

**THE POTENTIAL OF A NURSE LEADER DEVELOPMENT PROGRAM**

By

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***Abstract***

**Objective:** Will a nurse leader development program increased nurse leader self-reported competence and interest in remaining in leadership roles?

**Background:** The Institute of Medicine (IOM) Future of Nursing recommended programs be developed for nurse leaders to acquire skills, confidence and competency to lead healthcare redesign. Such structured programs haven't occurred for the past three years at this large Midwest medical center. Many nurse leader positions remain vacant.

**Methods:** Nurse Leaders were invited to voluntarily participate by completing a pretest/posttest demographic and AONE Nurse Manger Skills Inventory survey. An action research design guided the program implementation.

**Results:** Participants self-reported an increase in leader skills and an increase in interest to remain in leadership roles in one, three, and five years.

**Conclusions:** A Nurse Leader Development Program benefited the Nurse Leaders competence and self-reported want to stay. The 2-hour session strategy may be successful in preparing nurse leaders in future programs.

*Keywords:* nurse leader development, AONE Nurse Manager Skills Inventory, succession plan, retention

Skilled nurse leaders are in high demand in United States health care organizations. However, many organizations lack ways to fill nurse leader positions quickly. Succession plans have been identified as one intervention that prepare future nurses to fill the leader pipeline. Succession plans usually include education and mentoring to transfer leadership skills and to increase interest of nurses to become and remain leaders (1-8).

Historically, nurse leaders were chosen to lead because of their excellent clinical skills. Most had little specific leadership training or skill. Today, health care is becoming so complex and is changing so rapidly that expectations of nurse leaders have increased. Many nurse leaders have left their positions for reasons such as burnout, retirement, feelings of inadequacy to meet the job expectations, and others (1-4, 6-11). It has been difficult to recruit nurse leaders who possess clinical and human resource competence as well as technical and financial management expertise. A shortage of skilled, confident, and competent nurse leaders has occurred at a time in which high-functioning leaders are needed to lead the delivery of safe, efficient, and quality patient care, using innovation and creativity to ensure strong patient and organizational outcomes (4-5, 7-10).

### ***Background of Nurse Leader Development Program***

In 2011, the Institute of Medicine (IOM) and the Committee on the Robert Wood Johnson Foundation Initiative (RWJF) published *The Future of Nursing: Leading Change, Advancing Health*, an influential report recommended organizations to identify programs that would help nurse leaders to acquire skills, confidence, and competency to lead the redesign of health care (12). Nurse leaders who have been prepared for their leadership roles with structured education programs and mentoring become more effective leaders and have better outcomes, less role stress, and less turnover (7). Thus, the potential nurse leader gap may be reduced by implementation of a structured succession plan in the form of education programs (1, 3-4, 7, 10-11). Health care organizations and nurse executives need to prioritize nurse leader development so that organizations can ensure best performance (1, 3-4, 9-10).

At a large Magnet 725-bed Midwest hospital, the site of the project, nearly 2,300 nurses were employed, and nearly one million clinic visits occurred in 2014. The hospital had nearly 150 leaders in the roles of nurse manager, assistant nurse manager, house operations manager, director, and nursing practice leader. It is common for more than 10% of the nurse leader positions to be vacant; and vacant for a lengthy period of time.

Nurse professional development is a part of the nursing Magnet culture. Nearly 70% of all staff nurses at this organization have a bachelor's degree or higher, or they are pursuing advanced education. Nonetheless, nurse leaders are a vulnerable group because of limited institutional orientation, training, and professional development for their roles. Within the 3 years previous to the project, there had not been structured education, orientation, or professional development programs focused on succession planning to create nurse leaders. After a nurse leader accepts a job, he/she may or may not be systematically and purposively oriented to the new role and may need to "orient by fire" unless they have arranged for another nurse leader to be a mentor. The demand for quality nurse leaders is a major challenge. Organizations will have a critical nurse leader gap without institutional planning for their success (7, 10).

### ***Intended Improvement***

The recently hired chief nursing officer (CNO) made nurse leader development interventions a priority to grow and retain leaders, to maintain excellence in patient care, and to meet financial security. The project was presented as a pilot phase of a larger hospital project and was accepted as a nurse leader development program for current nurse leaders.

