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CREATING A NURSE LEADERSHIP DEVELOPMENT PROGRAM

by

BRENTON SNYDER RN, MSN, CEN, NE-BC

A SCHOLARLY PROJECT

**Submitted in partial fulfillment of the requirements for the
Degree of Doctor of Nursing Practice**

in

The Joint Doctor of Nursing Practice Program

of

**The University of Alabama in Huntsville
The University of Alabama at Birmingham
The University of Alabama**

to

The School of Graduate Studies

of

The University of Alabama in Huntsville

**HUNTSVILLE, ALABAMA
2018**

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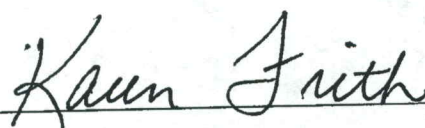
1/17/2018
Date

SCHOLARLY PROJECT APPROVAL FORM


Submitted by Brenton Snyder in partial fulfillment of the requirements for the degree of Doctor of Nursing Practice and accepted on behalf of the Faculty of the School of Graduate Studies by the scholarly project committee.


We, the undersigned members of the Graduate Faculty of The University of Alabama in Huntsville, certify that we have advised and/or supervised the candidate on the work described in this scholarly project. We further certify that we have reviewed the scholarly project manuscript and approve it in partial fulfillment of the requirements for the degree of Doctor of Nursing Practice.

11/5/18  _____ Committee Chair
(Date)

 _____

 _____ Program Director

 _____ College Dean

 11/8/18 _____ Graduate Dean

ABSTRACT
The School of Graduate Studies
The University of Alabama in Huntsville

Degree: Doctor of Nursing Practice College: Nursing

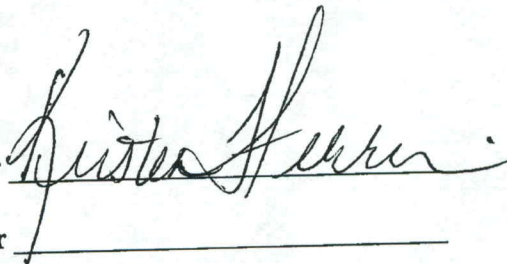
Name of Candidate: Brenton Snyder

Title: Creating a Nurse Leadership Development Program

Despite the amount of time it can take for new nurse leaders to attain adequate competency and the negative effects an ineffective nurse leader can have on organizational outcomes many organizations still do not invest in leadership development. New nurse leaders are frequently given little to no orientation even though competent nursing leadership is an integral part of organizational effectiveness for any healthcare facility. This manuscript will review the literature regarding the effectiveness of leadership development on nurse leader competence and describe the process in which one healthcare organization identified leadership development needs and implemented a Nurse Leadership Development Program specifically tailored to those needs through eLearning. The manuscript will review the tools utilized to determine leadership development needs, the analyzation of the data, the selection of the leadership courses, and implementation of the program.

Abstract Approval:

Committee Chair



Program Director

Graduate Dean

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Creating a Nurse Leadership Development Program

Competent nursing leadership is an integral part of organizational effectiveness for any healthcare facility. The nurse leader's abilities can influence staff satisfaction, patient outcomes, and fiscal status for better or worse (Swearingen, 2009). Wong and Cummings (2007) found a positive correlation between transformational nursing leadership and improved patient satisfaction, patient mortality, and patient safety. The systematic review even detailed improvements in specific adverse events and complications such as patient falls, medical errors, hospital-acquired pneumonia, and catheter acquired urinary tract infections (CAUTI) when leadership was rated highly or seen positively by staff. A follow-up systematic review by Wong and Cummings (2013) continued to show a positive link between relational leadership and patient outcomes. The review included thirteen additional articles adding evidence that strong nursing leadership is associated with decreased patient length of stay, improved pain management, and decreased restraint use.

Unfortunately, studies indicate that new nurse managers are often unprepared to handle the new challenges their position brings. Many new nurse leaders are chosen because of their clinical expertise but they lack any experience in leadership situations. Additionally, new nurse leaders are frequently given little to no orientation and are not offered available mentors (Fennimore & Wolf, 2017). Because nurse leadership roles are highly complex and those chosen often lack adequate preparation or leadership skills, new nurse leaders can take months to attain competency resulting in a negative impact on organizational outcomes (Titzer, Phillips, Tooley, Hall, & Shirey, 2013). Healthcare organizations will want to implement evidence-based programs, such as Nurse

Leadership Development Programs, in order to ensure competent and effective nurse leadership in an increasingly complex healthcare system (Ramseur, Fuchs, Edwards, & Humphreys, 2018).

Background

Historically, many new nurse leaders were forced to learn through trial and error with insufficient resources, an insufficient orientation, and an insufficient understanding of the role (Swearingen, 2009). Modern, fast-paced healthcare systems and the need for healthy work environments should make organizations reconsider an investment in nurse leadership development. This section will discuss institutions, professional organizations, and research that provides evidence in support of the creation and implementation of nurse leadership development programs.

Institutions

The Institute of Medicine is an example of a prominent organization that is advocating for nurse leadership development. The Institute of Medicine brought attention to the needs of healthcare with their 1999 report, "To Err Is Human: Building a Safer Health System." In this report the institute describes how healthcare errors and poor quality are killing as many as 98,000 Americans each year and costing the United States economy between \$17 and \$29 billion per year. The report goes on to discuss how the errors are primarily caused by fragmented systems, faulty processes, and bad conditions. Yet healthcare providers currently have little training in how to prevent medical errors (Institute of Medicine, 2000).

In 2001, the Institute of Medicine continued the discussion regarding the redesign of healthcare with its report titled "Crossing the Quality Chasm: A New Health System

for the 21st Century.” The report describes a rapidly changing and highly complex healthcare system that is unorganized and has been unable to adapt. The article recommends ten rules for redesign and several first steps, including the charge to begin preparing the workforce. The institute recommends training healthcare professionals on two common leadership development topics: to be better able to work on interdisciplinary teams and to identify and implement evidence-based practices (Institute of Medicine, 2001).

Then in 2010 the Institute of Medicine produced recommendations tailored to the nursing profession on how the largest segment of healthcare workers in many healthcare settings can help transform the nation’s healthcare system. The report had four key recommendations: nurses should practice to the full extent of their education and training, nurses should achieve higher levels of education and training, nurses should be full partners in redesigning healthcare, and healthcare should practice better data collection and an improved infrastructure for effective workforce planning. The recommendations for higher levels of education and training and to be full partners in the healthcare redesign specifically advocate for leadership development. The report states that in order to deliver high-quality, safe, and patient-centered care in today’s complicated healthcare environment the nursing education system must be improved to incorporate education regarding leadership, health policy, system improvement, evidence-based practice, team work and collaboration. Additionally, to ensure nurses have active roles in the redesign of the nation’s healthcare system, organizations should be making efforts to cultivate and promote leaders. These new leaders will need to be given the skills and knowledge needed to be full partners in the redesign through leadership development programs,

mentoring programs, and taking responsibility for their own professional growth (Institute of Medicine, 2011).

