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Professional Development in Nursing Starting at the Bedside: An Evidence-Based Study

Annette Carlisle-Spotts

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Introduction

Frontline nurses are faced with a host of responsibilities requiring clinical skills to care for complex, and often, chronically ill patients. Nurses need leadership skills to communicate effectively with the interdisciplinary and multidisciplinary teams they are increasingly required to work alongside. The Institute of Medicine's recommendation is to prepare bedside nurses with the advanced skills needed to collaborate with others to revolutionize healthcare (Institute of Medicine, 2010). With more than four million nurses in the United States serving a variety of patients and families and levels of need; the urgency for gaining advanced skills has never been greater. We also know that in the longitudinal study conducted from July 2020 through August 2021 by the American Association of Nurse Leaders, researchers found that 36% of Nurse Managers described themselves as "not or not at all emotionally healthy". Moreover, Weber et al found that more than half of nurse leader participants in their study planned to leave their current positions in less than five years (n=>1800) (Warden et al., 2021). Such data emphasizes the need for succession planning that begins at the bedside where skilled clinicians may consider developing a set of skills that allow them to move successfully into leadership roles. The successful development of nursing leaders demands comprehensive professional development and succession planning so that all nurses may visualize themselves as leaders at the bedside and beyond.

Background

Challenges in modern healthcare are multifaceted and ongoing with many contributing factors. The Affordable Care Act of 2010 helped provide millions of US Citizens access to healthcare, resulting in an increased demand on the healthcare workforce (Acree-Hamann, 2016). Additionally, the US population is aging as the Baby Boomer generation, people born in the U.S.

between 1943 and 1960, grow older with all the accompanying needs of elderly patients (Acree-Hamann, 2016). As a result of advances in healthcare, people are living longer with chronic illnesses that they would not have survived just 50 years ago. Chronic illnesses affect about 133 million or more than 40% of Americans (National Health Council, 2014). To put that figure into context, about half of adults and 8% of children between the ages of 5 and 17 years have at least one chronic health condition (National Health Council, 2014). The stressors on healthcare are rapidly growing because of the aging population and the number of people living with chronic diseases, according to the US Department of Labor, Bureau of Labor Statistics for 2013 Employment Projections: 2019 – 2029 Summary (bls.gov).

In this challenging environment nurse managers impact the care patients receive and patient outcomes; however, studies show nurses are often not prepared to assume the complex role of nurse manager (Glassman & Withall, 2018). Caring for patients with complex needs requires competent nursing leaders to lead patient-centered evidence-based care. Advancements in medical technology, the development of expensive medications such as targeted gene/immunotherapy, the development of new complex treatments for chronic conditions, and navigating a multigenerational workforce demands that nurse leaders be better prepared. Yet, for all the life-saving medical innovations, leadership practices are considered outdated resulting in higher cost and lower quality in the healthcare system (Acree-Hamann, 2016). Nurse managers must be prepared to manage restrictive departmental budgets and meet organizational goals related to reimbursement demands of value-based payment systems. Good leadership can lead to great outcomes in the same way that poor leadership ultimately leads to poor patient outcomes.

Nurse managers set the culture for their units based on their leadership style. Evidence shows that a frontline nurse's decision to pursue leadership is profoundly influenced by the

culture and practice environment set by their nurse manager (Al Sabei et al., 2019). Findings also suggest nurses are not attracted to leadership roles due to the lack of support in their work environment, a lack support from the administration, a lack of opportunity to participate in policy making, and inadequate leadership preparation (Al Sabei, 2018). Reluctance to lead is also influenced by a nurse's tenure in the profession. A study by Al Sabei (2018) examining nurses' willingness to lead demonstrated that as nurses near age 35 their willingness to pursue leadership positions declines. In fact, the more years serving as a nurse correlate to a continued decrease in their willingness to hold leadership positions (Al Sabei, 2018). Additionally, the first year in a nurse's career is the most crucial and vulnerable time. The transition from nursing student to registered nurse is a critical time as the turnover rate is high for this population of nurses (Brook et al., 2019). Therefore, it is important for new nurses to identify themselves as leaders regardless of their current position. A confident nursing team is typically a reflection of a confident nurse leader. (LaCross et al., 2019). This underscores the importance of continual development of confident nurses as leaders at the bedside, for retention and who may assume formal leadership in the future.

The nursing shortage is another contributing factor necessitating the urgency to develop strong nurse leaders. 53% of nurses in the United States were over the age of 50 years by 2020 with many expected to retire (LaCross et al., 2019). The nursing shortage is expected to deepen across the country between 2016 and 2030 according to the report titled, United States Registered Nurse Workforce Report Card and Shortage Forecast: A Revisit (2018). In the US, the average cost of staff turnover for frontline nurses' ranges from \$38,000 to \$61,000 with an average cost to the hospital system between \$4 million and \$7 million (Yu et al., 2019). Complicating the state of nursing is a predicted 85,000 nurse shortfall by the year 2025

increasing to approximately 123,000 nurses by the year 2030 (Brook et al., 2019). The predicted shortage and the attrition rates from burnout and retirement may heighten the anxiety among the remaining nursing professional as workloads increase. Structured and well thought out transition planning for outgoing and incoming nurse leaders may mitigate the negative outcomes to patients and the organization (LaCross et al., 2019). Patient and organizational outcomes are directly related to the leadership capacity of bedside nurses. This is true because nurses on the frontline are positioned to identify opportunities for improvement in the work environment, to motivate other members of the care team, to proactively respond to the needs of patients, and to lead change initiatives (Mianda & Voce, 2018). Creating a truly collaborative nursing work environment is essential to the success of the healthcare system as the challenges of an aging population, increased longevity for complex care patients, and nursing shortages loom large on the horizon.

Succession planning is one way healthcare organizations can ensure they have qualified candidates available to transition into vacant leadership positions (Patidar et al., 2016). The selection and training of nurse managers is one of the most important decisions and investments made by a healthcare organization (Selig, 2020). Succession planning requires thoughtful planning and creating capacity building learning opportunities for nurses early in their career (Glassman & Withall, 2018). Healthcare organizations with a succession plan in place for bedside nurses report greater success in filling vacant nurse manager positions with internal candidates leading to greater employee satisfaction and better retention rates (LaCross et al., 2019). The evidence clearly points to the need for training and support for nurses at the earliest point of their career to prepare them for potential leadership opportunities.

Purpose

The purpose of the project was to expose nurses at the bedside to knowledge-based learning to discover its impact on the participants interest, willingness, and readiness to lead. This project utilized a knowledge-based learning model. Knowledge-based learning is not skills specific; therefore, it is not training in the classical sense of the word. Knowledge-based learning introduces the participants to subject matter designed to inform and to deepen their understanding of the subject. The model of learning used offers participants the opportunity for collaborative learning through guided interaction with peers.

