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Does Associate Degree Nursing (Adn) Student Math Competency Improve with a Math for Nurses Session?

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The Effects of an Educational Support Group Intervention on Nurse Manager Burnout

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Executive Summary

The Effects of an Educational Support Group Intervention on Nurse Manager Burnout

Problem

Clinical Nurse Managers (NM) play a key role in helping organizations achieves strategic goals and financial outcomes. These complex demands put the NM at high risk to experience occupational stress, which may lead to burnout (Shirey, 2006). Research, although limited demonstrate the importance of providing initiatives that strengthen NM engagement and professional resilience needed to prevent the phenomenon of burnout (Judkins, Reid & Furlow, 2006). Based on this assessment, using the population, intervention, comparison and outcome (PICO) format, the research question: what is the level of engagement among NMs at an acute care facility before and after a support group intervention was developed?

Purpose

The purpose of this capstone project is to assess whether an educational support group intervention will increase the level of engagement among NMs at an acute care facility.

Goal

The main goal is to partner with senior leadership to facilitate an educational initiative needed to improve NM engagement and prevent the phenomenon of burnout.

Objective

The objective is to provide the NM with useful strategies that increase engagement and professional resilience.

Plan

This capstone project followed Zaccagnini and Whites (2011) Doctor of Nursing Practice Process Model. The plan began with identifying through a needs assessment and comprehensive literature review that NMs at this facility were highly susceptible to burnout. This information provided the framework which developed the goals and objectives, guided the theoretical foundation, and initiated specific plans for the work, evaluation, and implementation once Institutional Review Board approval was obtain from both the research facility and Regis University.

Outcomes and Results

All eleven participants completed the pre and post Gallup Q12 survey. Despite the positive feedback from the participants and the facilitators during and after the intervention, the overall grand mean Gallup score did not demonstrate a statistical significant increase ($p<0.5$, 0.133). An unexpected benefit was the statistical significant increase ($p<.05$, 0.034) in question number three "at work l have the opportunity to do what l do best every day." Based on Gallup', this question correlates with the manager's perception of how they feel they are doing in their role (Buckingham & Coffman, 1999). These findings, although limited, may suggest this type of intervention has a positive impact on the NM's perception and confidence in their ability to do their job well.

Dedication

I would like to dedicate this capstone project to my son Tyler Faviere, who valued the power of higher learning, and who was so proud of me for pursing this degree at this stage of my life; may he rest in peace.

To my wonderful husband Daniel, through thick and thin, we have survived so much. Your love and support through this entire journey speaks volumes of how much you value my goals of making myself the best that l can be. Your endless proof-reading of materials, and patience when the computer was not my friend provided me with the energy to keep the momentum going.

To my youngest son Joel Faviere, thank-you for your unconditional love and support you gave me through this entire journey. I know it was difficult at times, but l hope l gave you inspiration to pursue your dreams, no matter what obstacles you must overcome.

To my dad and sister, thank-you for always supporting and encouraging me. I know mommy would be very proud.

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The Effects of an Educational Support Group Intervention on Nurse Manager Burnout

Introduction

The Doctor of Nursing Practice (DNP) degree focuses on clinical scholarship and the student's ability to integrate, and assimilate the knowledge gained in the course of study by completing a capstone project related to the student's area of expertise (Zaccagnini & White, 2011). The project focused on a real-world problem, usually observed by the advance practice student within their clinical practice specialty and through evidence based research; the DNP student explored potential solutions for that problem. The practice problem identified in this capstone project addressed the phenomenon of burnout and its relationship to level of engagement among nurse managers at one acute care facility.

Problem Recognition and Definition

Statement of Purpose

The purpose of this capstone project was to assess whether an educational support group intervention would increase the level of engagement among nurse managers (NM) at an acute care facility. NM is defined as "a Registered Nurse that holds twenty-four seven accountability for the management of the unit(s) within an organization" (Skytt, Ljunggren, & Carlsson, 2007, p. 294). Clinical Nurse Managers play a key role in helping organizations achieve strategic goals and financial outcomes, by retaining engaged staff needed to deliver quality patient care. A competent nursing staff and effective leadership are essential variables that drive outcomes related to quality patient care, cost efficiency, and attainment of organizational strategic outcomes (Martin, McCormack, Fitzsimons & Spirig, 2012). The establishment of a healthy work environment requires strong nursing leadership at all levels of the organization with NMs playing a key role in facilitating a positive work environment. The demands on the health care system to deliver quality, cost effective care, and retain engaged staff, mandate the need for

transformational NM leaders. Ensuring NMs are engaged and prepared to meet the challenges of the dynamic health care environment is an essential component to organizational success.

Problem Statement

The NM interacts with almost every discipline within the organization, most importantly, at the point of care with front-line staff whose primary responsibility is to deliver direct patient care. Sherman and Pross (2010) write "there is growing evidence in the nursing literature regarding the positive impact of healthy work environments on staff satisfaction, retention, improved patient outcomes, and organizational performance" (p. 1). In one study 84% of the nurses who were leaving their organization or transferring to another unit did so because of their relationship with their NM (Schmalenberg & Karmer, 2009). A NM is expected to maintain an atmosphere conducive to retaining and recruiting engaged nurses, while, facilitating physician and patient satisfaction to meet organizational goals. A 2001 National Nursing Survey (Shirey & Fisher, 2008) reported the average age of the NM was 46 years and due to the level of stress and lack of support by administration; many are considering leaving this area of nursing.