The timing was right for the project due to many factors, including a new CNO, nursing staff were seeking placement for DNP clinical hours and projects were being proposed, data from hospital nursing surveys that indicated the need for nurse leader training, nearly 35% new nurse leaders had recently been hired, and many interim nurse leaders had been appointed but had not had received a formalized orientation. Key stakeholders, including directors, house operations managers, current and new leaders, and others voiced their interest in leader training. The nurse leader is expected to carry forward the organizational goals to enhance quality patient care for best practices and outcomes. Thus, current nurse leaders were demanding training to increase their skills to meet the health care needs of the patient, staff, and the organization.

A nurse leadership development program was developed and implemented to increase current nurse leader interest, competence, or both in maintaining a leadership role in an acute care setting. Success of the project is evidenced by an increase in the self-rated competence of nurse leader skills and by an increase in self-rated retention.

## *Methods*

The project was conducted between May and June 2015. Approval to conduct the project was obtained from the Institutional Review Board of Capella University and the project site. An action research design was used to study and improve the implementation process as well as to create knowledge as the educational program was occurring (14).

A presentation was given to the hospital stakeholders, including the CNO and directors, to request input, support, and approval for the program. An 8-module nurse leader development program was then developed, which addressed topics that followed the American Organization of Nurse Executives (AONE) Nurse Manager Skills Inventory (15). Permission from the AONE was obtained to use the Nurse Manager Skills Inventory. A small panel of experts at the project site examined the tool and the topics identified as being needed by current nurse leaders. In addition, the panel agreed that the tool measures appropriate self-perception of leadership skills learned.

The topics in the program were prioritized according to the results of the organization's internal Nurse Leader Needs Assessment Survey conducted the previous 2 years. An expert committee reviewed the hospital surveys, the AONE Nurse Manager Skill Inventory, and a literature review and agreed on these modules for the program: Module 1: Nurses as Leaders and/or Managers: What's the Value?; Module 2: Human Resource Management; Module 3: Regulatory Behavior; Module 4: Strategic Management; Module 5: Operations Management; Module 6: Organizational Behavior; Module 7: Financial Management; and Module 8: Change. Each of the modules offered specific preparatory readings, expert presentations, discussion, case studies, or group activities, and opportunities for application of the skills, including reflection. The modules were delivered in weekly 2-hour learning sessions.

Per the suggestion of the CNO and directors, the program was introduced via a presentation at the monthly meeting with nearly 150 nurse leaders in attendance. The program registration brochure was made available electronically. The participants voluntarily registered to attend the program which was free of charge and awarded continuing education unit (CEU) credits. Approval to offer CEUs had been obtained from the State Board of Nursing.

The program was set up as a series of 8 modules which allowed participants to register for as many sessions as desired. Attendance was taken at each session, to award CEU hours only. After registration, 2 Qualtrics survey links were emailed to the participant. One link was a demographic survey, and the other was an informed consent form with the AONE Nurse Manager Skills Inventory (15). The links were also sent to the participants one month after the program series ended to gather post-intervention data.

The Nurse Manager Skills Inventory design used Benner's Novice to Expert rankings and described different leadership needs. These needs were classified into 3 categories labeled The Science-Managing the Business, The Art of Leadership-Leading People, and The Leader within-Creating the Leader in Yourself (15). The Nurse Manager Skills Inventory was created by experts in professional organizations and had been used for many projects (15).

Data was electronically collected using a Qualtrics survey, which asked nurse leaders to rate their skill competence before the program began and then within one month after the program ended. The data was nonsensitive and anonymously reported in an electronic database report. Data was available only to the facilitator and was encrypted electronically and stored. Data from the surveys was used only as aggregate data and summarized to compare pre and post data. The demographic survey also asked nurse leaders to self-rate their likelihood of remaining in their role at 1, 3, and 5 years on a five-point Likert scale. This was requested pre- and post-intervention so that the ratings could be compared. The framework for this program was the succession planning theory (6) in which leader strengths, weaknesses, and retention goals were identified using the tools and self-reports.