Problem Statement

In many cases nurses are promoted to formal leadership roles based on their exceptional clinical skills. However, the strength of a nurse's clinical skills does not in all cases translate to the skills needed to lead a team, manage budgets, monitor patient outcomes, or to meet organizational goals for their departments. Leadership requires skill sets that are rarely acquired in nursing clinical lab or classroom sessions. There are multiple studies and articles focused on nursing leadership from the perspective of nurses currently in a leadership role; however, there is a lack of research targeting frontline nurses not in formal leadership positions. This pilot study focused on the frontline nurse and has added to the body of work preparing bedside nurses for leadership.

This project aimed to discover if the creation of a Targeted Professional Development Program focused on the bedside nurse results in an increased desire and willingness to pursue formal leadership roles. A post self-assessment leadership tool from the American Organization

of Nurse Leaders and a post-demographic survey were used to note any increase in the participant's desire and willingness to lead.

Project Question

Questions addressed by this project include:

- (1) Does a targeted leadership program for novice nurses improve the perception of themselves as leaders?
- (2) Does a targeted leadership program for novice nurses improve their willingness to lead?

Nursing Theory

The Information-Processing Theory examines how information is encountered, internalized, stored, and remembered (Butts & Rich, 2018) formed the bases of the project. The five stages of the Information-Processing Theory are

1. the attention stage - when the learner decides to pay attention to the information being taught,
2. the sensory memory stage - where information is accepted and processed by the senses. Examples include auditory and visual learning,
3. the short-term or working memory stage- where information is encoded from sensory memory to short-term memory,
4. the long-term memory stage- where information is organized for storage by the learner, and finally
5. the information retrieval stage- where information is retrieved to be used by the learner (Butts & Rich, 2018).

Literature Review

The literature review included a search using the following computerized databases: CINAHL, PubMed, EBSCO, EBSCO (HaPI), and ResearchGate. Search terms included nursing leadership, willingness to lead, frontline nurse leaders, succession planning, leadership readiness, readiness to lead, readiness to lead in nursing, nurse's readiness to lead, leadership questionnaire, self-assessment leadership instruments, professional advancement programs and readiness leadership. The search produced greater than 200 articles. After review, 29 articles were chosen based on their appropriateness to the project. 17 of the articles were both quantitative and

qualitative; the remaining 12 were qualitative. Of the 29 articles, two articles were systematic reviews, two cross-sectional studies, one quasi-experimental and correlational study, one quasi-experimental study, one secondary analysis, and one study was a summary and synthesis of previous articles.

Willingness to Lead

Nurse Managers are the essential point of contact for patients, families, and other healthcare professionals. They influence the culture of the work environment, the direction of patient healthcare, patient outcomes, reimbursement and more. In creating the workplace culture nurse leaders are responsible for creating an environment of inclusivity and a sense of belonging for persons who interact with patients, families, and other professionals (Richard-Eaglin, 2021). Exclusionary practices lead to dissension and increased turnover (Richard-Eaglin, 2021). Evidence shows that the decrease in a nurse's willingness to lead in nursing correlates to greater challenges recruiting nurses for future leadership positions (Al Sabei et al., 2018). A cross-sectional survey of 3, 513 nurses marked a decrease in their desire to lead the longer they remained in the nursing profession. The decrease was compared against nurses with less than two years' experience who showed a greater desire to lead (Al Sabei et al., 2018). Factors such as age, gender, and education were not predictors of nurses' willingness to lead. It is therefore imperative that health care organizations understand what factors encourage as well as discourage nurses to lead (Al Sabei et al., 2018).

Succession Planning

An article discussing the development of nurses for leadership positions suggested many healthcare organizations focus on filling vacant nurse manager positions; however, because there

is no succession plan in place many of the healthcare organizations often do not plan for future leadership vacancies despite having qualified candidates within their organizations (Selig, 2020). In one article, a two-year nurse manager internship program was developed to provide nurses with the appropriate training needed for leadership to prevent burnout, reduce frustrations, and turnover (Selig, 2020). The article detailed four cohort groups with a total of 81 applicants and 13 interns; at the completion of the training, nine of the interns had been promoted to nurse manager positions (Selig, 2020). Succession planning requires a proactive approach. Healthcare organizations must invest the time and resources needed to prepare nurses for leadership. Having nurses poised to fill vacant leadership positions benefits organizations by decreasing burnout and increasing nurse retention (Selig, 2020).

Frontline Nurse Development

In a quasi-experimental design, McGarity et. al., used a pre and post survey to evaluate the effectiveness of a professional leadership program aimed at new nurse managers. Out of 100 frontline nurse leaders (FLNLs) 38 participants were recommended by the leadership at the facility. A pre and post leadership self-assessment was conducted using the Nurse Manager Leadership Partnership (NMLP) competencies of nurse managers developed by the American Organization for Nursing Leadership, formerly called the American Organization of Nurse Executive (McGarity et al., 2020). The intervention included 12 four-hour classes (continuing education credit was offered), led by subject matter experts, of an evidence-based curriculum designed to help develop the new nurse managers' knowledge, confidence, and ability to lead effectively (McGarity et al., 2020). A combination of lecture, discussion, and team building techniques were used to develop the program. All 38 of the participants showed improvement in the fundamental competencies at the conclusion of the FLNL program.

The benefits of a formal professional development program for FLNL that allows class time, peer group interactions, and peer collaboration was reinforced by the project (McGarity et al., 2020). The outcome of the formal FLNL program included peer socialization and evidence-based practice which are important for nurse managers to maintain healthy work environments, retain staff and increase staff engagement (McGarity et al., 2020). This work also revealed that nurses promoted to “frontline nurse leader” positions often do not have the skills needed to supervise and lead nursing teams nor the skills needed to drive positive patient outcomes (McGarity et al., 2020). New nurse managers many times are caught up in the tasks of managing and as a result team development is neglected. Nurse managers need to have the skill and knowledge to support and mentor their teams, drive organizational goals, manage difficult conversations, and drive improvements needed to improve staff and patient satisfaction (McGarity et al., 2020).

In a study by the Texas Nurses Association (TNA), a nurse leadership program was developed aimed at developing leadership potential and skills in young nurses from Generation X (age range 27 – 40 years) and Millennials (age range 18 – 26 years) with a focus on the strengths young nurses bring to the profession (Sportsman et al., 2010). The strengths of Generation X focus on work-life balance, their comfort level with multicultural groups, and optimism for life; the strengths of Millennials include their comfort working in teams, dependence on technology, and their loyalty to work (Sportsman et al., 2010).