Professional Organizations

Several professional nursing organizations have made leadership development a priority through recommendations, leadership programs, and supporting research. A few examples include the American Organization of Nurse Executives (AONE), American Association of Critical-Care Nurses (AACN), Association of Perioperative Registered Nurses (AORN), and Sigma Theta Tau International (STTI).

In 2005 AACN published their *Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*. The organization recognized the relationship between a healthy work environment, excellent nursing practice, and patient outcomes. The article describes six evidence-based and relationship-centered standards to promote professional work environments. The six standards are skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. While all of these standards are applicable one speaks directly to the competency of nurse leaders: authentic leadership. In order to prevent unprepared and inadequately positioned nurse leaders, the AACN recommends several critical elements of authentic leadership. The AACN (2005) specifically recommends organizations provide access to education and support for nurse leaders in order to enhance their leadership competency, provide formal co-mentoring programs, and ensure that nurse leaders are appropriately positioned for their integral role. These actions implemented in conjunction with the other five standards will lead to

healthy work environments that ensure patient safety, improve staff retention, and increase organizational effectiveness (AACN, 2005).

The American Nurses Credentialing Center (ANCC) is another professional organization making leadership development a priority through its Magnet Recognition Program. The ANCC Magnet Recognition Program is a designation of nursing excellence that began in the early 1990's. The program is based on research from the 1980's that examined forty-one hospitals able to recruit and retain nurses during a nursing shortage. This research produced fourteen forces of magnetism or structural characteristics that Magnet hospitals possess (Westendorf, 2007). Healthcare organizations that strive to implement the fourteen forces of magnetism in their facilities have not only experienced decreases in registered nurse (RN) turnover and vacancy rates but have also observed increased RN and patient satisfaction and improved quality and patient safety metrics such as falls, pressure ulcers, and mortality rates (Drenkard, 2010). In 2005, the ANCC simplified the Magnet Recognition Program with a new model that reorganized the fourteen forces of magnetism into five components. These five components represent challenges facing nursing today and are the primary way organizations can improve outcomes and work towards nursing excellence. The first of these components speaks directly to the need for leadership development, which is Transformational Leadership. The Transformational Leadership component encompasses two forces of magnetism, Quality of Nursing Leadership and Management Style (Grant, Colello, Riehle, & Dende, 2010). Transformational Leadership at all levels is considered necessary to begin and sustain the journey towards Magnet. Leadership development programs that can identify and train future transformational leaders are strategically

important for any organization with a goal to become magnetized (Hayden, Wolf, & Zedreck-Gonzalez, 2016). Other recommended ways to encourage transformational leadership at an organization include mentoring for new nurse leaders, developing succession planning, and offering human resources support for nurse managers (Tinkham, 2013).

Additional Support

Effective nurse leaders play a pivotal role in establishing and sustaining a healthy work environment, improved job satisfaction, and retention (Duffield, Roche, Blay, & Stasa, 2011). Literature abounds with evidence supporting the positive impacts competent and effective nurse leaders can have on organizational outcomes. Research has shown that effective nurse managers are pivotal in improving work environments and therefore job satisfaction. Nurse leaders who are supportive, available, and use their influence to promote nurse participation in hospital affairs, improve nurse/physician relations, and increase staffing and resources can decrease staff burnout and improve job satisfaction through a healthier work environment (Manojlovich & Laschinger, 2007). Another study by Laschinger & Finegan (2005) reveals that nurse managers who utilize staff empowerment oversee employees who feel respected, trust management more, and have greater organizational commitment. Research has also shown that nurse leaders who are able to build strong relationships with their staff through listening, relating, and maintaining open dialogue can create high-quality and safe work environments that ultimately improve nurse and patient outcomes (Squires, Tourangeau, Laschinger, & Doran, 2010).

In contrast, research indicates that nurse leaders who are not properly prepared through formal management training or continued professional development may experience higher levels of burnout, job dissatisfaction, and turnover. According to Parsons and Stonestreet (2003), nurse managers frequently express the need for time to complete professional development, continuing education specific to leadership training, and other educational ways to develop skills that can help them handle everyday challenges. The article recommends that organizations provide manager orientation programs and offer professional development opportunities that teach leadership skills and data-driven management as a nurse manager retention tool. An article by Middaugh (2014) reports that seventy percent of nurse managers are planning to leave their current positions within the next five years, and thirty percent of those are a result of burnout. The article continues with recommendations on how organizations can support their nurse leaders, including a recommendation to be generous and fair with professional development. The article also states that employees want to work for well-trained and developed managers, so organizations should assess their leader's current skill level and provide them with the development to become successful. Finally, leadership development programs are not only effective at decreasing current manager turnover, they can also assist with organization succession planning. These programs can help organizations with succession planning through identifying potential leaders, providing formal leadership development, retaining internal human capital, and producing a stable pipeline of future nurse leaders (Titzer, Phillips, Tooley, Hall, & Shirey, 2013).

Identification of Problem

The need for leadership development has been identified at multiple levels throughout ER Healthcare Company. Many of the front-line nurse leaders known as Facility Directors have specifically requested leadership development. Middle and senior level clinical leadership have requested leadership development for their front-line nursing managers as a way to improve center outcomes and effectiveness, decrease turnover, and improve fiscal management. Leadership needs have also been discovered as new projects are initiated and it is revealed that many of the nurse leaders do not understand a new process or importance of the change. An example is the roll-out of a new Annual Performance Review process in which the evaluations were not performed correctly or efficiently. Additionally, the organization has experienced increased clinical leadership turnover over the last year. Many emergency centers throughout the company have had three to four different Facility Directors in a one-year period. This turnover is not only a financial burden to the company, it has caused inconsistencies, decreased staff morale, and increased staff turnover.

Purpose and Objectives of the Project

The purpose of this project is to perform a GAP Analysis of the leadership development needs of front-line nurse managers at ER Healthcare Company. The GAP Analysis results will be used to create a Nurse Leadership Development Program for implementation at ER Healthcare Company.

Similarly, the objectives of this project are to perform a nursing leadership competency GAP Analysis, analyze the data to determine current nursing leadership

development needs, use this data to create an institution specific Nursing Leadership Development Program, and implement the program at ER Healthcare Company.

PICOT

The PICOT question for this project development is “Does a one-year nursing leadership development program help nurse managers in free-standing emergency centers contribute to a healthier work environment as compared to no leadership development?”