## ***Results***

### **Program Implementation and Outcomes**

The facilitator for this program was a DNP student who is a nurse educator in the project organization. She held no supervisory authority over any of the participants; therefore, the environment was specifically set as a safe environment. Brief classroom expectations were reviewed at the beginning of each session to establish the safe environment with the agenda for the day; students were told to network with others in the classroom, to ask questions and comment freely, to use the concepts or information in their day-to-day work in their clinical area, and to bring back reflective information to the group.

The 8 sessions were held every Thursday from 11:00 am to 1:00 pm for consecutive weeks in a large teaching room with audiovisual equipment available for presentations. Participants reported they preferred the consistency of 2 hours each week so that they could plan their calendar for their regular learning time. In addition, conducting the sessions over the lunch hour, they were able to be efficient with their time and “learn at lunch.” Networking with new leaders and allowing reflection were 2 of the goals, and these were verbally affirmed as successful.

Before each session, the participants received articles, chosen jointly by the speaker and the facilitator, to review. The presentations lasted 50 minutes or less. Then, activities were designed to use the materials learned. Working in groups created discussion and frequently brought liveliness to the classroom too. At the end of each session, the participants were given a take-home message or assignment to apply in their clinical areas. It was important that they reflect with each other throughout the week about how the new skill or task was working for them when applied in their clinical area.

In the past, programs of this length had been held over full days; therefore, nurse leaders would be away from work areas for the entire day. The leaders reported the 2-hour time frame was an adequate time to cover each topic and they did not feel rushed by being away from their clinical unit for 2 hours. Therefore, this format for training was positively received. At the completion of the program, a graduation ceremony was held; anyone who had attended any of the sessions received a certificate.

The speakers were chosen as topic experts within the organization. All of the speakers volunteered their time and skills to teach the nurses. They were given little direction to prepare for their topics other than the sessions were to develop nurse leader skills. A few of the speakers disliked the action research design with its minimal guidelines and instead interpreted it as lack of planning. In the future, it may be beneficial to explain the action research design model being used and to have a few more guidelines outlined for the speakers.

### **Quantitative Data**

Forty nurse leaders participated in the educational sessions, but 29 completed the demographic survey. Respondents were diverse in age: 20-29 years old (9%), 30-39 years old (42%), 40-49 years old (8%), and 50-59 years old (9%). Those who completed the survey attended an average of 5 sessions. They had been an RN an average of 15.72 years and employed at the institution an average of 8.34 years. The nurse leaders reported being in a leader role an average

of 5.83 years and in their current role an average of 3.55 years. The participants' current roles consisted of assistant nurse managers (48%), nurse managers (28%), nurse practice leaders (17%), and directors (7%). Of further interest were the participants' levels of formal education, including the bachelor of nursing degree (48%), master of nursing degree (31%), doctorate degree (3%), and other (17%; e.g., master of business administration, master of science, master in nursing and healthcare practice, and bachelor of science in nursing degree, and progress toward the doctor of nursing practice degree).

When asked whether they were involved with a certification or professional organization, 76% participants responded "Yes," and 24% responded "No." Also, 34% responded that they had attended leadership conferences within the previous 3 years; 66% said that they had not. Finally, when asked whether the leaders had been officially oriented to their current role, 55% reported, "Yes," and 45% reported, "No."

One of the most prominent findings was the increase in the likelihood of retention at 1 year, 3 years, and 5 years from the time of the survey. For instance, at pre-intervention, 59% of respondents said that it was extremely likely that they would be there in 1 year (Figure 1). More respondents-75%- said that it was extremely likely that they would still be there at 1 year after the survey (Figure 1). At year 3, the comparison was even more striking: 28% extremely likely at pre-intervention and 66.67% at post-intervention (Figure 2). In addition, at pre-intervention, 17% of respondents thought it extremely likely that they would be in nurse leadership at 5 years (Figure 3). Startlingly, 41.67% thought likewise at post-intervention (Figure 3).

During the program, the CNO announced appointments for several leader positions in which 9 were involved in the program. Therefore, the newly appointed positions may have influenced their self-ratings post-implementation.