Sportsman, et al. (2010) detailed a professional development program called, The Nurse Leadership Model. The program provided a foundation for developing future development programs and identified six critical leadership competencies:

1. conception or envisioning oneself in a leadership position

2. technical or the direct work performed in one's domain
3. interpersonal or collaborative
4. political or understanding and influencing policymaking
5. commercial or understanding economic exchanges
6. governance or establishing and enacting a clear vision for the organization

The participants were nominated by members of the TNA; the criteria included 10 years or less nursing experience and a demonstration of leadership potential (Sportsman et al., 2010). Fifteen participants were chosen for the three-day program. The program consisted of knowledge building, discussion, sharing of leadership resources, and a focus on affecting health care policy (Sportsman et al., 2010). In evaluating this qualitative study, the program was deemed successful by the TNA. In the year following completion of the program various nurse leaders participated in local, state, and national association activities; additionally, participants gave testimony of their emerging self-perception as nurse leaders (Sportsman et al., 2010).

Design

The pilot study included a pre and post leadership self-assessment survey using the American Organization for Nursing Leadership's (AONL) nurse manager competencies. A demographic questionnaire was administered to understand the characteristics of the participants (Appendix A). The demographic questionnaire requested the following information from the participants: gender, age, highest level of nursing education, and years of nursing experience. The questionnaire included one question asking if the participants saw themselves in a leadership role in the next twelve months; this question was repeated at the end of the study.

There were five in-person educational sessions presented by subject matter experts on each topic. Each session was at least one hour in length and targeted important building blocks for potential nurse leaders. Each session aligned with the nurse manager competencies set by AONL (AONL Nurse Manager Competencies, 2015). The topics for each session were (1) Building the Leader Within (2) Equality, Inclusion, and Belonging (3) Work/Life Balance (4) Conflict Management/Interpersonal Relationships (5) the final session was an after-action debriefing revisiting key points of leadership addressed during other sessions, to field questions, to gauge reactions from the participants, and to introduce other resources for their continued development and growth.

Model

The topics for this project were purposely chosen to expose the participants to the three domains of AONL's Nurse Manager Competencies which are The Science, The Art, and The Leader Within. The intent was not didactic sessions of the three domains which include a total of 12 subgroups seen in table 1.

Table 1*AONL's Nurse Manager Competencies Domains and Subgroups*

The Science	The Art	The Leader Within
Financial Management	Human Resource Management Skills	Personal and Professional Accountability
Human Resource Management	Relationship Management and Influencing Behaviors	Career Planning
Performance Improvement	Diversity	Personal Journey Disciplines
Foundational Thinking Skills		
Technology		
Strategic Management		
Appropriate Clinical Practice Knowledge		

Note. List of the twelve subgroups from AONL Nurse Manager Competencies

Intervention

The first session was presented by Garry M. Spotts, Master of Divinity (M.Div.), BA. Mr. Spotts is a professional speaker with over 46 years of experience in ministry and in leadership, 30 years of business experience as an educational and business consultant, and a published author. This 45-minute presentation titled, *Leadership Alchemy*, provided clear, understandable, and actionable ideas for lifting the participants to personal and professional leadership by transforming the willing into the winning (Spotts, 2020). This was a workshop-styled session, focused on AONL's leadership competency domain "The Leader Within", intended to actively involve the participants in the learning experience. The teaching style targeted the attention stage in learning; the crucial stage where the learner decides whether the information is relevant (Butts & Rich, 2018). The participants received a workbook created specifically for the participants to follow the speaker and allowed them to take notes to increase

knowledge retention. The objectives were (1) To discover that leadership is an inside job, (2) Realize ways the participants currently demonstrate leadership, and (3) Learn essential actions to break through the fear of leading. This session was approved by the Kentucky Board of Nursing for 1.0 continuing education units (KBN#4-0002-12-22-189).

The second session, Equity, Inclusion and Belonging conducted by Norton Healthcare's Institute of Equity, Inclusion, and Belonging focused on AONL's leadership competency domain titled "The Art". It provided an opportunity for the participants to learn the importance of equity, inclusion, and belonging in healthcare and how it relates to job satisfaction, retention, and positive patient outcomes. A PowerPoint presentation and videos were used during the presentation to enhance the learning experience; handouts were also available for the participants to foster learning during the sensory memory stage of processing information.

The third presenter was Cis Gruebbel, MSN who was the former Chief Nursing Officer at the Children's Hospital. She began her career as a diploma nurse and has over 40 years of nursing experience that includes bedside nursing, quality and resource services, middle management, senior nursing leadership, and consulting. She discussed Work/Life Balance and provided the opportunity for the participants to hear a nurse leader's personal experience with self-care, setting boundaries, and balancing responsibilities between home and work. This session fell within AONL's leadership competency domain "The Art". There was open discussion and the opportunity for the participants to ask questions. The objectives for this session were to (1) Discuss leadership strategies for managing work-life balance, (2) Provide leadership insights and thoughts for career growth, and (3) Discuss the importance of nursing leadership at the executive table. This session was approved by the Kentucky Board of Nursing for 1.0 continuing educational units (KBN#4-0002-12-22-197).

The fourth session was presented by Casey Newman, Licensed Clinical Social Worker (LCSW); he has 15 years of experience in social work and counseling. His session was titled Conflict Management/Interpersonal Relationships and provided the participants with an understanding of the importance of language, verbal and non-verbal, when communicating with others in healthcare and with patients/families. This session focused on AONL's leadership competency domain, "The Science". Various scenarios were presented along with a discussion about ways to use de-escalation tactics as a means of maintaining a healthy work environment. The participants were provided with supplemental reading material. The objectives for this session were to (1) Increase knowledge and skills of direct providers for navigating interpersonal relationships and managing conflict and (2) Increase motivation and confidence to lead by building knowledge and skills for navigating interpersonal relationships and managing conflict. This session was approved by the Kentucky Board of Nursing for 1.0 continuing educational units (KBN#4-002-12-22-196).

The final session was guided by Garry M. Spotts, M. Div, BA and offered the opportunity to hear feedback from the participants, to allow group interaction and reflection on the information from the previous sessions.

Sample

The purposive sample size was 10 frontline registered nurses with five years or less nursing experience who are employed at a free-standing tertiary teaching children's hospital located in an urban Southeastern city. Nurse managers were asked to identify, from their staff, a total of 10 participants who meet the inclusion criteria: employed at the Children's Hospital with five years or less nursing experience. A sign-up sheet to participate in the study was posted for two weeks on the inpatient nursing units. The protection of human subjects was prioritized

throughout this study. Fifty percent of the participation goal was reached with five participants. Conducting a pilot study during a pandemic proved to be challenging as nursing units faced staffing shortages due to illnesses, burnout, and travel opportunities.