Occupational stress, which can lead to burnout is a phenomenon seen in many professions, but is most prevalent among the nursing profession (Shirey, 2006). As reported by Judkins (2004), "the total cost of stress to US organizations assessed by absenteeism, reduced productivity, compensation claims, health insurance and direct medical expenses is huge, ranging from $4.2 to $60 billion a year" (p. 58). Stress, according to Judkins (2004) "involves transactional relationships between individuals and their environment that are appraised as taxing or exceeding their resources and endangering their well-being" (p. 59). NM's often work long hours, which leaves little room for the work-life balance needed to maintain their emotional and physical well-being. When competing demands of the work environment become increasingly

more stressful, symptoms of burnout begin to emerge. Burnout, as a sequelae to stress, is defined as; "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people on a daily basis" (Espeland, 2006, p. 179). "Burnout is an important variable not only because it is an indicator of poor employee well-being, but also because it is related to employee attitudes, health, and behavior" (Alarcon, Eschleman, & Bowling, 2009. p. 244). NMs are highly susceptible to burnout, making it difficult to role model behaviors associated with positive patient outcomes and staff satisfaction. Burnout in NMs, leads to serious implications on organizationally sensitive outcomes. These outcomes include achieving the financial and strategic goals of the organization, retaining adequate staff, and improving patient satisfaction to name a few. NMs who feel they are unable to meet the needs of their staff, physicians and patients are at increased risk for experiencing burnout.

Very few organizations invest in providing on-going leadership initiatives that focus on strengthening the engagement level of the NM during this difficult financial economy. A failure to take steps to build a culture of engagement can lead to the NM feeling as though they are not well supported in their environment, especially from the top organizational level. Lack of organizational support contributes to NMs stepping down from their leadership role or leaving the organization entirely. Many NMs were recruited based on their clinical expertise and organizational commitment. However, typically these NMs have little or no experience with the skills associated with either leadership or the professional resilience needed to deal with the complexity of the healthcare environment (Judkins, Reid, & Furlow, 2006). Intense demands on an individual's time, energy, and personal resources are major sources of stress, often resulting in

significant negative effects on job performance which impacts organizational outcomes (Judkins, et al, 2006).

The NM shoulders enormous responsibility for an organization's success or failure, as they influence the utilization of resources, maintain customer relations, ensure the quality of patient care, and regulatory compliance (Judkins, 2004). The engaged NM can reduce stress and increase productivity within their unit by inspiring a shared vision and challenging staff nurses to collaborate as one team to improve the health care environment. An engaged NM is an employee who works with passion, energy, and feels a profound connection to their organization (Thackray, 2009). Engaged NMs drive innovation and move the organization forward. Conversely, a disengaged NM who feels ill-prepared and unsupported to handle the daily challenges of their department can have a detrimental impact not only at the unit level, but also within the entire organization. Senior leaders who fail to take steps to create a healthy work environment, by implementing strategies to improve engagement at the NM level, can threaten and weaken an organization's ability to sustain quality patient care. It is imperative organizations, striving for excellence, focus on innovative ways to prevent burnout, build resilience, and engagement in their NMs so they are better equipped to handle the overwhelming changes occurring within the current health care milieu. Health care administrators can address the economic and patient care challenges by supporting educational training initiatives that foster professional resilience and engagement needed to prevent the phenomenon of burnout in NMs.

PICO Statement and Research Question

The Doctor of Nursing Practice (DNP) student who conducted this capstone project is currently in a leadership role and based on real-life experiences perceived there was a correlation between the level of NM engagement and the phenomenon of burnout. This perception provided

the impetus for this DNP capstone project and conception of the project question: What is the level of engagement among NMs at an acute care facility before and after an educational support group intervention? To guide the formation of the capstone project research question the, population, intervention, comparison, and outcome (PICO) format, where P = Population, I= Intervention, C= Comparison and O= Outcome was utilized.

P: Clinical Nurse Managers in an acute care setting

I: Educational support group intervention

C: Pre-Overall Grand-Mean Gallup Score

O: Improved level of nurse manager engagement as indicated by an increase in post intervention overall Grand mean Gallup score.

The actual project question was: What is the level of engagement among nurse managers at an acute care facility before and after an educational support group intervention?

Project Significance, Scope and Rationale

A review of the literature on NM characteristics, stressors, and burnout, demonstrated the importance of having an engaged nurse manager in order to meet the complex and ever changing demands of the health care environment. Studies conducted on burnout among NMs specifically are limited; however preliminary studies demonstrate how this phenomenon, if not addressed, can adversely affect an organization's strategic goals (Spence-Laschinger & Finegan, 2008). NMs work long hours, which leaves little room for work-life balance needed to maintain emotional and physical well-being. Clinical managers who experience stress, which leads to burnout, can have serious implications for patient outcomes and organizational strategic goals (Lee & Akhtar, 2011). It is not uncommon for nurses to move into a leadership role due to their

level of clinical expertise and dedication to the organization. However, many of these nurses who move into this role have little or no understanding of the skills and professional resilience needed to deal with the complexity of the healthcare environment (Curtis & O'Connell, 2011). These intense demands on their individual time, energy, and personal resources are major sources of stress, often resulting in significant negative effects on job performance and organizational outcomes (Judkins, et al, 2006). Data on NM retention and turnover within the literature was limited. The investigator attempted to collect NMs retention and turnover data at the research facility, but it was unavailable. Approximately 22% of NM stepped down from their NM role, over the last year, based on personal knowledge of the researcher. Based upon informal conversation, lack of work-life balance and stress were the main reasons identified for their decision to do so.