AONE Nurse Manager Skills Inventory data was received from 29 participants. The data received was rated on a 5 point Likert scale from novice, more than novice by not competent, competent, more than competent but not expert, and expert. The goal of this project was to measure the increase of self-rated knowledge to competency or above

and therefore the data responses were grouped to include all those responses of competent to expert. The sample was small and nonrandom; the data was not normally distributed; the data had unequal values/questions per category. The data responses were grouped again into AONE sub-categories as noted in Figures 4-6. By using percent of participants who answered in the grouped category “competent and above” for each AONE category, the data was normalized to compare results. The data was plotted on graphs to be visually analyzed (Figures 4-6).

Through data analysis, the largest self-reported growth in skills was in Critical Thinking (18.24%), Performance Improvement (17.58%), and Clinical Practice (16.27%). All pre-intervention data except for that of financial skills were self-assessed by 50% or more of participants as competent or above. Financial skills were self-assessed at 25.05% pre-intervention and 33.63% post-intervention. These results indicate that financial knowledge is an opportunity for further professional development.

In summary, the outcomes for this specific nurse leader professional development implementation at this institution resulted in positive self-reports of increased likelihood to stay at 1, 3, and 5 years. The AONE Nurse Manager Skills Inventory showed post-assessment growth in all areas thus validating increased skills competency and the program sessions value (Figures 4-6).

The results of the AONE Nurse Manager Skills Inventory are reported in Figures 4-6. In most categories, the nurse leaders’ perspective changed between pre-intervention and post-intervention. The categories were Managing the Business, Leading the People, and The Leader Within.

### *Discussion and Recommendations*

Some directors wanted the program to be implemented to prevent further nurse leader attrition due to lack of a structured orientation. The project's purpose was to identify if the implementation of a nurse leader development program would increase the current self-reported competence or interest in maintaining a leadership role at an academic hospital. An 8-module, evidence-based nurse leader development program was designed and delivered to 40 leaders at this organization during 2-hour weekly sessions. A formal development program with an action research design was implemented so that a variety of learning activities could occur.

During this program, there were many internal promotions. Many nurse leaders verbally reported they were more committed and satisfied with their role as a result of the program; their newly acquired knowledge empowered them to be able to make better decisions. Their new knowledge also decreased their stress and allowed them to see a bigger value and vision.

This project was successful for the organization, with immediate results for nurse leader skills competence and self-reported retention considerations. It also identified potential new opportunities for program delivery strategies. In the past, this organization tended to hold programs of this length in 2 full-day segments. However, the weekly 2-hour, sessions over 8 weeks appeared to be satisfactory to the participants.

Limitations of this project were that it was implemented once and only at 1 organization. Therefore, it may not be reproducible. However, it was recommended to repeat the exact program in this or another organization. Other outcomes could be measured such as how long the participants stay in their roles after being in the program or the utilization of the skills shown at 3 months, 6 months, and 1 year after the program. Additional planned programs may also be beneficial that assist the nurse leader to learn new topics, network, and grow to the next level.

Finally, it was suggested a similar program be developed for staff nurses. If staff nurses are leading in their clinical areas in roles such as charge nurse or mentors, then allowing them to learn more leadership skills and knowledge relevant to the institution or other roles could drive them into the pipeline of leaders or to support the current leaders.