Review of Evidence

A literature review was conducted using the databases CINAHL and PubMed. These databases were reviewed for literature supporting the creation of a Nurse Leadership Development Program. The publication date range was set between 2000 and 2018, and search terms included nurse leadership development, nurse manager development, nurse leader training, nurse manager training, nurse leader competency, nurse manager competency, leadership development AND outcomes, leadership development AND retention, leadership development AND satisfaction, leadership development AND quality, and nurse manager AND programs. Many of these Boolean terms were also searched interchangeably. Additionally, several limits were placed on the searches including peer reviewed and English language. These searches returned 1,892 articles for review. The author is seeking articles that focus on leadership development programs and their associated impacts and outcomes for current entry-level through mid-level leaders. Therefore articles focusing on development through graduate nurse internships, graduate nurse residency programs, manager orientation, charge nurse development, or academic preparation are excluded. Out of the 1,892 article titles and abstracts reviewed, eleven met these criteria. Appraisal of the selected articles was

completed using the Nursing Research Pyramid (Ingham-Broomfield, 2016), also known as the EBM Pyramid (Glover, Izzo, Odat, & Wang, 2006). The literature review identified several common themes regarding leadership development programs including leadership knowledge and skill, leadership and staff retention, and leadership outcomes. The articles are organized by theme and discussed in the following paragraphs.

Leadership Knowledge and Skill

One of the primary outcomes of leadership development programs seen throughout the literature is positive effects on leadership knowledge and skill. This section will highlight four out of the eleven articles that specifically discuss leadership knowledge and skill outcomes. An article by Paterson, Henderson, and Burmeister (2015) evaluated a Developing Leader Program. The program was tailored toward clinical nurses working in clinical leadership positions or being groomed for future leadership roles at a hospital in Australia. The Developing Leader Program consisted of three one-day workshops held approximately six weeks apart. The workshops covered topics such as intrapersonal intelligence, interpersonal intelligence, transformational leadership, nurse sensitive indicators, supporting local change, managing clinical incidents, and human resource issues. A paper survey known as the Leadership Capability Instrument was administered to the participants at the initial workshop, three months later at the third workshop, and then again six months after the onset of the program. The authors of this study found that the mean scores of all leadership capabilities improved for participants between the beginning of the program and six months after completion.

MacPhee et al. (2014) conducted an evaluation of leader outcomes following a leadership development program in Western Canada known as the Nursing Leadership Institute (NLI). The NLI is a year-long program that targets clinical leaders with less than three years of experience and focuses on training leader-empowering behaviors. It starts with a four-day workshop and includes mentorship opportunities, support from the nurse leader's organization, and an online leadership support network. The researchers utilized a pre-test/post-test method and comparison group by administering the pre-test during the four-day workshop and the post-test one year after completion of the workshop. The researchers' primary objective was to determine if a leadership development program focused on teaching empowerment would result in leaders increased use of empowering behaviors. The data demonstrated that a leadership development program such as the National Leadership Institute is correlated with a self-reported increase in the use of empowering behaviors by leaders one year after workshop attendance. Since leader-empowering behaviors have a positive influence on staff and work environments, the authors recommend workplace empowerment theory as the supporting base for nurse leadership programs.

An article by Enterkin, Robb, & McLaren (2013) examines the development, delivery, and evaluation of a leadership development program for a National Health Service (NHS) Trust in England. The group of hospitals located in northwest London developed a program consisting of eight day-long workshops over an eight-month period. After completion of the program the participants were asked to complete a questionnaire consisting of nine open-ended questions. The researchers found that the leadership development program had a positive impact on the participants in regards to feelings of

empowerment and acquisition of leadership skills and qualities. The participants also reported increased ability to delegate, lead a team, manage staff, support staff, and positive feelings regarding their organization and their role within it.

An article by Mackoff & Meadows (2017) examines the impacts and outcomes of the AONE Nurse Manager Fellowship Program from the years 2008 to 2013. The authors invited 171 nurse manager fellows from multiple classes to complete a confidential online survey. Out of the fellows who responded, 65% reported leadership progression since completing the program. The fellows also reported outcomes such as increased leadership knowledge, increased application of leadership knowledge, and increased confidence.

Leadership and Staff Retention

Another major topic seen throughout the literature is a leadership development program's ability to improve its leadership and staff retention rates. This section will highlight four of the eleven articles that specifically examine leadership and staff retention outcomes. A study conducted by Titzer, Shirey, and Hauck (2014) examines if a Nurse Manager Succession Planning (NMSP) program could help identify future nurse leaders and help decrease a high nurse leader turnover rate at a large magnet-designated acute care hospital in Southwestern Indiana. After selecting twelve participants or high potential leaders for the project, the participants were directed through a leadership development program. The leadership development program consisted of monthly workshops, individual mentoring, and an online nurse manager educational program. The researchers evaluated the effectiveness of the program through multiple measures. A pretest/posttest method was utilized to collect learning and growth outcome data. The

Leadership Practices Inventory (LPI) and the Nurse Manager Skills Inventory (NMSI) were administered to the participants before and after the program to determine if the potential nurse leaders perceived any change in leadership competency after the program was delivered. Evaluation surveys, retention of potential nurse leaders, and percentage of nurses who advanced into leadership roles were also used to measure the program's effectiveness. The data showed that nurse leaders experienced an increase in use of all five leadership domains found on the LPI, the NMSI revealed a self-perceived increase in competency with 54 of the 81 leadership statements found on the skills inventory, 92% of the nurse leaders completed the program from start to finish, 100% of the participants were still employed one-year after the program's completion, and 92% had transferred into leadership roles within the facility. The authors found the NMSP to be beneficial to succession planning and retention.

A study by Fennimore & Wolf (2017) examined the development and evaluation of a nurse leadership development program at a large academic healthcare system with over twenty hospitals and 10,000 nurses. The article states the system had a generic leadership development program for leaders of all disciplines but wanted to develop a program specifically tailored to nurse leaders in order to improve certain metrics such as nurse turnover. The program consisted of five different eight-hour sessions over a two-month period and also incorporated access to executives, academic faculty, and dialogue with peers. The program outcomes consisted of improved self-reported leadership competency and decreased nurse turnover system wide.

An article by Wilson (2005) also showed the ability of a nursing leadership development program to have a positive impact on reducing nursing leadership turnover

rates. The management development program was created by a consortium of nurse leaders and consisted of a two-day style retreat and seven one-day modules that reviewed topics such as managing financials, employee performance, communication, personal effectiveness, coaching, teamwork, and process improvement skills. The participants were given a questionnaire at the beginning and end of the program. The results indicated an increased intent to stay in their current nursing leadership positions after participating in the leadership development program.

An additional article by Taylor-Ford and Abell (2015) reviews the implementation and evaluation of a leadership development program meant to improve leadership competency and reduce turnover of front-line managers within one year. The program took place at a small, non-profit hospital in Northern California and consisted of monthly four-hour group sessions, individual monthly meetings with a leadership coach or nursing leader, and supplemental learning activities over a ten-month period. The researchers evaluated the participants before and after the program using the Bradberry and Greaves 360° Refined leadership assessment tool. Overall, the participants reported improvements in leadership abilities such as self-awareness, confidence, leadership presence, communication, and collective vision. Additionally, the facility met their goals for reducing turnover of frontline leadership with a ten percent decrease in nurse manager turnover representing an approximate \$585,000 savings in turnover cost.