While children did not contract COVID 19 at the same rates as adults, the Delta and the Omicron variants exacted a heavy toll on children's mental health. The resulting effects of stress on children and youth's mental health led to increased patient acuity levels and a high mental health patient census on the medical and the intensive care units. It is important to note, by July of 2021 almost 140,000 children in the U.S. lost a primary caregiver to COVID-19 (www.cdc.gov, 2020). According to the American Psychological Association the demand for psychological services is higher now, two years after the COVID 19 pandemic emerged, than ever before especially for children. Mental health related emergency department visits saw a spike of 24% for children ages five to eleven years, and an increase of 31% for children aged twelve to seventeen years compared to emergency department visits in 2019 (www.cdc.gov, 2020).

To gain a better understanding of the sample group's composition, a pre-study demographic survey was used to gather descriptive data and are presented in table 5. All participants self-identified as female. Eighty percent of the participants were between 23 – 29 years of age and twenty percent were between 30 – 36 years of age. The highest level of education for all participants was a bachelor's degree in nursing. Regarding the years of nursing experience, eighty percent of the participants had two – five years of experience while twenty percent started the study with five years of experience.

Instrumentation

The American Organization for Nursing Leadership (AONL) self-assessment (Appendix B) was sent to the participants via email (focal260@custominsight.com) by AONL. The assessment is based on the three domains of AONL's nurse manager competencies: the science (managing the business), the art (leading the people), and the leader within (creating the leader in yourself) (AONL, 2015). The participants rate themselves on a Likert scale of 1 -5: (1= Novice), (2= Advance Beginner), (3=Competent), (4=Proficient), and (5= Expert).

The participants used the same unique and anonymous self-appointed identification code for the assessments and the demographic survey. The aggregated data from the self-assessments was analyzed by AONL and remained blinded when released to the project lead and project co-lead. The aggregate data will remain on a secure server. The participants will be known to AONL only by the identifiers chosen by the participant. The results of the AONL leadership self-assessment (pre and post) were released by AONL only to the individual participants based on the chosen self-identifier of the participant.

Procedure

This evidence-based study focused on frontline registered nurses, with five years or less experience, inspiring them to leadership. The participants were identified by their nurse manager, and each received a letter of invitation to participate in the study (Appendix C). The confidentiality of the participants was preserved by the participant selection of a code used for pairing results. There were five sessions at least one hour in length centered around nursing leadership; at the completion of the fifth session one additional survey question was asked related to the participants readiness to lead (Appendix D). The participants had the option to

decline to answer any questions that made him/her uncomfortable. At the completion of the study, there was a one-hour follow-up session for group reflection.

Foreseeable Risks

The participant may be uncomfortable answering some of the questions on the demographic survey. The participant can decline to answer any question they are uncomfortable answering. Participants may experience anxiety as they consider their professional growth. The Norton Healthcare Employee Assistance Program contact information was provided to the participants.

Benefits

The participants were given the opportunity to gain knowledge, understanding, and pertinent insight on the importance of leadership and self-awareness from the educational sessions. The participants may also grow professionally from their interaction with the presenters and with their cohort. The information from this study may also benefit other nurses as they share their experience with their colleagues.

Compensation

The participants were compensated their hourly wage for the time spent in each session. The participants received a workbook during the first session to write notes/questions along with a journal to write any additional notes or to journal their thoughts. A total of 3.0 continuing education units were approved through the Kentucky Board of Nursing. Participants who completed the study received a free copy of the book, "Emotional Intelligence 2.0". Additionally, lunch was provided for the participants and the presenters for each session.

This project was sponsored by the Children's Hospital as participants are employed by the hospital. Sponsorship included lunch, six Emotional Intelligence 2.0 books, and the cost to aggregate the data by AONL. There was no other compensation provided for participation in the study.

Confidentiality

While absolute confidentiality cannot be guaranteed, every effort was made to protect the confidentiality of each participant from the project lead and co-lead. The study was reviewed by the IRB of Bellarmine University and the Review Board of Norton Healthcare. In all other respects the data was held in confidence to the extent permitted by law. Should the data collected in this research study be published, the participants identity will not be revealed. Data was kept in a locked file cabinet only accessible to the project co-lead.

Voluntary Participation

Participation in this study was voluntary. At any point in the study the participants could have refused to participate or withdraw their consent without penalty or without losing benefits to which they were otherwise entitled. By signing up to participate in this study the participants consented to participate in the study.

Rights as a Research Subject

For questions about their rights as a research subject, the participants could call the Institutional Review Board office at (502) 272-7963. They were given the opportunity to discuss any questions about their rights as a research subject, in confidence with a member of the Board. This is an independent committee composed of members of the University community and lay

members of the community not connected with the institution. The study was reviewed by the Institutional Review Board.

All present questions were answered in a language the subject understood to ensure their questions are answered prior to completion of the demographic survey. For questions related to the study, participants can contact Dr. Pam Power (Project Lead) at 502-272-7973 or Annette Carlisle-Spotts (Project Co-Lead) at 502-629-6159.

Results

Aggregate data from the participants' leadership self-assessment using AONL's Nurse Manager Competencies demonstrated an overall increase in post assessment scores of 27% (see Appendix E). Upon review of the aggregated data, we learned the participants scored themselves higher in self-knowing roles or in areas they could reflect upon their core knowledge. In areas outside of the participants core knowledge they had lower self-assessment scores as seen in tables 2 - 4. The three areas with the highest gain in post assessment scores were:

1. Financial Management (maximize care efficiency and throughput) had a gain of 1.08 points or a gain of 86%.
2. Human Resource Management (manage human resources within the scope of labor laws) had a gain of 0.68 points or a gain of 34%.
3. Human Resources Leadership Skills (staff retention; promote retention) had a gain of 0.59 points or a gain of 31%.

The data also showed areas with the greatest opportunities for development among participants. Exposure to the subject matter experts may account for the participants' realizing

the need for further growth in areas they previously felt more confident. The areas with the lowest scores were:

1. Personal and Professional Accountability (achieve certification in an appropriate field/specialty) showed a decrease of 0.20 points or - 6%.
2. Diversity (includes generational diversity and maintaining a fair environment) showed a decrease of 0.13 points - 4%.
3. Career Planning (includes educational advancement, continuing education, annual self-assessments, and creating action plans) showed a decrease of 0.13 points or -4%.