*Conclusions*

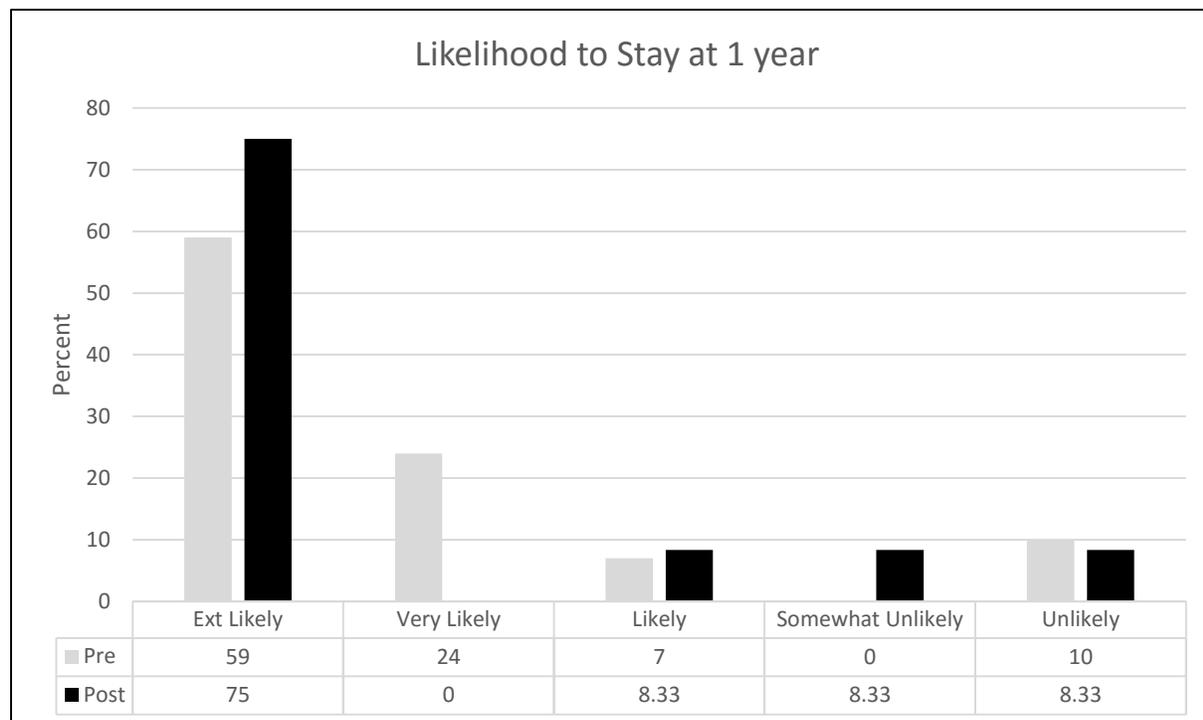
The implementation of a nurse leader development program was successful at the Midwest hospital that was the site of the project. Not only did participants' perceptions of their level of role retention and skill competence increase, but the project results indicated that the weekly, 2-hour multi-session model was an acceptable learning strategy. The nurse leaders also responded favorably to the networking opportunity, working with other nurse leaders, feeling valued, and being acknowledged and appreciated by the nursing executive leadership staff.

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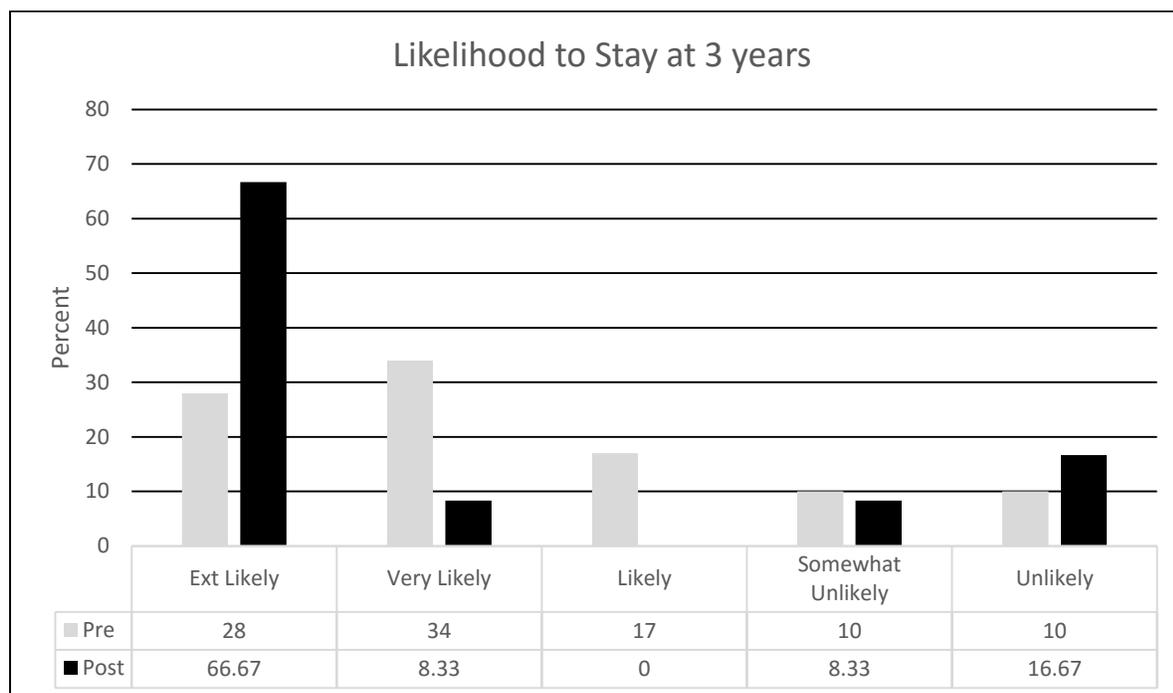
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**Figure 1.** Nurse Leaders Before and After Intervention Self-Reporting Likelihood to Stay in Role for 1 Year, N=29