Leadership Outcomes

Literature on leadership development programs has also reported increased interest in quality improvement, service-level initiatives, and system outcomes. This section will highlight three of the eleven articles that specifically discuss increased

quality projects and improved outcomes. A qualitative study examined service-level outcomes of a national clinical leadership development program in Ireland (Fealy et al, 2015). The National Clinical Leadership Development Framework was developed by the Irish Office of the Nursing and Midwifery Services Director (ONMSD) in 2010. The framework includes a Clinical Leader Development Pathway that provides nurses the ability to assess their own clinical leadership development needs. Once leadership needs are identified the nurse works with their supervisor to identify interventions for obtaining competency which can include a learning resource pack, coaching, mentoring, and attendance at workshops. The program not only focuses on improving individual-level development needs but also wants nurses to learn how to effect service-level outcomes through the implementation of service initiatives or evidence-based practice projects. The researchers collected data through focus groups, individual interviews, and group interviews and were primarily seeking information regarding how service-level projects were chosen, implemented, and the impacts they had during the six-month pilot of the national clinical leadership development program. The data revealed that several service-level improvement projects and changes to organizational cultural were a result of newly developed leadership competency and leadership capability during the Clinical Leadership Development Program. The authors feel this data further supports the need for leadership development to effect organizational change and process improvement.

Swearingen (2009) authored a study describing the creation and evaluation of a leadership development department for an eight-campus healthcare organization in Central Florida. The department developed a complex leadership program with six levels of training. Leaders were able to progress through the levels of training up to the level

correlated with their position. The program was evaluated through measures of staff satisfaction, retention, and attainment of strategic goals two years after implementation. The program's outcomes were mostly positive including a twenty-four percent improvement in staff retention on selected units, a larger pool of competent nurse leaders available for promotion into higher-level leadership positions, and an increase in quality improvement projects aimed at patient safety, patient outcomes, and staff satisfaction.

A meta-analysis written by Collins and Holton (2004) reviews the effectiveness of managerial leadership development programs over a twenty-year period. The study does not specifically examine nursing leadership development programs but leadership development throughout several different industries. The meta-analysis reviews eighty-three studies that include formal training interventions and associated knowledge outcomes, behavior outcomes, and system outcomes. The article describes a wide variety of outcomes from leadership development programs including programs that were effective and programs that failed. Overall, the meta-analysis shows that most leadership development programs are moderately effective in improving leadership knowledge, leadership behaviors, and system outcomes. The article emphasizes that most organizations should feel comfortable that an investment in leadership development will result in positive outcomes, especially if they take the time upfront to perform an adequate GAP Analysis and deliver appropriate development.

Summary

The majority of the articles discovered during this literature review are Level IV through VI qualitative studies. Most of the data consists of subjective self-reported increases in leadership competency or leadership practices following participation in a

leadership development program. Some articles do report objective data including improved retention rates and increased implementation rates of service-level initiatives. One Level I meta-analysis was discovered during the literature review and did support the implementation of leadership development programs, especially ones that perform an upfront GAP Analysis and use the data to plan a proper program. All articles reviewed reported positive outcomes associated with leadership development programs and no negative outcomes were found.

Conceptual Framework

Many nursing theories and frameworks were examined for their ability to compliment and help explain the need for a Nursing Leadership Development Program. A theory that thoroughly supports why new nursing leaders need a leadership development program is Dr. Patricia Benner's "From Novice to Expert" (Cathcart & Greenspan, 2012). This theory is commonly used for assessing nurses' needs at different stages of professional growth (Titzer, Shirey, & Hauck, 2017). The From Novice to Expert Theory has historically been used for clinical staff but has recently been used more frequently in the literature to help clarify how nurse leaders develop skills and understanding.

The From Novice to Expert Theory demonstrates how nurses progress and become increasingly more competent through experience, situational learning, and educational background. The theory describes how novice nurses are focused on completing tasks and are unable to comprehend abstract situations. These nurses are able to complete the technical requirements of patient care but are unable to prioritize the care based on importance. As nurses progress through the five stages of clinical competence

they experience more clinical situations which allow them to recognize patterns and quickly modify plans in reaction to patient events. The five stages of clinical competence are novice, advanced beginner, competent, proficient, and expert (Dracup & Bryan-Brown, 2004). Each of these stages will be described below.

Level 1 Novice nurses have been taught skills and objective attributes of patient care but have not experienced any clinical situations to help them understand these patient attributes. This allows them to be able to complete tasks but not able to assess the situation and recognize patient incidents because they have no prior experience to help them understand what patient incidents look like. Level 2 Advanced Beginner is a nurse in their first year of practice who has some experience with patient situations. These nurses are better able to recognize meaningful aspects of patient care but treat all aspects as equally important. Level 3 Competent nurses have been working for two to three years and have enough clinical experiences to be able to review their patients and patient problems and create a plan of care. These nurses' ability to plan and set goals allows them to complete patient care more efficiently and with more organization, but they still lack the speed and flexibility of proficient nurses. Level 4 Proficient nurses understand what a typical patient situation looks like and are able to modify plans if the patient situation changes. They are able to see the full picture of the patient because of their extensive experience. This gives them the ability to consider fewer options, make a quicker decision, and to adapt to changes in patient conditions with more flexibility. Level 5 Expert nurses are able to make patient care decisions using intuition and their enormous history of patient care situations without losing time analyzing the situation and

considering all possible causes. Expert nurses do use analysis for new patient scenarios, but the majority of their patient care is holistic and experience based (Benner, 1982).

From Novice to Expert Leadership Competencies

In a similar progression, new nurse managers also develop leadership knowledge and skills through experience, situational learning, and educational background. Their leadership development will follow the same five stages of competency including novice, advanced beginner, competent, proficient, and expert. Since new nurse managers have no background or experience with leadership situations they are classified as Level 1 Novice. They can be expert clinician practitioners but will be handling entirely new situations and problems in their leadership role. These new leaders need access to leadership experiences to learn new objective attributes in order to have a perspective for making decisions. Level 2 Advanced Beginner nurse leaders may have experienced a variety of leadership situations but they are still task oriented. They focus on completing schedules, hiring new personnel, and putting out fires because they do not have the context to see past the observable situation and look at the bigger picture. A mentor is beneficial at this stage of the leader's journey. Level 3 Competent nurse leaders are similar to clinical nurses in that they have obtained the skills, knowledge, and experience to be able to make plans and goals for their department. These nurse leaders are organized and able to work more efficiently but are not as flexible or good at multi-tasking as a proficient leader. Level 4 Proficient nurse leaders are able to see the overall picture and possible implications of a situation. They use their vast experience to assist in decision making and are able to use abstract reasoning and inductive processing to develop specific leadership actions. Level 5 Expert leaders are able to draw upon an

extensive background and numerous situational experiences when making decisions. They use their knowledge and experiences to quickly identify and resolve problems. They understand the entire problem and its implications and can typically rely on intuition for a resolution instead of analysis (Shirley, 2007).