Table 2

Pre- Intervention Assessment Findings by Subdomain

Sub Domains	Pre Self-Assessment
Career Planning	3.27
Diversity	3.13
Personal Journey Disciplines	2.87
Relationship Management and Influencing Behaviors	2.75
Foundational Thinking	2.6
Foundational Thinking Skills	2.6
Performance Management	2.47
Technology	2.3
Strategic Management	2.13
Human Resource Management	1.97
Human Resources Leadership Skills	1.88
Financial Management	1.26

Table 3*Post- Intervention Assessment Findings by Subdomain*

Sub Domains	Pre Self-Assessment	Post Self-Assessment
Career Planning	3.27	3.13
Personal Journey Disciplines	2.87	3.07
Relationship Management and Influencing Behaviors	2.75	3.06
Diversity	3.13	3
Strategic Management	2.13	2.74
Technology	2.3	2.7
Foundational Thinking Skills	2.6	2.7
Personal & Professional Accountability	3.25	3.05
Human Resource Management	1.97	2.65
Performance Management	2.47	2.59
Human Resources Leadership Skills	1.88	2.47
Financial Management	1.26	2.34

Table 4*Percent Change from Pre-Intervention to Post- Intervention*

Sub Domains	Pre Self-Assessment	Post Self-Assessment	% Change
Financial Management	1.26	2.34	86.00%
Human Resource Management	1.97	2.65	34.00%
Human Resources Leadership Skills	1.88	2.47	31.00%
Strategic Management	2.13	2.74	29.00%
Technology	2.3	2.7	17.00%
Personal & Personal Accountability	3.25	3.05	-6%
Relationship Management and Influencing Behaviors	2.75	3.06	11.00%
Personal Journey Disciplines	2.87	3.07	6.98%
Performance Management	2.47	2.59	5.00%
Foundational Thinking Skills	2.6	2.7	4.00%
Career Planning	3.27	3.13	-4.00%
Diversity	3.13	3	-4.00%

Table 5*Demographic Survey*

N=5	Gender	Age	Education	Years in Nursing
Female	5			
Male	0			
<22 Years of Age	0	0		
23-29 Years of Age	0	4		
30-36 Years of Age	0	1		
37-43 Years of Age	0	0		
>43 Years of Age	0	0		
Associate Degree			0	
Bachelor's Degree			5	
Master's Degree			0	
Doctorate Degree			0	
<1 Year in Nursing				0
1-2 Years in Nursing				0
2-5 Years in Nursing				4
>5 Years in Nursing				1

Note. This is a compilation of the demographic survey results.

The demographic survey contained one question, asking if the participants could see themselves in a leadership role in the next twelve months. In the initial survey, sixty percent of the participants responded they could see themselves in a leadership role within a year while forty percent responded they could not. The question was repeated at the end of the study. Responses from the participants showed eighty percent responded favorably to the question and twenty percent responded they could not see themselves in a leadership role within a year. The results demonstrated a twenty percent increase in the participants view of themselves in a leadership position within the next twelve months.

The participants were given the opportunity to share why they chose the nursing profession and what motivates them to remain in the profession. One participant commented she became a nurse because her “mother was a nurse” and she shared her mother’s passion to care

for others. Another shared “she was a patient at Children’s Hospital when she was four years old” and “she still remembers the experience and the nursing care she received” and as a result of the positive experience with her nurse she was “motivated to become a pediatric nurse”. Another participant commented she “wants to make an impact on kids’ lives” and that she “wants to give back”. These statements underscore the impact of nursing leadership, beginning at the bedside, on the lives of patients.

The following participant’s comments collected during the evaluation of the sessions substantiated the objective of the project; to motivate and inspire nursing leadership beginning with the bedside nurse.

Regarding nursing leadership, (I will) “be more aware that I am a leader even when I’m not trying to be” and (I will) “remember that I am a leader even if I’m not trying to be”.

From the session on work life balance the participants provided the following comments on changes they would make in their practice: (I will) “have the confidence to say yes to opportunities” and (I will) “work hard to ensure appropriate nursing voice is at the table in all situations”.

Lastly, following the session on conflict management/interpersonal relationships one participant commented that they wanted to have “increased knowledge to examine through other perspectives”. The feedback from the participants solidifies the importance of targeted professional development focused on bedside nurses and the need for all nurses to self-identify as leaders.

Qualitative data from the participants validated the benefit of professional development focused on bedside nurses. The comments included, “I hope to see myself in an ANM (Assistant

Nurse Manager) position, in the near future. I loved all of the speakers that came to speak with us, and I found a lot of insight and gained new perspectives. Thank you so much for this opportunity”, “I would love to eventually be in an ANM role in the near future. Thank you for this course”, and at last “While I might not see myself as a charge nurse, I would like to pursue leadership roles as a bedside nurse (committees, precepting, etc.)”.

Discussion

The intent of this study was never to have more than ten participants. The intimacy of the small group and the work they did was the strength of the project.

Answering Project Questions

- (1) Does a target leadership program for novice nurses improve the perception of themselves as leaders? Participants commented they could see themselves in leadership roles “in the near future”.
- (2) Does a targeted leadership program for novice nurses improve their willingness to lead? There was a twenty percent increase in the participants willingness to lead by the end of the study.

The overall increase in the percentage of the post leadership self-assessment scores and the qualitative data suggests a positive impact from the study on the participants. It demonstrates targeted leadership programs focused on new bedside nurses improves their perception of themselves as leaders. The qualitative data also suggests an increase in their willingness to lead from the bedside.

While the data demonstrates the need for leadership development and the potential impact of such training, a larger sample size is needed to substantiate the findings as further

statistical analysis was limited by the small sample size. Several prescient challenges experienced during the project impacted participation; most especially staffing shortages that prevented full participation in all sessions by the participants who were unable to leave their units to attend. Nurse managers had to maintain safe nursing ratios on their units resulting in their difficulty releasing staff to attend all sessions. Burnout, turnover, and stress are still evident two years following the start of the COVID 19 pandemic. Increased acuity level on the nursing units and staffing shortages have resulted in nurses working longer hours and having less time and energy (physically and mentally) to participate in extra-employment activities off their units or time and energy to pursue professional certifications. However, working through the pandemic, navigating increased patient acuity and bed capacity challenges exposed many bedside nurses to human resource skills such as throughput, patient safety, patient satisfaction, and staffing ratios.

Recommendations

It is recommended the professional development study be replicated on a larger scale by the Children's Hospital which would allow greater involvement of nursing senior leadership, nurse managers, and bedside nurses. Given more time to work with the participants the interventions could be broadened. A hospital sponsored targeted professional development program would likely achieve an increase in the number of participants and participant exposure to leadership topic for a period of months instead of weeks as senior nurse leaders and nurse managers would work together to identify strategies to allow nurses to fully participate in the program.

The aggregate data revealed a need to expand exposure of novice nurses in areas of personal, professional growth and diversity. A larger sample size might result in an increase of

participant diversity and therefore more accurately reflect the demographic diversity of novice nurses. Finally, replicating studies focused on leadership development from the bedside using a larger sample of nurses will result in the collection of valuable data for analysis, implementation and equip nursing professionals with the tools, knowledge, and organizational support to lead where they are and to transition to leadership roles.