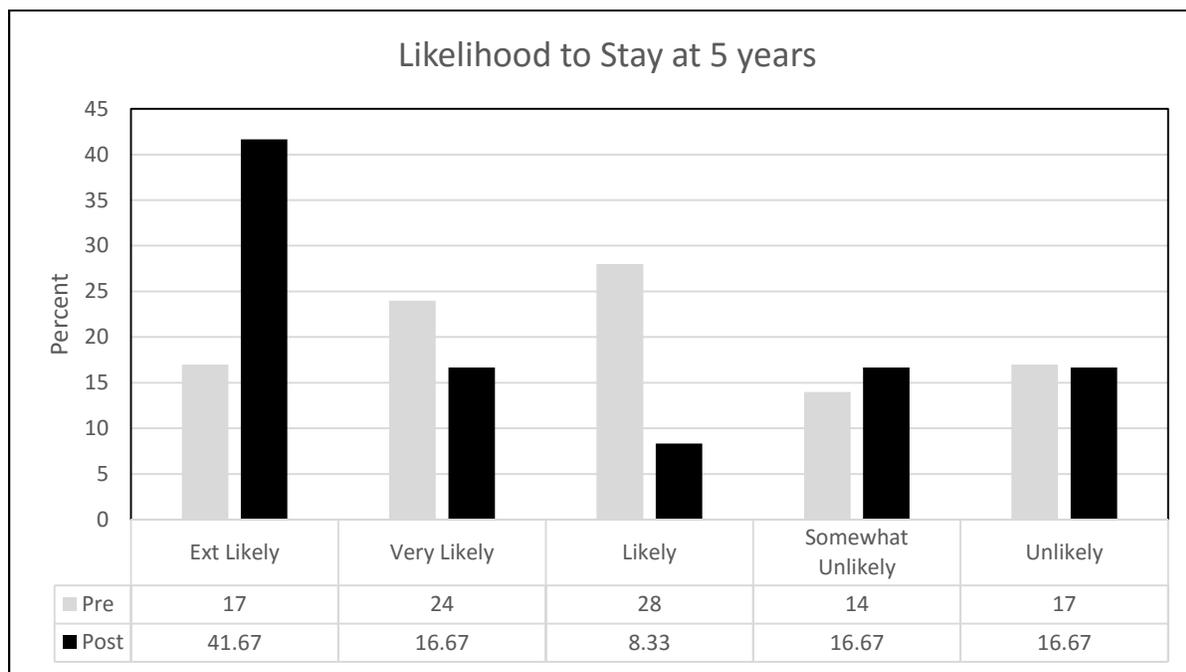
Ext is an abbreviation for extremely.