Nurse Manager Learning Domain Framework

Another framework that is important to the project is the Nurse Manager Learning Domain Framework. The framework was developed by the Nurse Manager Leadership Partnership and is the foundation for the Nurse Manager – AONE Competency Self-Assessment Tool (Nurse Manager Leadership Partnership, 2006). This framework visually depicts nurse leadership development and highlights essential nurse manager leadership competencies. The three domains found in the Nurse Manager – AONE Competency Self-Assessment Tool also mirror the domains of the Nurse Manager Learning Domain Framework. The pivotal role this framework plays in the creation of the Nurse Manager – AONE Competency Self-Assessment Tool and nurse leadership development overall is what makes it a relevant framework for this project. The Nurse Manager – AONE Competency Self-Assessment Tool will contribute the majority of the data needed to determine the leadership development needs and the chosen education modules making it and the framework it is based on an integral piece of this Nurse Leadership Development Program.

Figure 1. Nurse Manager Learning Domain Framework



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Implementation

This project utilizes a GAP Analysis to gather necessary data which is followed by subsequent program development to create the Nurse Leadership Development Program. This section of the manuscript will break down the setting, sample and population, and the data gathering techniques utilized.

Setting

The setting for this assessment and project development is a mid-sized, for-profit company that owns and operates multiple free-standing emergency centers referred to as ER Healthcare Company. ER Healthcare Company is composed of 22 free-standing emergency centers located across the state of Texas. Each free-standing emergency

center ranges from 6,000 to 10,000 square feet, has 8 to 10 patient care rooms, and has all the capabilities of a hospital-based emergency center. The average patient volume of all the centers is 15 patients per day, with individual centers ranging from 6 to 50 patients per day. Each center's base staffing is one Registered Nurse, one Radiology Technologist, one Administrative Assistant, and one Physician with additional RNs and technicians available based on volume and acuity. The centers are open 24-hours a day, 365 days a year.

Population and Sample

Each of the twenty-two emergency centers is managed by a nurse leader known as a Facility Director. There are currently seventeen Facility Directors working for ER Healthcare Company as five of them supervise two facilities. The Facility Directors are required to be an emergency nurse with three to five years of experience with a Bachelor's degree. These seventeen Facility Directors are the population and sample for this assessment and project. A goal of ten out of the seventeen Facility Directors participating has been set for the GAP Analysis.

Data Collection

The data collection for this assessment consists of a generic demographic questionnaire and the Nurse Manager – AONE Competency Self-Assessment Tool. In order to provide informed consent, the generic demographic questionnaire includes a statement notifying the participants that all data collected is to be used in a DNP Scholarly Project and will be kept anonymous. Both surveys have been sent to the participants simultaneously via email with a thirty-day period for completion. The generic demographic questionnaire is used to determine the current average education

and experience level of the Facility Directors at ER Healthcare Company. It contains typical demographic questions including number of years in the nursing field, highest level of education attained, number of leadership positions held, number of years in a leadership role, and if a leadership certification is currently held. These questions and answers assist in obtaining baseline data and provide invaluable information about the average current level of leadership knowledge. The generic demographic questionnaires have been created and distributed via Survey Monkey, allowing participants to submit information anonymously.

The other data collection tool utilized, the Nurse Manager – AONE Competency Self-Assessment Tool which was created by the Nurse Manager Leadership Partnership, gathered the majority of the information needed for the GAP Analysis. Nurse Manager Leadership Partnership (NMLP) is a coalition of the American Organization of Nurse Executives (AONE) and the American Association of Critical-Care Nurses (AACN) (NMLP, 2006). This Nurse Manager – AONE Competency Self-Assessment Tool is frequently used in the literature to assess a front-line leader's competency level and utilizes Dr. Benner's "From Novice to Expert" rating scale. The tool allows each leader to perform a self-assessment and rate their current knowledge, familiarity, and confidence from novice to expert (1.0-5.0) on an extensive list of leadership competencies. The leadership competencies fall into three major categories including *The Science: Managing the Business*, *The Art: Leading the People*, and *The Leader Within: Creating the Leader in Yourself*. Once the Facility Directors completed rating themselves on the self-assessment tool, the AONE website emailed them a summary report. The principal investigator requested that this report be forwarded for data extraction. Once all of the

responses from each of the leadership competency self-assessments were extracted from the reports without any identifying information, the data was transferred to an Excel spreadsheet and all reports and emails with identifying information were destroyed. The data was calculated and then analyzed to determine which of the leadership skills were in most need of development. Approximately thirty-days were needed to compile and evaluate the data in order to determine the topics that are priorities when developing the Nurse Leadership Development Program.

Curriculum Development

Once the major leadership topics were identified from the GAP Analysis the program development was able to begin. Since ER Healthcare Company is spread over the entire state of Texas, eLearning has been identified by company management as the most efficient and effective way to provide leadership development. The company has partnered with the Learning Management System (LMS) HealthStream as its eLearning platform. When contracting with HealthStream, ER Healthcare Company purchased access to several libraries of courses relevant to leadership development. The libraries available include SkillSoft which has many courses accredited by the California Board of Registered Nursing for nurse leadership development and Business and Legal Resources (BLR) which has courses accredited by the American Nurses Credentialing Center (ANCC) and the Accreditation Council for Continuing Medical Education (ACCME). These libraries of courses were evaluated to find the modules that best teach the leadership competencies identified. Any leadership competencies not sufficiently covered by a module in HealthStream will be created by the ER Healthcare Companies Department of Clinical Education.

Additional Program Development

The selected list of leadership courses has been vetted through a group of content experts on the company's clinical team. These content experts include the Chief Nursing Officer, Senior Regional Facility Director, Quality and Compliance Coordinator, Director of Clinical Education, Director of Laboratory Services, Director of Pharmacy, Director of Radiology, and Director of Registration. This multi-disciplinary group of clinical leaders provided feedback on the topics chosen, the effectiveness of the individual modules, and the Nurse Leadership Development Program overall.

The program is compared to other evidence-based and highly acclaimed leadership development programs such as the Sigma Theta Tau Nurse Manager Certificate Program and the AACN Essentials of Nurse Manager Orientation. This comparison ensures that nurse leaders at ER Healthcare Company are acquiring an education on leadership competencies they identified as lacking but also provides information on leadership skills determined to be beneficial for all nurse leaders.

Approximately thirty-days were needed for the development and review of the program. Including data collection and evaluation, the entire program development has taken roughly three months. The author began this process in June 2018 with a completion date of September 2018. The roll-out of the completed Nurse Leadership Development Program to the Facility Directors is dependent upon ER Healthcare Company priorities but the author plans to release the first set of leadership modules in October 2018.