Most hospital executives understand how the role of the NM impacts the level of engagement within their individual units and throughout the entire organization, but do not provide support services to enhance engagement. Several studies have provided information demonstrating the effects the NM has on staff retention and the impact on patient care and organizational outcomes (Sanford, 2011; Sherman & Pross, 2010). The continuing nursing shortage presents a need for strong, engaged leaders to attract and retain a nursing workforce qualified and motivated to deliver quality, safe patient care. NMs currently in the profession face significant challenges as they strive to redefine current organizational models and incorporate evidence-based practice initiatives needed to effectively deal with the dynamic changes occurring in healthcare. According to Shirey (2006), "because NMs practice in a human service occupation, they are reportedly more at risk to experience the detrimental effects of burnout" (p. 194). One of the common themes mentioned during the researchers initial needs assessment

among the NMs at the target acute care facility was their concern over how fast change is occurring within the healthcare profession. They know change is imperative for process improvement to occur, but emphasize it is also important for NMs to have support from senior management as they juggle multiple initiatives to meet the needs of patients, physicians, staff, and the strategic goals of the organization. NMs who are able to use their leadership skills to transform the model of care within their unit improve patient, staff, and organizational outcomes. These outcomes include reducing patient mortality and adverse events, increasing patient satisfaction, reducing nursing turnover, and improving staff and physician satisfaction (Swearingen, 2009). NMs with high levels of engagement are more committed to their organization, are more involved in workplace issues, and are better able to approach change positively than managers who are disengaged (Judkins, et al, 2006). Finding alternatives or solutions to prevent or decrease burnout, which leads to disengagement, can have a positive impact both on an individual leader and throughout the organization. Hospital executives who invest in educational training sessions with a focus on improving engagement and professional resilience, can increase job satisfaction, reduce burnout and turnover among NMs within their organizations (Judkins, et al, 2006).

This Doctor of Nursing Practice capstone project engaged a team of professionals to accomplish change within an organizational environment, and demonstrated the student's leadership and collaboration skills. Zaccagnini and White (2011), state the demonstration of doctoral-level leadership and collaboration are important aspects of the DNP student's scholarship (p. 456). The intent of the capstone project was to assess if an educational support group intervention would increase the level of engagement for a group of NMs at an acute care facility. The target population was clinical nurse managers (N=11) who were currently employed

at the research facility, who had volunteered to participate, and had 24 hour responsibility for a nursing unit. The independent variable was the educational support group intervention, which took place weekly for 30 minutes over a five week period. The content of each session involved educational activities conducted by an expert facilitator (Nursing and Non-Nursing Senior Leadership) with the goal of strengthening the participant's ability to handle the complexity involved in their role as a NM (see Appendix A). The educational support group sessions were developed by the investigator, but each session was conducted by an expert facilitator, currently employed at the research facility, who had volunteered to participate in the project. Prior to each educational session the participants were asked to complete some individual preparation work to augment the information being shared at the sessions. The preparation work consisted of reading and reflecting on specific articles provided by the investigator that related to each sessions topic (see Appendix B).

The focus of the first educational support group session was Transformational/Transactional Leadership, using case-based scenarios as the primary methodology. "Transformational leadership is defined as a leader who uses ideals, intellectual stimulation, and individual consideration to influence the behaviors and attitudes of others" (McGuire & Kennerly, 2006, p.180). Due to the continually metamorphic nature of the healthcare environment, it is imperative for NMs to employ a transformational leadership style, so they are able to stimulate follower commitment to a shared vision and to approach old problems in new ways (Smith, 2011). Researchers demonstrate that NMs who display transformational leadership, decreased turnover, encouraged higher staff engagement, and improved outcomes (Feather, 2009; Martin, McCormack, Fitzsimons & Spirig, 2012).

The second session was Emotional Intelligence (EI); using participant's shared examples to demonstrate EI concepts and related outcomes. EI is defined as "one's ability to process emotions, more specifically the perceptions, assimilations, understanding, and management of emotions" (Winship, 2010, p. 940). From a leadership perspective, EI appears to promote effectiveness and may be an underlying expression of transformational leadership behavior, resulting in a major improvement in the functioning of the organization as well as employee satisfaction (Akerjordet & Severinsson, 2010). A NM with "EI is able to integrate cognitive processes and feelings to intelligently adapt their behavior and manage situations" (Foltin & Keller, 2012, p. 22). EI has been described as a new resource for leadership development programs and organizational training that creates a more reflective and nurturing culture within the organization (Akerjordet & Severinsson, 2010).

The third session was Intentional Change. In the healthcare environment change is occurring at an uncomfortable speed, and is often a cause of stress and increase anxiety (Pipe, Bortz, Dueck, Pendergast, Buchda, & Summers, 2009). Most individuals are comfortable with the status quo, but to remain economically solvent, NMs within healthcare must constantly review their processes, staff effectiveness, model of care, and performance improvement initiatives. Significant and sustainable change occurs only when people engage in a process of intentional change (Mckee, Boyatzis, & Johnston, 2008). In this session, Kurt Lewin's change theory was introduced as a method to help NMs facilitate intentional change, not only within their unit, but also within their personal and professional lives.