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Appendix B

AONL Leadership Self-Assessment

	<i>2 - Advanced Beginner</i>	<i>3 - Competent</i>	<i>4 - Proficient</i>	<i>5 - Expert</i>	<i>Unable to Rate</i>
Section 1: The Science					
Financial Management					
Recognize the impact of reimbursement on revenue					
Anticipate the effects of changes on reimbursement programs for patient care					
Maximize care efficiency and throughput					
Understand the relationship between value-based purchasing and quality outcomes with revenue and reimbursement					
Create a budget					
Monitor a budget					
Analyze a budget and explain variance					
Conduct ongoing evaluation of productivity					
Forecast future revenue and expenses					
Capital budgeting: Justification					
Capital budgeting: Cost Benefit Analysis					
Human Resource Management					
Staffing needs: Evaluate staffing patterns/needs					
Staffing needs: Match staff competency with patient acuity					
Manage human resources within the scope of labor laws					
Apply recruitment techniques					

Appendix B

AONL Leadership Self-Assessment

Staff selection: Apply individual interview techniques	
Staff selection: Apply team interview techniques	
Staff selection: Select and hire qualified applicants	
Scope of practice: Develop role definitions for staff consistent with scope of practice	
Scope of practice: Implement changes in role consistent with scope of practice	
Scope of practice: Orientation	
Scope of practice: Develop orientation program	
Scope of practice: Oversee orientation process	
Scope of practice: Evaluate effectiveness of orientation	
Performance Management	
Performance improvement: Identify key performance indicators	
Performance improvement: Establish data collection methodology	
Performance improvement: Evaluate performance data	
Performance improvement: Respond to outcome measurement	
Performance improvement: Comply with documentation requirements	
Customer and patient engagement: Assess customer and patient satisfaction	
Customer and patient engagement: Develop strategies to address satisfaction issues	
Patient safety: Monitor and report sentinel events	
Patient safety: Participate in root cause analysis	

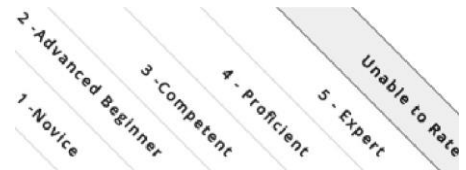
Appendix B

AONL Leadership Self-Assessment

Patient safety: Promote evidence-based practices	
Patient safety: Manage incident reporting	
Maintain survey and regulatory readiness	
Monitor and promote workplace safety requirements	
Promote intra/interdepartmental communication	
Foundational Thinking Skills	
Apply systems thinking knowledge as an approach to analysis and decision-making	
Understand complex adaptive systems definitions and applications	
Technology	
Information technology (Understand the effect of IT on patient care and delivery systems to reduce workload): Ability to integrate technology into patient care processes	
Information technology (Understand the effect of IT on patient care and delivery systems to reduce workload): Use information systems to support business decisions	
Strategic Management	
Facilitate change: Assess readiness for change	
Facilitate change: Involve staff in change processes	
Facilitate change: Communicate changes	
Facilitate change: Evaluate outcomes	
Project management: Identify roles	
Project management: Establish timelines and milestones	
Project management: Allocate resources	

Appendix B

AONL Leadership Self-Assessment



Section 2: The Art

Human Resources Leadership Skills

- Performance management: Conduct staff evaluations

- Performance management: Assist staff with goal setting

- Performance management: Implement continual performance development

- Performance management: Monitor staff for fitness for duty

- Performance management: Initiate corrective actions

- Performance management: Terminate staff

- Staff development: Facilitate staff education and needs assessment

- Staff development: Ensure competency validation

- Staff development: Promote professional development of staff

- Staff development: Facilitate leadership growth among staff

- Staff development: Identify and develop staff as part of a succession planning program

- Staff retention: Assess staff satisfaction

- Staff retention: Develop and implement strategies to address satisfaction issues

- Staff retention: Promote retention

- Staff retention: Develop methods to reward and recognize staff

Relationship Management and Influencing Behaviors

Appendix B

AONL Leadership Self-Assessment

<p>Manage conflict</p> <p>Situation management : Identify issues that require immediate attention</p> <p>Situation management : Apply principles of crisis management to handle situations as necessary</p> <p>Relationship management: Promote team dynamics</p> <p>Relationship management: Mentor and coach staff and colleagues</p> <p>Relationship management: Apply communication principles</p> <p>Influence others: Encourage participation in professional action</p> <p>Influence others: Role model professional behavior</p> <p>Influence others: Apply motivational theory</p> <p>Influence others: Act as change agent</p> <p>Influence others: Assist others in developing problem-solving skills</p> <p>Influence others: Foster a healthy work environment</p> <p>Promote professional development: Promote stress management</p> <p>Promote professional development: Apply principles of self-awareness</p> <p>Promote professional development: Encourage evidence-based practice</p> <p>Promote professional development: Apply leadership theory to practice</p>	
<p>Diversity</p>	
<p>Cultural competence: Understand the components of cultural competence as they apply to the workforce</p> <p>Social justice: Maintain an environment of fairness</p>	

Appendix B

AONL Leadership Self-Assessment

and processes to support it

Generational diversity: Capitalize on differences to foster highly effective work groups

Save and continue later]]

Percent Complete ()

91 %)

Appendix C

Letter of Invitation

Dear Colleague:

You are being invited to complete the attached questionnaire about nurses' willingness to pursue leadership positions. There are no reasonably foreseeable risks associated with your participation in this study. Your participation may or may not benefit you directly. However, the information learned in this study may be helpful to others. The data you provide will help provide understanding of the effectiveness of an educational pilot study aim at frontline nurses and leadership. The demographic questionnaire will take less than 10 minutes to complete and the pre and post self- assessments will take about 30 minutes each. Your completed questionnaire will be stored in a locked file cabinet in Norton Children's Hospital's Care Management Department located in the Service Building across from the hospital (610 S Floyd Street). Individuals from Norton Healthcare's Review Board and the Bellarmine University Institutional Review Board may inspect these records. In all other respects, however, the data will be held in confidence to the extent permitted by law. Should the data be published, your identity will not be disclosed.

Please remember that your participation in this study is voluntary. By completing and returning OR submitting the attached questionnaire, you are voluntarily agreeing to participate. You are free to decline to answer any particular question that may make you feel uncomfortable, or which may render you prosecutable under law. Further, all data collected will remain unidentifiable. Your name will not be used on any of the data. You will choose a code to use on all surveys and assessments. You will only be identified by the code you choose to use.

You acknowledge that all your present questions have been answered in language you can understand. If you have any questions about the study, please contact the Principal Investigator, Dr. Pam Power (502) 272-7973 or the Co-Investigator, Annette Carlisle-Spotts, MSN (502) 629-6159. If you have any questions about your rights as a research subject, you may call the Institutional Review Board (IRB) office at 502-272-8032. You will be given the opportunity to discuss any questions about your rights as a research subject, in confidence, with a member of the committee. This is an independent committee composed of members of the University community and lay members of the community not connected with this institution. The IRB has reviewed this study.