Discussion

The surveys were emailed to the 17 Facility Directors at ER Health Company and 11 of the leaders agreed to participate. Their individual data is anonymous and only aggregate data from the group is presented in this manuscript. Individual data was transcribed without any identifying information to an Excel spreadsheet and then deleted. The aggregate data will be displayed and discussed below.

The generic demographic questionnaire also known as the Nurse Leadership Demographic Survey was sent out via SurveyMonkey and sought information regarding leadership experience, credentials, and future plans. The data supported the need for overall leadership development and support. For example, 37% of the participants indicated their current role is their first leadership opportunity as a nurse and another 45% stated that this is only their second leadership opportunity. Only 18% have held two or more leadership positions in their nursing careers. A surprising 37% of respondents hold an associate's degree, while 55% have a bachelor's degree and only 9% have a master's degree in nursing or other healthcare administration related field. In regards to professional certifications only 18% hold a certification in their specialty and 9% hold a certification regarding nursing leadership or management. Concerning complete tenure in nursing leadership 55% of the respondents have been working as nurse leaders for less than 5 years and 64% have been in their current role at ER Healthcare Company for less than 2 years. When it comes to succession planning 37% of the participants plan to retire, quit, or change jobs within the next 5 years.

The Nurse Manager – AONE Competency Self-Assessment Tool was sent out in the same email as the Nurse Leadership Demographic Survey and consisted of a link to

the tool on the AONE website. This tool supplied the majority of the data regarding current leadership competency of the nurse leaders at ER Healthcare Company but was only used to determine leadership development needs. Overall, the aggregate scores for the three major categories ranged from 3.0-5.0, marking the leaders as “Competent” (3.0-4.0,) “Proficient” (4.0-4.5,) and “Expert” (4.5-5.0.) The average scores per category are 3.88 for *The Science: Managing the Business*, 4.02 for *The Art: Leading the People*, and 3.71 for *The Leader Within: Creating the Leader in Yourself*. The aggregate score per major category averaged higher than many of the individual leadership competencies because nurse leaders reported themselves competent to expert in more leadership topics than not. In order to determine the leadership development needs the individual leadership competency topics were averaged and analyzed providing a much clearer picture of leadership knowledge deficits. The section known as *The Science: Managing the Business* had the most individual leadership competencies with an average score of 2.0-3.0 or “Beginner.” None of the individual leadership competencies had an average score of “Novice” or 1.0-2.0. All of the individual leadership competencies with an average score of “Beginner” have the common themes of budgeting and financial analyzation. These leadership competencies with the greatest development needs include analyzing budgets and explaining variances, cost benefit analysis of capital budgets, justification of capital budgets, and forecasting future revenue and returns. The majority of the individual leadership competencies averaged a score of “Proficient” or 4.0-4.5, but several scored in the low range of “Competent” or 3.0-4.0 making them a priority for the Nurse Leadership Development Program. The leadership competencies that averaged a score on the lower end of “Competent” included understanding complex adaptive system

definitions and applications, applying systems thinking knowledge as an approach to analysis and decision-making, performance improvement, project management, staff selection through team interviewing techniques, influencing others through applying motivational theory, involvement in professional associations, and scope of practice. See table below with average scores per leadership competency.

Table 1.	
<i>Internal Survey Results & Summary of All Three Domains</i>	
Section 1: The Science	Average
Analyze a budget and explain variance	2.91
Anticipate the effects of changes on reimbursement programs for patient care	3.27
Apply recruitment techniques	3.64
Apply systems thinking knowledge as an approach to analysis and decision-making	3.27
Capital budgeting: Cost Benefit Analysis	2.82
Capital budgeting: Justification	2.91
Collaborate with other service lines	4.09
Conduct ongoing evaluation of productivity	3.64
Contingency plans: Manage external disaster or emergency planning and execution	4.00
Contingency plans: Manage internal disaster or emergency planning and execution	4.00
Create a budget	3.27
Customer and patient engagement: Assess customer and patient satisfaction	4.27
Customer and patient engagement: Develop strategies to address satisfaction issues	4.18
Demonstrate negotiation skills	4.00
Demonstrate written and oral presentation skills	4.00
Facilitate change: Assess readiness for change	4.00
Facilitate change: Communicate changes	4.27
Facilitate change: Evaluate outcomes	4.18
Facilitate change: Involve staff in change processes	4.18
Forecast future revenue and expenses	2.82
Influence the practice of nursing through participation in professional organizations	3.91
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	3.82

Information technology (Understand the effect of IT on patient care and delivery systems to reduce work load): Use information systems to support business decisions	3.73
Maintain survey and regulatory readiness	4.18
Manage human resources within the scope of labor laws	3.82
Manage meetings effectively	4.18
Maximize care efficiency and throughput	4.00
Monitor a budget	3.73
Monitor and promote workplace safety requirements	4.27
Patient safety: Manage incident reporting	4.18
Patient safety: Monitor and report sentinel events	4.27
Patient safety: Participate in root cause analysis	3.91
Patient safety: Promote evidence-based practices	4.00
Performance improvement: Comply with documentation requirements	4.27
Performance improvement: Establish data collection methodology	3.45
Performance improvement: Evaluate performance data	4.00
Performance improvement: Identify key performance indicators	3.91
Performance improvement: Respond to outcome measurement	3.82
Project management: Allocate resources	3.91
Project management: Establish timelines and milestones	3.91
Project management: Identify roles	3.91
Project management: Manage project plans	3.91
Promote intra/interdepartmental communication	4.27
Recognize the impact of reimbursement on revenue	3.82
Scope of practice: Evaluate effectiveness of orientation	4.09
Scope of practice: Orientation	4.09
Scope of practice: Oversee orientation process	4.18
Scope of practice: Develop orientation program	3.64
Scope of practice: Develop role definitions for staff consistent with scope of practice	3.82
Scope of practice: Implement changes in role consistent with scope of practice	4.00
Shared decision-making: Establish vision statement	3.82
Shared decision-making: Facilitate a structure of shared governance	4.00
Shared decision-making: Implement structures and processes	4.18
Shared decision-making: Support a just culture	4.18
Staff selection: Apply individual interview techniques	3.91
Staff selection: Apply team interview techniques	3.73
Staff selection: Select and hire qualified applicants	4.18
Staffing needs: Evaluate staffing patterns/needs	4.55
Staffing needs: Match staff competency with patient acuity	4.55
Support a culture of innovation	3.82

