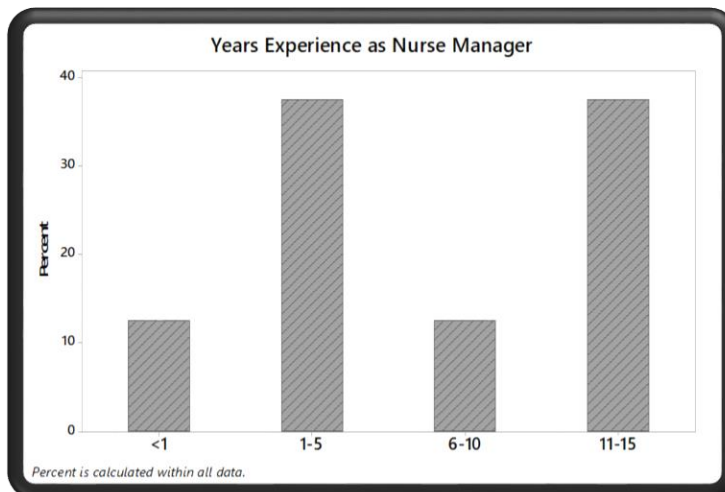
Timeline



Appendix G Participant Demographic Information



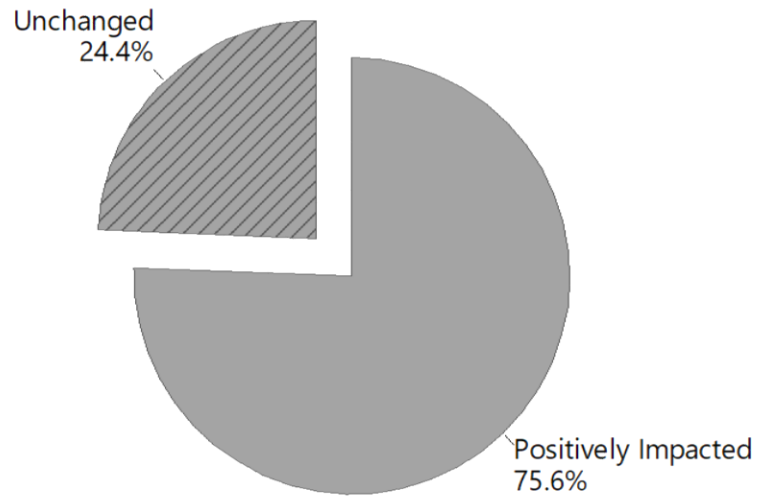




Appendix H

Learning Objective Impacted by Training	Score before Training	Score after Training	p-value
Performance management: Implement continual performance development	2.625	3.625	0.036
Performance management: Monitor staff for fitness for duty	2.500	3.625	0.014
Performance management: Initiate corrective actions	2.625	3.750	0.022
Staff development: Facilitate staff education and needs assessment	3.000	3.875	0.036
Staff development: Ensure competency validation	2.875	3.875	0.036
Staff development: Promote professional development of staff	2.625	4.000	0.014
Staff development: Facilitate leadership growth among staff	2.625	3.875	0.036
Staff development: Identify and develop staff as part of a succession planning program	2.375	3.875	0.014
Staff retention: Assess staff satisfaction	2.875	4.000	0.022
Staff retention: Develop and implement strategies to address satisfaction issues	2.750	4.000	0.022
Staff retention: Develop methods to reward and recognize staff	2.714	3.875	0.036
Manage conflict	2.750	3.875	0.036
Situation management: Identify issues that require immediate attention	2.875	4.000	0.036
Situation management: Apply principles of crisis management to handle situations as necessary	2.750	3.875	0.036
Relationship management: Promote team dynamics	2.750	3.875	0.022
Relationship management: Mentor and coach staff and colleagues	2.625	3.875	0.022
Relationship management: Apply communication principles	2.500	3.750	0.022
Influence others: Encourage participation in professional action	2.750	3.750	0.036
Influence others: Role model professional behavior	2.750	3.875	0.036
Influence others: Apply motivational theory	2.625	3.875	0.014
Influence others: Act as change agent	2.750	3.750	0.036
Influence others: Assist others in developing problem solving skills	2.500	3.875	0.022
Influence others: Foster a healthy work environment	2.750	3.875	0.022
Promote professional development: Promote stress management	2.625	3.625	0.036
Promote professional development: Apply principles of self-awareness	2.500	3.625	0.036
Promote professional development: Encourage evidence-based practice	2.500	3.625	0.022
Promote professional development: Apply leadership theory to practice	2.500	3.500	0.036
Social Justice: Maintain an environment of fairness and processes to support it	2.625	3.750	0.036
Personal growth and development: Manage through education advancement, continuing education, career planning and annual self-assessment and action plans	2.500	3.625	0.036
Apply action learning: Apply techniques of "action learning" to problem solve and personally reflect on decisions	2.375	3.500	0.014
Engage in reflective practice: Includes knowledge of and active practice of reflection as a leadership behavior	2.375	3.625	0.014
Achieve certification in an appropriate field/specialty	2.375	3.750	0.022
Practice ethical behavior: Including practice that supports nursing standards and scopes of practice	2.750	3.750	0.036

Effects of Training on Assessment Objectives



Appendix I

Learning Objectives Not Significantly Impacted by Training

- Performance management: Conduct staff evaluations
- Performance management: Assist staff with goal setting
- Performance management: Terminate staff
- Staff retention: Promote retention
- Generational diversity: Capitalize on differences to foster highly effective work groups
- Cultural competence: Understand the components of cultural competence as they apply to the workforce
- Know your role: Understand current job description/requirements and compare those to current level of practice
- Know your future: Plan a career path
- Involvement in professional associations: Including membership and involvement in an appropriate professional association that facilitates networking and professional development
- Position yourself: Develop a career path or plan that provides direction by offering flexibility and capacity to adapt to future scenarios