The fourth session was Competing Priorities. This session focused on providing NMs with specific strategies to effectively and efficiently manage their time. During the researcher's initial needs assessment, NM's within the facility conveyed that competing priorities was one of

the significant factors that contributed to their level of stress and inability to manage their work-life balance effectively. When time is managed well, the NM has the ability to focus on initiatives that improve outcomes and attend to priorities that positively affect organizational outcomes (Oncken & Wass, 1999).

The final session focused on Caring for Self. As nursing leaders we become accustomed to the constant pressure and chaos of our daily routines, often losing sight of just how much one deals with on a day-to-day basis. Disappointments, insecurities, losses, physical ailments, and everyday fast-paced demands of life build up over time leaving many NMs stressed and vulnerable to burnout (Duffy, 2009). The objectives in the final session utilized the concepts and principles of Doctor Joanne Duffy's Quality Caring Model (2009) to demonstrate the importance of caring for self, in order to effectively care for others. According to Dr. Duffy's research, "taking time to gain insight into emotions, thoughts, bodily sensations, and other feelings contributes to personal well-being and may be a necessary antecedent to caring for others" (2009, p. 51). NMs who are able to hardwire personal and professional self-caring practices obtain internal equilibrium more efficiently, which may enable them to handle external chaos more effectively.

NMs can be strong advocates within the unit environment, as they address the mental, physical, social, and economic welfare of their employees (Tomey, 2009). Having engaged NMs to provide guidance for solving complex problems and mentoring staff to critically think, using evidence-based research to improve outcomes is essential for quality patient care. To encourage retention in nursing administration while building leadership capacity, efforts must be made to support NM's practice, level of engagement, and professional development (Parry, Calarco, Hensinger, Kearly, & Shakarjian, 2012). NM's create structure; implement processes for nursing

care, and foster collaboration between the disciplines that interact with patients on a daily basis. All of these activities require a NM to be confident, in their ability to lead others into the future of healthcare which is so unpredictable. Despite these healthcare challenges, investing in initiatives focused on the emotional health and well-being of leaders will enable organizations to retain strong nursing managers, empower creativity, prevent burnout, and produce positive patient outcomes (Judkins, et al, 2006).

Theoretical Foundation of Project and Change

Researchers demonstrated that the culture of the working environment is a strong predictor of job satisfaction and turnover (Duffy, 2009). Dr. Joanne Duffy's Quality Caring Model (QCM) is a theoretical model, with a focus on relationships built on caring or feeling cared for, as the connection for achieving satisfaction both professionally and personally. The major proposition of the model is that caring relationships influence attainment of positive outcomes and when infused in the culture of the organization promote professional resilience, and encourage a sense of security. This strong sense of security makes it easier for those who live within the culture of the organization to learn new things, change behaviors, take risks, and engage others in process improvement. The constructs of the QCM include Structure, Process, and Outcomes. The structure refers to the organization and those participants who work within the organization. Each participant, involved within the structure (organization and/ or individual unit) are inherently worthy and have unique characteristics and life experiences that together comprise their subjective reality (Duffy, 2009). For the purposes of this project, all of the participants, which include NMs, front-line staffs, and executive staff, had the ability to interconnect through relationships. The second construct is process and was the main focus of the QCM. The process of care places relationships at the heart of the healthcare process,

particularly the caring relationships integral to nursing, leadership and the attainment of organizational achievements (Duffy, 2009). Duffy (2009) states "it is through this relationship that information is exchanged, feelings and concerns are shared, interventions are provided and outcomes are achieved" (p. 32). Infused in the process of care were the caring relationships between the individuals within the system, which can be independent or collaborative. The process of care is relationship-centered and grounded in eight caring factors. The eight caring factors are necessary for establishing and maintaining caring relationships. They are mutual problem solving, attentive reassurance, human respect, encouraging manner, appreciation of unique meanings, healing environment, affiliation needs, and basic human needs (Duffy, 2009). Using the eight caring factors as the foundation for the organizations culture, mission, and vision ensures that professional encounters are of a caring nature. The final construct was outcomes, which is achieved based on the collaboration, and interactions between the participants and the culture of the system or organization. In a relationship centered context, executive leaders' work, shifts naturally from producing results to encouraging the growth of their employees who produce results (Duffy, 2009, p.118). Leadership executives who use the caring factors as the foundation of their organization generate confidence in their staff and shape the infrastructure to support them in achieving successful outcomes.

At the core of healthcare environments are the unique ways employees relate to each other and the culture of the organization. "These ways of relating uniquely characterize the organization and hold a special purpose for organizational change and growth" (Duffy, 2009, p.115). Organizational readiness for change is not only a multi-construct variable, but also a multi-faceted one that can occur at the individual, group, or systems level (Weiner, 2009). Most individuals are comfortable with the status quo, but to remain economically solvent,

organizations within healthcare must constantly review their processes, standards of practice, quality improvement initiatives, and model of care within the organization. Changes are difficult especially as many organizations are striving to remain competitive by seeking out innovative strategies to improve their culture and how they interact with those who reside within their organization. Yet, if organizations, comprised of people who live and work in relationships are to be understood as complex living systems that affect the success of an organization, the importance of building caring relationships must emerge as an organizations central theme (Duffy, 2009). Implementing evidence-based changes to an organization's culture takes a team effort, with executive champions who believe and value initiatives that promote caring relationships as the culture's foundation. Using a change theory to guide and sustain change within an organization helps to facilitate and understand how change can affect those within the organization. Kurt Lewin (1947), a change theorist, as cited by Spector (2007), describes three stages that guide and affect the process of change. The three stages include unfreezing, transition, and refreezing. He also proposes two concepts concerning individual behaviors and their motivation to accept and participate in change. The first concept states " an individual's behavior is a function both of that person's psychology and his environmental context, the most effective way to create lasting behavioral change is to change that environmental context" (Spector, 2007, p. 27). The second concept states "before behavioral change can occur, let alone become hardwired, forces must be exerted to create disequilibrium in the status quo" (Spector, 2007, p. 27).