Sincerely,

Annette Carlisle-Spotts

Appendix E

AONL Aggregate Data

Nurse Manager by Competency		Pre Self Assessment	Post Self Assessment		
Sub Domains	Skills, Knowledge & Abilities	n=5	n=5	Raw Change	% Change
Financial Management	Recognize the impact of reimbursement on revenue	1.40	2.6	1.20	86%
Financial Management	Anticipate the effects of changes on reimbursement programs for patient care	1.00	2.4	1.40	140%
Financial Management	Maximize care efficiency and throughput	1.60	2.4	0.80	50%
Financial Management	Understand the relationship between value-based purchasing and quality outcomes with revenue and reimbursement	1.20	2.2	1.00	83%
Financial Management	Create a budget	1.20	2.4	1.20	100%
Financial Management	Monitor a budget	1.20	2.4	1.20	100%
Financial Management	Analyze a budget and explain variance	1.20	2.4	1.20	100%
Financial Management	Conduct ongoing evaluation of productivity	1.40	2.2	0.80	57%
Financial Management	Forecast future revenue and expenses	1.20	2.2	1.00	83%
Financial Management	Capital budgeting: Justification	1.20	2.2	1.00	83%
<i>Financial Management</i>	<i>Subtotal</i>	<i>1.26</i>	<i>2.34</i>	<i>1.08</i>	<i>86%</i>
Human Resource Management	Capital budgeting: Cost Benefit Analysis	1.20	2.2	1.00	83%

Human Resource Management	Staffing needs: Evaluate staffing patterns/needs	2.40	3.6	1.20	50%
Human Resource Management	Staffing needs: Match staff competency with patient acuity	3.00	3.6	0.60	20%
Human Resource Management	Manage human resources within the scope of labor laws	2.00	2.4	0.40	20%
Human Resource Management	Apply recruitment techniques	1.40	2	0.60	43%
Human Resource Management	Staff selection: Apply individual interview techniques	1.80	2.2	0.40	22%
Human Resource Management	Staff selection: Apply team interview techniques	1.80	2.4	0.60	33%
Human Resource Management	Staff selection: Select and hire qualified applicants	1.80	2.2	0.40	22%
Human Resource Management	Scope of practice: Develop role definitions for staff consistent with scope of practice	1.80	2.4	0.60	33%
Human Resource Management	Scope of practice: Implement changes in role consistent with scope of practice	1.80	2.4	0.60	33%
Human Resource Management	Scope of practice: Orientation	2.40	3	0.60	25%
Human Resource Management	Scope of practice: Develop orientation program	2.00	2.6	0.60	30%
Human Resource Management	Scope of practice: Oversee orientation process	2.20	3.4	1.20	55%
Human Resource Management	Subtotal	1.97	2.65	0.68	34%
Performance Management	Scope of practice: Evaluate effectiveness of orientation	2.00	3.2	1.20	60%
Performance Management	Performance improvement: Identify	2.20	2.6	0.40	18%

	key performance indicators				
Performance Management	Performance improvement: Establish data collection methodology	2.00	2.4	0.40	20%
Performance Management	Performance improvement: Evaluate performance data	2.40	2.4	0.00	0%
Performance Management	Performance improvement: Respond to outcome measurement	2.00	2.4	0.40	20%
Performance Management	Performance improvement: Comply with documentation requirements	3.20	2.4	-0.80	-25%
Performance Management	Customer and patient engagement: Assess customer and patient satisfaction	2.80	2.4	-0.40	-14%
Performance Management	Customer and patient engagement: Develop strategies to address satisfaction issues	2.80	2.4	-0.40	-14%
Performance Management	Patient safety: Monitor and report sentinel events	2.60	2.4	-0.20	-8%
Performance Management	Patient safety: Participate in root cause analysis	2.00	2.6	0.60	30%
Performance Management	Patient safety: Promote evidence-based practices	3.00	2.8	-0.20	-7%
Performance Management	Patient safety: Manage incident reporting	2.20	2.6	0.40	18%
Performance Management	Maintain survey and regulatory readiness	2.60	2.6	0.00	0%
Performance Management	Monitor and promote workplace safety requirements	2.80	3	0.20	7%
<i>Performance Management</i>	<i>Subtotal</i>	<i>2.47</i>	<i>2.59</i>	<i>0.11</i>	<i>5%</i>

Foundational Thinking Skills	Promote intra/interdepartmental communication	2.80	2.8	0.00	0%
Foundational Thinking Skills	Apply systems thinking knowledge as an approach to analysis and decision-making	2.40	2.6	0.20	8%
<i>Foundational Thinking Skills</i>	<i>Subtotal</i>	<i>2.60</i>	<i>2.70</i>	<i>0.10</i>	<i>4%</i>
Technology	Understand complex adaptive systems definitions and applications	2.20	2.6	0.40	18%
Technology	Information technology (Understand the effect of IT on patient care and delivery systems to reduce work load): Ability to integrate technology into patient care processes	2.40	2.8	0.40	17%
<i>Technology</i>	<i>Subtotal</i>	<i>2.30</i>	<i>2.70</i>	<i>0.40</i>	<i>17%</i>
Strategic Management	Information technology (Understand the effect of IT on patient care and delivery systems to reduce work load): Use information systems to support business decisions	2.00	2.6	0.60	30%
Strategic Management	Facilitate change: Assess readiness for change	2.40	3	0.60	25%
Strategic Management	Facilitate change: Involve staff in change processes	2.60	2.8	0.20	8%
Strategic Management	Facilitate change: Communicate changes	2.40	2.8	0.40	17%
Strategic Management	Facilitate change: Evaluate outcomes	2.40	2.8	0.40	17%

Strategic Management	Project management: Identify roles	2.40	2.8	0.40	17%
Strategic Management	Project management: Establish timelines and milestones	2.40	2.8	0.40	17%
Strategic Management	Project management: Allocate resources	2.40	2.8	0.40	17%
Strategic Management	Project management: Manage project plans	1.80	2.8	1.00	56%
Strategic Management	Contingency plans: Manage internal disaster or emergency planning and execution	1.60	2.2	0.60	38%
Strategic Management	Contingency plans: Manage external disaster or emergency planning and execution	1.60	2.2	0.60	38%
Strategic Management	Demonstrate written and oral presentation skills	2.80	3	0.20	7%
Strategic Management	Manage meetings effectively	2.20	2.8	0.60	27%
Strategic Management	Demonstrate negotiation skills	2.00	2.6	0.60	30%
Strategic Management	Influence the practice of nursing through participation in professional organizations	2.20	2.8	0.60	27%
Strategic Management	Collaborate with other service lines	2.20	2.8	0.60	27%
Strategic Management	Shared decision-making: Establish vision statement	1.60	2.8	1.20	75%
Strategic Management	Shared decision-making: Facilitate a structure of shared governance	1.60	2.8	1.20	75%
Strategic Management	Shared decision-making: Implement structures and processes	1.80	2.8	1.00	56%