Understand complex adaptive systems definitions and applications	3.00
Understand the relationship between value-based purchasing and quality outcomes with revenue and reimbursement	3.64
Section 2: The Art	Average
Cultural competence: Understand the components of cultural competence as they apply to the workforce	4.00
Generational diversity: Capitalize on differences to foster highly effective work groups	4.00
Influence others: Act as change agent	4.00
Influence others: Apply motivational theory	3.64
Influence others: Assist others in developing problem-solving skills	4.00
Influence others: Encourage participation in professional action	3.91
Influence others: Foster a healthy work environment	4.18
Influence others: Role model professional behavior	4.18
Manage conflict	3.91
Performance management: Assist staff with goal-setting	4.09
Performance management: Conduct staff evaluations	4.18
Performance management: Implement continual performance development	4.00
Performance management: Initiate corrective actions	4.00
Performance management: Monitor staff for fitness for duty	4.00
Performance management: Terminate staff	3.91
Promote professional development: Apply leadership theory to practice	3.82
Promote professional development: Apply principles of self-awareness	3.91
Promote professional development: Encourage evidence-based practice	3.91
Promote professional development: Promote stress management	4.09
Relationship management: Apply communication principles	4.00
Relationship management: Mentor and coach staff and colleagues	4.00
Relationship management: Promote team dynamics	4.09
Situation management: Apply principles of crisis management to handle situations as necessary	3.91
Situation management: Identify issues that require immediate attention	4.18
Social justice: Maintain an environment of fairness and processes to support it	4.00
Staff development: Ensure competency validation	4.18
Staff development: Facilitate leadership growth among staff	4.09
Staff development: Facilitate staff education and needs assessment	4.09
Staff development: Identify and develop staff as part of a succession planning program	4.00
Staff development: Promote professional development of staff	4.18
Staff retention: Assess staff satisfaction	4.09
Staff retention: Develop and implement strategies to address satisfaction issues	3.91
Staff retention: Develop methods to reward and recognize staff	4.00

Staff retention: Promote retention	4.18
Section 3: The Leader Within	Average
Achieve certification in an appropriate field/specialty	3.64
Apply action learning: Apply techniques of "action learning" to problem solve and personally reflect on decisions	3.55
Engage in reflective practice: Includes knowledge of and active practice of reflection as a leadership behavior	3.55
Involvement in professional associations: Including membership and involvement in an appropriate professional association that facilitates networking and professional development	3.27
Know your future: Plan a career path	3.73
Know your role: Understand current job description / requirements and compare those to current level of practice	4.00
Personal growth and development: Manage through education advancement, continuing education, career planning and annual self-assessment and action plans	3.82
Position yourself: Develop a of career path/plan that provides direction while offering flexibility and capacity to adapt to future scenarios	3.82
Practice ethical behavior: Including practice that supports nursing standards and scopes of practice	4.00
Section Summary	Average
Section 1: The Science	3.88
Section 2: The Art	4.02
Section 3: The Leader Within	3.71

Nurse Leadership Development Program

The aggregate data from all participants was analyzed for trends regarding self-reported leadership competency needs. Leadership competencies that multiple nurse leaders identified as novice, beginner, or competent were selected for leadership development. Pertinent leadership courses were identified within the HealthStream Learning Management System eLearning libraries SkillsSoft and BLR. These courses were presented to ER Healthcare Company clinical leadership and stakeholders for feedback. The clinical leadership of ER Healthcare Company found the leadership courses to be appropriate and relevant to the current leadership needs and expressed the

desire to support and develop their leaders while not overwhelming their current workload. In response, the Nurse Leadership Development Program was created to deliver one leadership development eLearning module to the nursing leadership per month. These modules will be rolled out by quarter, with the nurse leaders being assigned three modules every three months and allowed to complete them at their own pace. The program will last approximately one year and the decision to continue, re-evaluate, or cancel the program will be made one year after the start of the program. Throughout the year the nurse leaders will receive 12 leadership development modules with the desired results of increased leadership knowledge, skills, confidence, and outcomes. The modules chosen for the Nurse Leadership Development Program correspond to the leadership development needs. Based on the results from the Nurse Manager – AONE Competency Self-Assessment Tool indicating knowledge regarding budgeting and financial situations have the largest need for development and education, modules regarding budget or financial education have been included with every group of quarterly courses. This equals four courses regarding budgeting and financial education, which is one-third of the program. Leadership and education teams at ER Healthcare Company found this to be appropriate as all of the competencies with the lowest average score of beginner were in reference to these two topics. The four courses chosen to address budget and financial education include Principles of Accounting and Finance for Non-financial Professionals, The Essentials of Budgeting for Non-financial Professionals, Analyzing Financial Statements for Non-financial Professionals, and Using Budgets for Management and Control. One section with an average score of competent that the ER Healthcare Company found important to address is influencing employees through

applying motivational theory. In order to address this critically important leadership competency the education and leadership teams added two modules to the first quarter of leadership courses: Leading Teams: Motivating and Optimizing Performance and Building a High Performing Team. Another leadership competency with an average score of competent that ER Healthcare Company wanted to improve is the recruiting and selection of qualified candidates. In order to improve upon this fundamental leadership competency, the team added two modules to the second quarter of leadership courses: Recruiting Talent and Essentials of Interviewing: Selecting the Right Candidate. A third area of focus the education and leadership teams of ER Healthcare Company would like to address as a result of the Nurse Manager – AONE Competency Self-Assessment Tool is project management and change management. Implementing change is an integral part of leadership so the modules Project Management Fundamentals and Leadership Essentials: Leading Change were added to the third quarter of the Nurse Leadership Development Program. Finally, the leadership and education teams at ER Healthcare Company want the nurse leaders to be able to think critically and make strategic decisions regarding complex adaptive systems and organizational systems and processes. In order to facilitate these skills two modules have been assigned in the fourth and final quarter of the program entitled Developing the Strategic Think Skill of Seeing the Big Picture and Fundamentals of Organizations – Groups. See table below with a schedule of leadership development modules per quarter.

Table 2.

Nurse Leadership Development Program Modules per Quarter

Nurse Leadership Development Program Modules per Quarter			
Quarter 1: October - December 2018		Quarter 2: January – March 2019	
1.	Principles of Accounting and Finance for Non-financial Professionals	1.	The Essentials of Budgeting for Non-financial Professionals
2.	Leading Teams: Motivating and Optimizing Performance	2.	Recruiting Talent
3.	Building a High Performing Team	3.	Essentials of Interviewing: Selecting the Right Candidate
Quarter 3: April – June 2019		Quarter 4: July – September 2019	
1.	Analyzing Financial Statements for Non-financial Professionals	1.	Using Budgets for Management and Control
2.	Project Management Fundamentals	2.	Developing the Strategic Think Skill of Seeing the Big Picture
3.	Leadership Essentials: Leading Change	3.	Fundamentals of Organizations – Groups

Evaluation

Evaluation of the Nurse Leadership Development Program will be continuous. The principal investigator is an employee at ER Healthcare Company and regularly meets with the nurse leaders. Verbal feedback from the program participants will be sought in monthly meetings to subjectively monitor satisfaction and effectiveness of the program. The scope of this scholarly project and manuscript focuses on implementation of a Nurse Leadership Development Program and does not include objective assessment of the program, but objective assessment has been planned for six months after program implementation and then again at the one year mark. A general program evaluation will be sent out six months post initiation via SurveyMonkey to illicit anonymous feedback on the program. This SurveyMonkey will contain questions such as is the content current and relevant, is the content presented effectively for learning, did the content improve confidence in your leadership abilities, and would you recommend these courses to other

nurse leaders. After one year a robust evaluation of the program will be distributed with the opportunity for an additional publication submission. It will include a request for nurse leaders who completed the program to retake the Nurse Manager – AONE Competency Self-Assessment Tool and assess for any self-reported improvements in nurse leader competency. The evaluation at one year will help determine if the company wants to continue with a second year of new online eLearning leadership courses or bring the program to a close.