The first stage of change implementation, as guided by Lewin's theory is unfreezing. Unfreezing begins, by reducing the forces striving to maintain the status quo. This phase of change is built on the theory that human behavior is established by past observational

experiences and cultural influences (Wirth, 2004). Wirth (2004) continues to say change requires an organization to add a new force or remove some of the existing factors perpetuating the current behavior. Change readiness occurs when the present conditions have lead to dissatisfaction, such as a decrease in the engagement levels among NMs from lack of cultural caring, which can negatively impact the success of the organization.

The second stage is transition. Once there is sufficient dissatisfaction with the current conditions and a real desire to make some changes exists, identifying exactly what needs to be changed is imperative (Wirth, 2004). At this stage, bringing together key stakeholders, such as executives and NMs to openly discuss current organizational behaviors that foster feelings of stress, lack of caring, and to identify which factors contribute to disengagement and burnout is an essential step. Refreezing is the final stage where new behaviors become habitual, which includes, in this situation, the culture of the organization using a caring ethic as a basis for decision making, and recognizing caring as having economic value.

Systematic Literature Review

A systematic review of literature was conducted (see Appendix C), using well-known search engines that include Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, MedScape, and PsychINFO as the main sources. Parameters and search words included full text articles, English language, and articles published from, 2004 to 2012: the main key words used independently and collectively were Nurse Manger, Nurse Leader, Burnout, Stress, Emotional Intelligence, Transformational Leader, Disengagement, change, and Support. The systematic assessment of each article included identification of the following elements: purpose, hypothesis/research questions, theoretical framework, setting, sample,

methods/design, conclusion, nursing implication, and findings. The initial findings, using the identified key words individually and collectively revealed 73 articles. The final analysis revealed 31 articles which consisted of 12 qualitative articles, five quantitative articles, eight integrative literature reviews, and six informational articles from content experts that served as key resources for validating information related to this capstone project.

Current literature is inundated with research articles on how the behavior and leadership style of the NM affects the bedside nurse and their intention to stay within an organization (Akerjordet & Severinsson, 2010; Curtis & O'Connell, 2011; Feather, 2009; Longo, 2009). "Staff nurses in magnet hospitals, the American Association of Critical Care Nurses, and the American Organization of Nurse Executives identify NM support as an essential variable to a healthy work environment" (Schmalenberg & Kramer, 2009, p. 62). Very few articles focused on burnout and engagement among leadership or the role of the nurse manager. Even less documentation was found on work-place stressors in our current healthcare system that contributes to nurse manager retention and their intentions to stay. In the past literature on stress and burnout suggest it is caused by personal characteristics of the individual (Shirey, 2006). More current research seems to place more emphasis on work environments and inconsistent organizational support as the primary contributor (Shirey, 2006). A synthesis of existing literature related to NM stress and burnout reflected the transition from a head nurse role supervising a single-unit in the 1990's to one that has 24-seven responsibility for a multi-unit department and its financial and operational performance. References to leadership and organizational support related to stress and burnout during past times was less evident. Previous coping strategies were mostly problem focused versus the current literature that focuses on the increasingly complex and stressful nature of the NM role and the healthcare environment

(Shirey, 2006). It is feared that from today's health care work environment the demands to produce cost effective patient care with reduced financial support have not only adversely affected patient outcomes, but overwhelmed the coping strategies and health outcomes of NM's.

The profession of nursing is in the middle of a national nursing shortage, with many predicting that by 2020, the workforce will have 29% less nurses available to provide care to our aging population (Ritter, 2011). This projected shortage, although affecting direct patient care will also have a dramatic impact on the supply of adequate nurse managers (Shirey, 2004). Research, again limited, indicates the average age of nurse managers in healthcare organizations is estimated at 46 years, and due to the level of responsibility and stress which impacts burnout, bedside nurses who have leadership qualities are not interested in this role (Spence-Laschinger, Purdy, Cho & Almost, 2006). Shirey (2004) stated "given that NMs play an integral role in creating the work environment, a potential shortage of capable NMs poses a further threat to recruiting and retaining staff nurses in the profession" (p. 313). A common theme identified within many articles, was documentation related to how central NMs are to the success of an organization (Sherman & Pross, 2010; Skytt, Ljunggren & Carlsson, 2007; Paliadelis, Cruickshank, & Sheridan, 2007). Skytt, et al (2007), noted NMs have positive effects on patient outcomes, staff performance, job satisfaction, and organizational commitment; all factors linked to patient safety, satisfaction, and mortality rates. Lee and Cummings (2008) during their systematic review highlighted that NM's are a vital link between senior management and frontline staff, and that NM leadership is critical to providing guidance for solving complex problems associated with the care of patients.