**Figure 2.** Nurse Leaders Before and After Intervention Self-Reporting Likelihood to Stay in Role for 3 Years, N=29



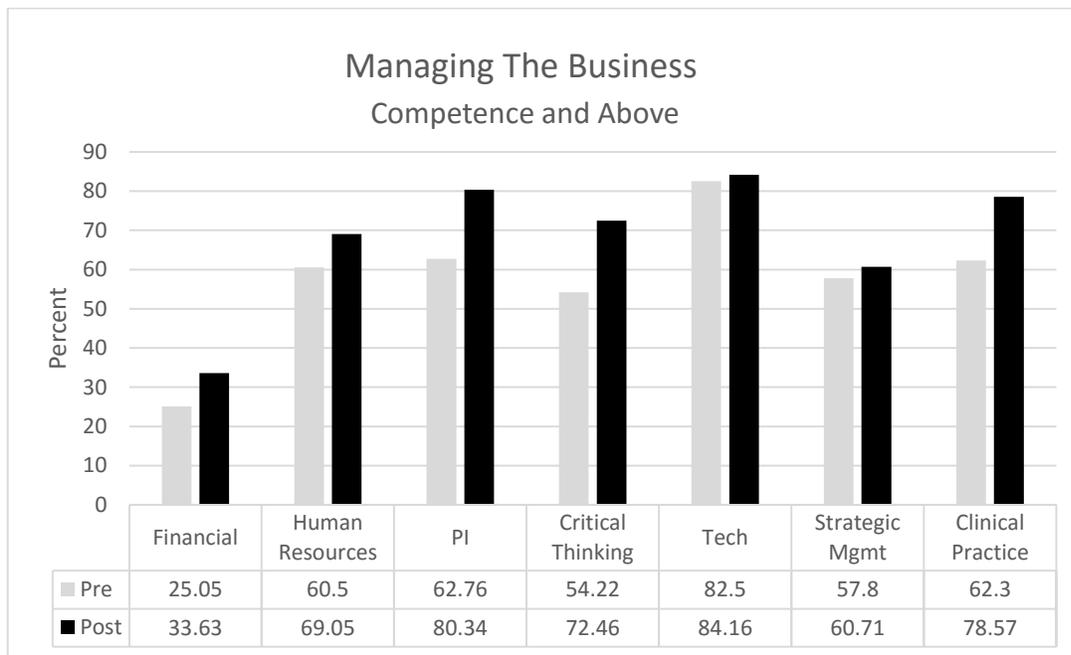
Ext is an abbreviation for extremely.

**Figure 3.** Nurse Leaders Before and After Intervention Self-Reporting Likelihood to Stay in Role for 5 Years, N=29



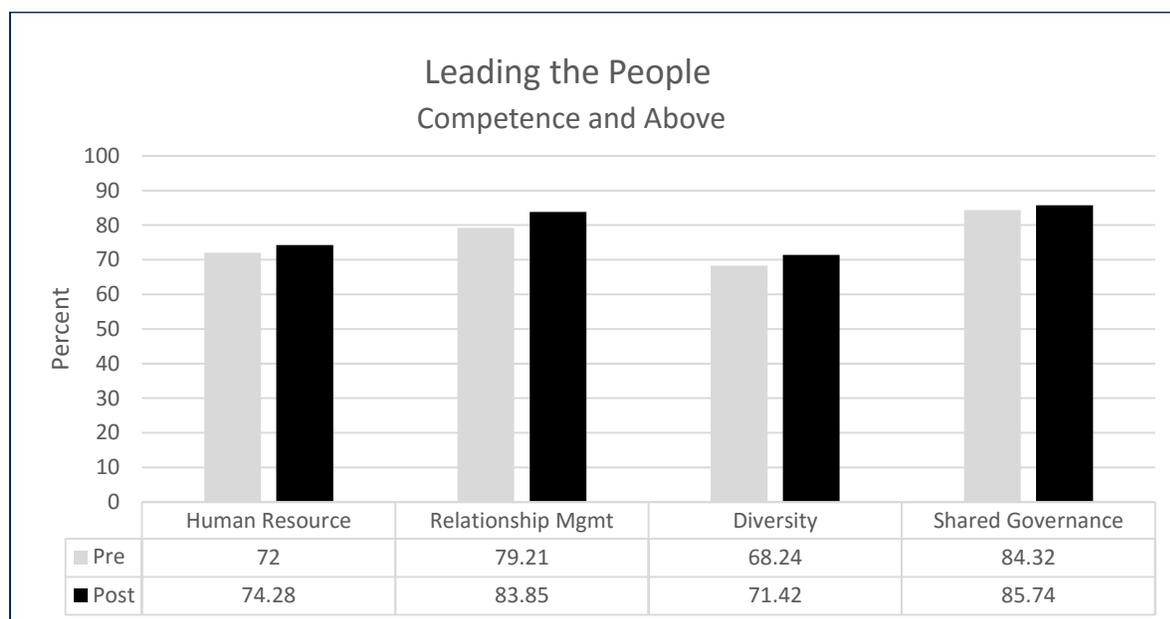
Ext is an abbreviation for extremely.