Strategic Management	Shared decision-making: Support a just culture	2.20	2.8	0.60	27%
<i>Strategic Management</i>	<i>Subtotal</i>	<i>2.13</i>	<i>2.74</i>	<i>0.61</i>	<i>29%</i>
Human Resources Leadership Skills	Support a culture of innovation	2.20	2.8	0.60	27%
Human Resources Leadership Skills	Performance management: Conduct staff evaluations	1.80	2.4	0.60	33%
Human Resources Leadership Skills	Performance management: Assist staff with goal-setting	2.40	2.6	0.20	8%
Human Resources Leadership Skills	Performance management: Implement continual performance development	2.20	2.6	0.40	18%
Human Resources Leadership Skills	Performance management: Monitor staff for fitness for duty	1.80	2.6	0.80	44%
Human Resources Leadership Skills	Performance management: Initiate corrective actions	1.60	2.2	0.60	38%
Human Resources Leadership Skills	Performance management: Terminate staff	1.40	2.2	0.80	57%
Human Resources Leadership Skills	Staff development: Facilitate staff education and needs assessment	2.00	2.4	0.40	20%
Human Resources Leadership Skills	Staff development: Ensure competency validation	2.00	2.4	0.40	20%
Human Resources Leadership Skills	Staff development: Promote professional development of staff	1.80	2.6	0.80	44%
Human Resources Leadership Skills	Staff development: Facilitate leadership growth among staff	1.60	2.6	1.00	63%
Human Resources Leadership Skills	Staff development: Identify and develop staff as	1.60	2.4	0.80	50%

	part of a succession planning program				
Human Resources Leadership Skills	Staff retention: Assess staff satisfaction	2.20	2.4	0.20	9%
Human Resources Leadership Skills	Staff retention: Develop and implement strategies to address satisfaction issues	2.00	2.4	0.40	20%
Human Resources Leadership Skills	Staff retention: Promote retention	1.60	2.4	0.80	50%
<i>Human Resources Leadership Skills</i>	<i>Subtotal</i>	<i>1.88</i>	<i>2.47</i>	<i>0.59</i>	<i>31%</i>
Relationship Management and Influencing Behaviors	Staff retention: Develop methods to reward and recognize staff	2.20	2.6	0.40	18%
Relationship Management and Influencing Behaviors	Manage conflict	2.60	3.2	0.60	23%
Relationship Management and Influencing Behaviors	Situation management: Identify issues that require immediate attention	2.80	3.2	0.40	14%
Relationship Management and Influencing Behaviors	Situation management: Apply principles of crisis management to handle situations as necessary	2.40	3.2	0.80	33%
Relationship Management and Influencing Behaviors	Relationship management: Promote team dynamics	2.60	3	0.40	15%
Relationship Management and Influencing Behaviors	Relationship management: Mentor and coach staff and colleagues	2.80	3	0.20	7%
Relationship Management and Influencing Behaviors	Relationship management: Apply communication principles	2.80	3	0.20	7%
Relationship Management and Influencing Behaviors	Influence others: Encourage participation in professional action	2.80	3	0.20	7%
Relationship Management and Influencing Behaviors	Influence others: Role model professional behavior	3.00	3.2	0.20	7%

Relationship Management and Influencing Behaviors	Influence others: Apply motivational theory	2.20	2.8	0.60	27%
Relationship Management and Influencing Behaviors	Influence others: Act as change agent	2.40	3	0.60	25%
Relationship Management and Influencing Behaviors	Influence others: Assist others in developing problem solving skills	2.60	3.2	0.60	23%
Relationship Management and Influencing Behaviors	Influence others: Foster a healthy work environment	3.40	3.2	-0.20	-6%
Relationship Management and Influencing Behaviors	Promote professional development: Promote stress management	2.60	3.2	0.60	23%
Relationship Management and Influencing Behaviors	Promote professional development: Apply principles of self-awareness	3.40	3	-0.40	-12%
Relationship Management and Influencing Behaviors	Promote professional development: Encourage evidence-based practice	3.40	3.2	-0.20	-6%
<i>Relationship Management and Influencing Behaviors</i>	<i>Subtotal</i>	<i>2.75</i>	<i>3.06</i>	<i>0.31</i>	<i>11%</i>
Diversity	Promote professional development: Apply leadership theory to practice	3.00	3	0.00	0%
Diversity	Cultural competence: Understand the components of cultural competence as they apply to the workforce	3.20	3	-0.20	-6%
Diversity	Social justice: Maintain an environment of fairness and processes to support it	3.20	3	-0.20	-6%
<i>Diversity</i>	<i>Subtotal</i>	<i>3.13</i>	<i>3.00</i>	<i>-0.13</i>	<i>-4%</i>
Personal and Professional Accountability	Generational diversity: Capitalize on differences to foster highly effective work groups	3.40	3	-0.40	-12%

Personal and Professional Accountability	Personal growth and development: Manage through education advancement, continuing education, career planning and annual self-assessment and action plans	3.00	3	0.00	0%
Personal and Professional Accountability	Practice ethical behavior: Including practice that supports nursing standards and scopes of practice	3.40	3.2	-0.20	-6%
Personal and Professional Accountability	Involvement in professional associations: Including membership and involvement in an appropriate professional association that facilitates networking and professional development	3.20	3	-0.20	-6%
<i>Personal and Professional Accountability</i>	<i>Subtotal</i>	<i>3.25</i>	<i>3.05</i>	<i>-0.20</i>	<i>-6%</i>
Career Planning	Achieve certification in an appropriate field/specialty	2.80	3.2	0.40	14%
Career Planning	Know your role: Understand current job description / requirements and compare those to current level of practice	3.80	3.2	-0.60	-16%
Career Planning	Know your future: Plan a career path	3.20	3	-0.20	-6%
<i>Career Planning</i>	<i>Subtotal</i>	<i>3.27</i>	<i>3.13</i>	<i>-0.13</i>	<i>-4%</i>
Personal Journey Disciplines	Position yourself: Develop a of career path/plan that provides direction	2.80	3	0.20	7%

	while offering flexibility and capacity to adapt to future scenarios				
Personal Journey Disciplines	Apply action learning: Apply techniques of "action learning" to problem solve and personally reflect on decisions	3.00	3	0.00	0%
Personal Journey Disciplines	Engage in reflective practice: Includes knowledge of and active practice of reflection as a leadership behavior	2.80	3.2	0.40	14%
<i>Personal Journey Disciplines</i>	<i>Subtotal</i>	<i>2.87</i>	<i>3.07</i>	<i>0.20</i>	<i>7%</i>