NMs, currently in the profession face significant challenges as they strive to redefine current organizational models and incorporate evidence-based practice models, needed to

effectively deal with the on-going changes occurring in healthcare. According to Shirey (2006), "because nurse manager's practice in a human service occupation, they are reportedly more at risk to experience detrimental effects of stress and burnout" (p. 194). Espeland (2006) in her article on burnout reported that 43% of nurses who cited job burnout planned on leaving the profession. A literature review conducted by Shirey (2006), noted a relationship between job stress and burnout. Furthermore, excessive workload was a significant predictor of stress, with greater workload associated with greater emotional exhaustion; all factors that contribute to burnout (Shirey, 2006). A qualitative study conducted by Mackoff and Triolo (2008) "suggested that bedside nurses leave managers, not organizations, and managers who feel supported by their organization reciprocate the support to their staff" (p. 170). Bakker, Schaufeli, Leiter and Taris (2008) studied engagement and found that engaged employees are more connected with their work environment, have increased energy levels and view challenges as opportunities to learn and grow versus overwhelming and demanding. Researchers demonstrated that stress which contributes to burnout lead to disengagement which can interfere with the NM ability to communicate effectively, build relationships, and enhance nursing performance needed to deliver quality patient care (Pipe et al, 2009). It is essential organizations know how important it is to support and provide on-going mentorship to their NM in order to reduce their level of stress and prevent burnout. Very few organizations during this difficult financial economy invest in providing on-going leadership initiatives that focus on strengthening professional resilience within the role of the clinical nurse manager. Swearingen (2009) states "the best way to impact turnover is to give NMs' the knowledge needed to create a work climate that motivates and engages employees" (p. 107). At one facility that invested in a leadership development program found its biggest impact was related to nursing retention rates and an

increased pool of nurses interested in stepping into a leadership role (Swearingen, 2009). Curtis and O'Connell (2011) noted that organizations that invested in leadership development programs with a focus on teaching the characteristic of transformational leadership, demonstrated higher levels of employee effectiveness and patient satisfaction compared to non-transformational characteristics. Judkins, et al (2006), found that organizations that invest in leadership initiatives to improve the hardiness of the NM decreased burnout and improved job satisfaction. The Executive leader who understands the importance of providing a culture that supports and mentors NMs may be able to retain NMs and potentially sustain positive organizational outcomes.

Market/Risk Analysis

Project Strengths, Weaknesses, Opportunities, and Threats

To ensure successful completion of the capstone project, an analysis of strengths, weaknesses, opportunities, and threats (SWOT) as listed in table 1 was utilized. Potential factors that could hinder the success of the capstone project included lack of executives buy-in, inconsistent NM participation in the study intervention, inconsistent support of the facilitators, lack of time management, lack of space resources, and institutional review board (IRB) approval. To ensure successful completion of the project, the researcher focused on obtaining executive leadership and expert facilitators buy-in prior to starting the capstone project, ensured classroom space was available, conducted the sessions at a convenient time and location, sent out calendar appointments early and set up reminders the day and morning of each session, worked closely with the DNP mentor and Capstone chair, and organized the submission of the IRB application in a timely manner to the research facility and the Regis Institutional Review.

Table 1: *SWOT Analysis*

Project Strengths
• Evidence-based intervention • Impact on current literature gap • Potential to strengthen professional resilience • Executive support • Use of facility resources • No additional funding • Interprofessional collaboration • Impact on healthy work environment • Successful completion could highlight factors contributing to burnout • Improvement on front-line leadership competence • Potential positive Impact on staff satisfaction and quality of care • Potential positive impact on stress • Potential to improve work-life balance

Project Weaknesses	**Strategies to Overcome or Prevent Weaknesses**
• Competing priorities of facilitators • Unclear project goals and objectives • Time restraints • Inconsistent participant support • Inability to validate statistical implications • Unavailability of classroom space	• Early scheduling obtainment of facilitators support • Goals and objectives clearly stated • Early submission of IRB application • Early engagement of NM participants • Clear understanding and documentation of co-founding variables • Early booking of classroom space and alternative space if unexpected delays

Project Opportunities
• Improved students understanding of research process • Improved NM relationships • Improved Interprofessional leadership partnership • Improve NM engagement • Self-awareness of professional resilience and factors related to burnout • Expansion on NM networking system • Potential sustainable investment in organization future

• Initiation of leadership development tools • Potential to impact to leadership succession planning opportunities

Project Threats	**Strategies to Overcome Threats**
• Inconsistent NM participation • Inconsistent facilitator participation • Inability of educational material to generate engaged conversation • Lack of executive buy-in • Lack of investment in future soft-skilled leadership development opportunities	• Schedule convenient time and location • Collaborate early with facilitators • Match objectives to current and pertinent information • Collaborate with key stakeholder • Share results with key stakeholders and volunteer to organize

Driving and Restraining Forces

In today's turbulent economy, an investment in the development of the organizations front-line leaders can generate a competitive advantage for the future. Changing a culture to one with initiatives hardwired to promote a healthy work environment may help to retain strong NM's needed to transform how care is delivered and quality is maintained. Kurt Lewins change theory states one must recognize the need for change (unfreezing) before change can occur (Spector, 2007). Driving change and overcoming resistance, requires one to have a strong foundation on where the current gaps reside and what shift in direction needs to be taken in order to eliminate the gaps. Therefore, at this facility unfreezing began by soliciting buy-in from the Chief Nurse Executive (CNE), as the key stakeholder. Here evidence based research must be presented (from capstone project, existing literature, and current research) to support why change is needed (establishment of a healthy work environment) and how educational development initiatives focused on professional resilience can foster change that will not only impact the level of employee engagement but contribute to the long term success of the organization. Once the