**Figure 4.** Nurse Leaders Before and After Intervention Self-Reporting Management Competence, N=29



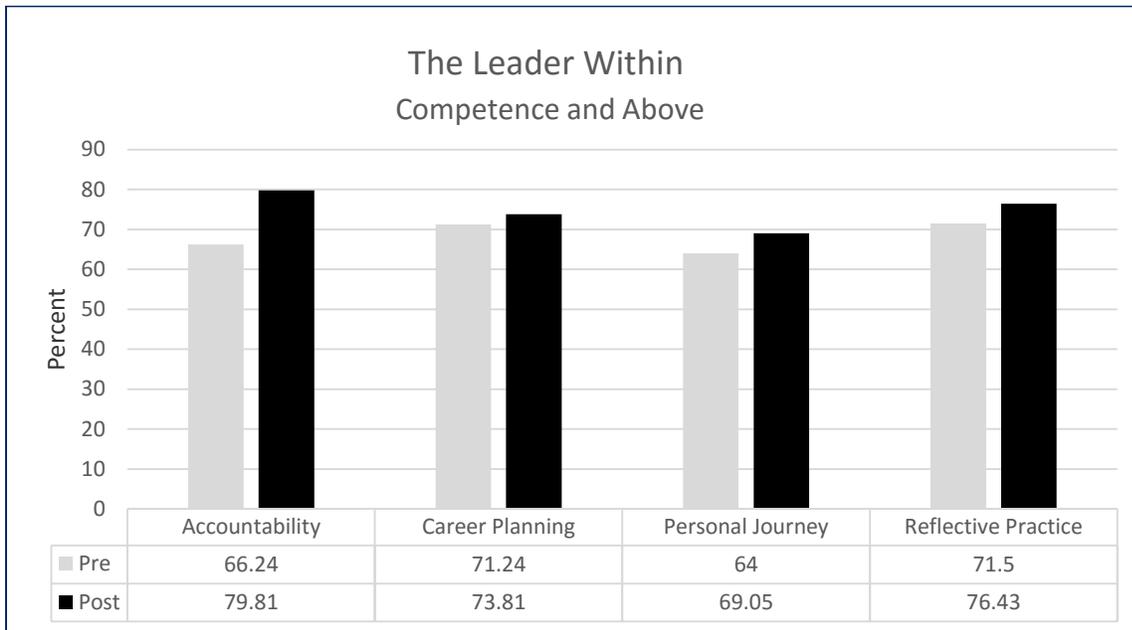
PI is an abbreviation for Performance Improvement. Tech is an abbreviation for Technology. Mgmt is an abbreviation for management.

**Figure 5.** Nurse Leaders Before and After Intervention Self-Reporting Competence in Leading People, N=29



Mgmt is an abbreviation for management.

Figure 6. Nurse Leaders Before and After Intervention Self-Reporting Competence in Leader Within, N=29



## APPENDIX A. STATEMENT OF ORIGINAL WORK

### Academic Honesty Policy

Capella University's Academic Honesty Policy ([3.01.01](#)) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy ([3.03.06](#)) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

### Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy ([3.01.01](#)) and Research Misconduct Policy ([3.03.06](#)), including the Policy Statements, Rationale, and Definitions.

I attest that this DNP project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the *APA Publication Manual*.

Learner name and date	Jennifer K. Johnson	11-1-2015
Mentor name and school	Debbie Noguerras School of Nursing and Health Sciences	11-1-2015