Limitations

There are several limitations to the findings of this manuscript. The sample is small and limited specifically to nurse leaders of free-standing emergency departments. It does not include nurse leaders in all rural and urban areas but only in the geographical region of Texas. The manuscript is also limited by the leadership courses available to this specific institution. The courses selected for the Nurse Leadership Development Program are chosen from a specific library available from a specific Learning Management System the company is currently contracted with. The availability of these courses to be used by other institutions will be limited by their current Learning Management System and which libraries of courses are available within that system. Additionally, the Nurse Leadership Development Program is only being offered as eLearning. eLearning is being utilized because of efficiency, cost-effectiveness, flexibility, and accessibility to nurse leaders spread across a large geographical area. The author recognizes that eLearning is not the education methodology of choice for all individuals. Some individuals learn more effectively through in-person training, hands-on return demonstration, discussion, and mentoring or observation. Other limitations on

the education methodologies of this project include finances, personnel, and available resources.

Application to Practice

The individual implications for practice will vary for each leader based on their current level of competency. The more experienced nurse leader might find the development program to be mostly a refresher of what they already know. For some leaders it will reinforce and instill confidence in practices they are unsure of, while the most novice nurse leaders will learn completely new leadership practices. The leadership development can impact a nurse leader's practice in many different ways including increased confidence, new ideas, a more efficient and organized practice, and an increased ability to proactively identify problems and resolutions. The program can also be utilized for succession planning. The generic demographic questionnaire indicated 38% of current nurse leaders will be retiring, quitting, or looking for a new position within the next three to five years, making succession planning a priority for the organization.

The scope of this project does not encompass impacts or outcomes from the Nurse Leadership Development Program. If the outcomes are similar to the literature described in this article, the author anticipates an increase in leadership competency regarding the leadership topics reviewed during the development program, decreased turnover of nurse leadership and staff, and improved organizational quality metrics and initiatives. The Nurse Leadership Development Program will review topics such as budgeting, managing change, improving service, motivating employees, retaining employees, recruiting and hiring. Increased knowledge and skill regarding these topics

can affect nurse leader practice in multiple ways. For example, an increased comprehension of budgeting and finances can help nurse leaders achieve greater fiscal performance and organizational success. Modules discussing employee motivation, retention, and giving feedback can help nurse leaders create a healthy work environment that decreases turnover. Education describing service improvement and change management can assist nurse leaders in implementing quality improvement projects that affect important organizational goals such as patient satisfaction. Additionally, these nurse leaders will apply these practices throughout their careers, not only using newly learned leadership practices at their current facility but at any other facilities they work at in the future.

Dissemination

Multiple methods of dissemination have been identified for this project. Locally, the results of the data collection and project development will be presented to company leadership at ER Healthcare Company and the final Nurse Leadership Development Program will be assigned to all applicable nurse leaders. The author plans to remain at the company to receive feedback on the program, continue assessing leadership needs, and adapt the program to the company's needs and evidence-based practice. A poster presentation is being developed to be presented at the 2019 Spring DNP Intensive at the University of Alabama in Huntsville. Additionally, the author is planning to submit a revised manuscript for possible publication to the American Organization for Nurse Executives (AONE) *Journal of Nursing Administration*.

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Appendix A

IRB Letter of Approval



July 27th 2018

Brenton Snyder
Department of Nursing
University of Alabama in Huntsville

<input checked="" type="checkbox"/>	Expedited (see pg 2)
<input type="checkbox"/>	Exempted (see pg 3)
<input type="checkbox"/>	Full Review
<input type="checkbox"/>	Extension of Approval

Dear Mr. Snyder,

The UAH Institutional Review Board of Human Subjects Committee has reviewed your proposal, *Creating a Nurse Leadership Development Program*, and found it meets the necessary criteria for approval. Your proposal seems to be in compliance with this institutions Federal Wide Assurance (FWA) 00019998 and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46).

Please note that this approval is good for one year from the date on this letter. If data collection continues past this period, you are responsible for processing a renewal application a minimum of 60 days prior to the expiration date.

No changes are to be made to the approved protocol without prior review and approval from the UAH IRB. All changes (e.g. a change in procedure, number of subjects, personnel, study locations, new recruitment materials, study instruments, etc) must be prospectively reviewed and approved by the IRB before they are implemented. You should report any unanticipated problems involving risks to the participants or others to the IRB Chair.

If you have any questions regarding the IRB's decision, please contact me.

Sincerely,

A handwritten signature in black ink that reads 'Bruce Stallsmith'.

Bruce Stallsmith
IRB Chair
Professor, Biological Sciences

Appendix B

Permission to Use Nurse Manager – AONE Competency Self-Assessment Tool

AONE Permission of Use

Keep x



Meadows, Mary <mmeadows@aha.org>

May 8



to me

Brent:

Thank you for contacting AONE. The Nurse Manager Skills Inventory is an outdated document and has been archived. The Nurse Manager Competencies were updated in 2015 and AONE provides an online competency assessment based on these competencies. A printable report is available at the completion of the self-assessment.

Based on your request this self-assessment appears to fit into your scholarly project. Permission for its use is not required. You may access the assessment here: <http://www.aone.org/resources/assessment-login.shtml>

I am granting permission to use the conceptual framework; you will receive the approval in another email

Please let me know if you have any questions.
Sincerely,

M.T.

M.T. Meadows, DNP, MBA, RN, CENP
AONE, Director Professional Practice
155 N. Wacker Dr. Suite 400
Chicago, IL 60606
312-422-2807
312-278-0475 (FAX)

Appendix C

Permission to Use Nurse Manager Learning Domain Framework



AONE hereby grants you a revocable, non-exclusive, world-wide permission to use the following content:

Nurse Manager Learning Domain Framework only

Content may only be used for the purposes identified herein.

Grantee may not grant permission to license the content to any other third party without the express, written consent of AONE.

This letter, when received by the American Organization of Nurse Executives (AONE), with both signatures serves as a contract setting the terms on which the material may be used.

AONE

APPLICANT

By: M.S. Meadows

By: Brenton Snyder

Date: 5/8/18

Date: 05/04/2018