CNE approves the educational initiative, one must then elicit support from the Associate Vice Presidents (AVP). Once again, one must demonstrate why change is (unfreeze) needed and how their support and expertise can help overcome individual resistance and organizational conformity. At this acute care facility there are many competing priorities that challenge the time of not only the AVP's but the NM. In order to begin to change the culture of the organization to one that supports and mentors their NMs, one must increase the driving force. The driving force is the AVP's who can support the initiative by encouraging participation and volunteering to facilitate monthly sessions. Openly showing their support that help to overcome individual strains of resistance, and begin to direct behaviors away from competing priorities that will negatively affect the process of evidence based change is also imperative. Guided by Lewin's Change Theory, the second stage that drives change implementation was transition. Transition occurs, with bringing together key stakeholders, such as NM, AVP's, Directors of Nurses, (DON) and other department senior leaders. These stakeholders were needed to openly discuss current organizational behaviors that foster feelings of stress, lack of support, and disengagement. Remaining open and honest, with constructive dialogue helped to build relationships needed to eliminate barriers and fears that may prevent sustainable change. Sustaining a culture of support required continual participation from all stakeholders. This involved having a leadership champion who coordinated professional development activities based on the continual feedback from those involved. Ensuring monthly professional development sessions were on the NM calendar indicated that specific time was set aside for this important event. As educational sessions evolved, having a method to evaluate openly and honestly would facilitate mutual problem solving and process improvement needed to sustain a healthy work environment. The final phase that augmented sustainability of change

implementation is refreezing. This phase occurred when the organization had hardwired the changes within the culture. Sustaining a healthy work environment involved staying committed to those initiatives aimed at supporting the change. It involved leadership support and on-going communication, especially during times when organizational priorities were competing with those initiatives aimed at sustaining a culture of mutual respect. It involved holding all stakeholders accountable for participating and empowering people to embrace the changes within the culture. At this phase key stakeholders maintained regular meetings to identify new topics which negatively impact professional resilience, identify controllable barriers that contribute to NM stress, and continued to integrate these new strategies into the philosophy of the infrastructure. It involved the NM taking initiative to practice and integrate the new leadership strategies into their working daily routine. Implementing evidence based practice (EBP) changes, such as sustaining a culture of caring into any environment required constant observation of how the change was affecting the intended outcomes. It comes with responsibility and on-going collaboration between all stakeholders the change impacts. Executive leaders who had the ability to position their organization to thrive must see how sustaining EBP initiatives that support a healthy work environment as their window to the future, continuously evaluate how they are currently doing, and what they can do to improve (Goode, Lynn, Krsek & Bednash, 2009).

Stakeholders and Project Team

Partnering with key stakeholders prior to and during the development of the capstone project helped to ensure goals and objectives were realistic. Some of the key stakeholders directly involved in the development and implementation of the support group educational intervention included, facility support, and senior leadership both nursing, and non-nursing.

These stakeholders were responsible for facilitating the sessions, supporting the DNP student's project initiatives, sharing experiences, and engaging the participants in meaningful conversation during their individual session. The project subjects were the next stakeholders. Their responsibility began with their volunteered participation in the leadership development intervention and for attending each session prepared to share and engage in conversation related to the session's topic. Another key stakeholder indirectly involved was the statistician. This stakeholder's responsibility was to partner with the DNP student to perform statistical and data analysis to ensure outcomes were reported and calculated accurately and appropriately.

The project team consisted of the DNP student who developed and organized the project; the NM's who participated in the intervention and the nursing and non-nursing leadership group who facilitated each session. Additionally, the student's capstone mentors, and chair, which provided academic guidance and support, were also an essential part of the project team.

Cost-Benefit Analysis

Healthcare organizations today are making tough decisions regarding the allocation of their time and money. There is no shortage of pressing needs, such as capital construction, implementation of technology, and facility upgrades to name a few (Ogden, 2010). "An investment in clinical leadership development is a legitimate cost for hospitals who want to realize full return on investment on any project that requires nursing support or affects patient care" (Sanford, 2011, p. 102). Investing in leadership is the best way to avoid high costs related to the retention and recruitment of nurses and nurse managers. Because nursing leadership has a direct impact on patient care outcomes, it also has a direct impact on the cost associated with caring for patients (Swearingen, 2009). Swearingen (2009) also notes, "the lower the quality of

nursing leadership, the higher the cost for the organization, especially if it results in adverse patient events" (p. 108). How a NM cares and interacts with their staff correlates with staff satisfaction and their intention to remain on the unit (Longo, 2009). When nurses leave the unit, staffing becomes a struggle, which ultimately affects how care is delivered.

Most NMs are recruited into their leadership role due to their clinical expertise and ability to perform their patient care duties well. But despite previous successes, many NMs in their new role are ill-prepared for the realities of front-line leadership. Formal orientation or training in most healthcare environments for new NM is often scanty, if not totally absent (Curtis & O'Connell, 2011). This practice can have serious financial repercussions on the success of an organization. There are real costs to organizations when NMs are not competent in leadership, a discipline devised to motivate and manage staff, allocate resources and ensure patient care is delivered safely. The average cost of replacing one nurse is greater than $60,000; given the difference in salaries the cost to the organization to replace a NM increases exponentially (Sanford, 2011). "Turnover is not the only expense incurred when an organization lacks strong clinical management" (Sanford, 2011, p.102). As more demands are placed on the NM to prevent hospital-acquired infections, and improve patient satisfaction, all outcomes related to financial reimbursement, increase stress and burnout may occur. Factors related to the NM's inability to meet these demands will further affect an organization's bottom line as outcomes are not met. Negative outcomes related to the behaviors of the NM's inability to produce effective outcomes is not easily quantifiable, but has the potential to be more costly than recruiting new managers or implementing leadership development initiatives. The benefits of investing in the psychological well-being of NM are limited, despite research evidence which supports how

important this role has on the organization (Judkins, Massey & Huff, 2006). There is growing evidence in the nursing literature on the positive aspects of working in an environment whose culture supports the growth and development of their nursing leaders (Sherman & Pross, 2010). Some organizations do not feel the need to invest in the psychological well-being (soft-skills) of their leaders (Ogden, 2010). Some organizations who invest in leadership development initiatives focus their objectives on business skills related to managing budgets, tactics for reducing costs, and basic language associated with finance and staffing targets (Sanford, 2011). Each of these objectives can be quantifiably measured, which supports the organizational cost of the initiative when allocating resources. Despite the fact that these are important initiatives needed to improve the NM's financial knowledge, investing in leadership development initiatives that impact the emotional health of NM is also imperative (Lee et al, 2010). As hospitals and health systems develop plans for thriving in a future of accelerated change, developing NMs becomes an increasingly important financial tactic (Sanford, 2011). As stated by Harter, Schmidt, Killham and Agrawal (2009), since many of the decision NMs make correlate with their own internal motivation and drive; one may hypothesize that the way NMs are treated can affect their actions or put the organization at risk. Therefore, strengthening the professional resilience of NMs needed to sustain engagement and prevent burnout can have significant impact on the most critical strategic goals of the organization; patient safety, staff retention, and cost control. Leadership executives who coordinate efforts using in-house resources, and management expertise can control costs despite limited financial and competing demands on the resources of the health care organization.

Project Objectives

Mission

The intent of this student's capstone project was to facilitate a successful educational support group intervention, using interdisciplinary collaboration to improve the level of engagement among Nurse Managers at an acute care facility.

Vision

The vision of this project was to enhance Nurse Manager Engagement through collaboration, and professional development.

Capstone Project Goals

Long term goals

1. To ensure the future vitality of NMs by investing in leadership development initiatives that impact professional resilience and engagement within the role of Nurse Managers.
2. To create a culture of caring within an organizations infrastructure that supports and values the contributions and outcomes achieved by NMs.
3. To increase NM retention rate which can impact staff and physician satisfaction, quality of patient care, staff turnover, and the strategic goals of the organization.

Short term goals

1. To provide the NM with useful strategies that increase engagement and professional resilience.

2. To partner with senior leadership to develop and facilitate an educational initiative needed to improve NM engagement and prevent burnout.

3. To increase executive awareness of how NM burnout and their level of engagement can impact strategic outcomes within an organization.

4. To contribute valuable information to the current gap in nursing research.

Objectives

At the end of the five-week educational support group intervention the nurse manager will be able to:

1. Apply the principles and characteristics of transformational and transactional leadership and how it affects outcomes.

2. Lead their team utilizing the concepts of emotional intelligence to produce successful outcomes.

3. Explain the concepts of Kurt Lewin's Change Theory in their own personal and professional practice.

4. Integrate strategies to manage multiple priorities in an efficient manner

5. Integrate the practice of self-caring into their everyday lives based on the concepts of Dr. Joanne Duffy's Quality Caring Model.

Evaluation

The Logic Model (Figure 1) depicted a visual representation of how the support group intervention worked. The purpose was to demonstrate how each component (resources/inputs, activities, outputs, outcomes, impact) of the conceptual model described in sequence the potential impact the project outcome may have for the organization.

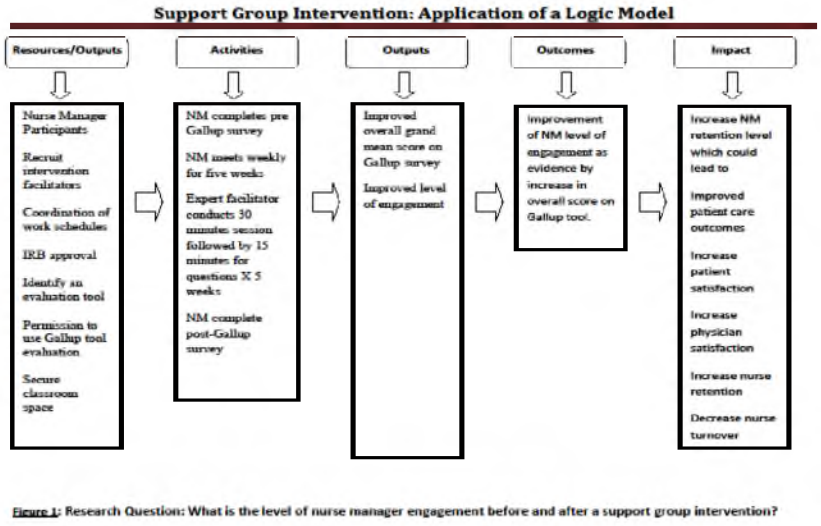

Figure 1 Logic Model

Population/Sampling Parameter

The target population for this study was NMs who work in an acute care hospital setting. NMs' leadership and guidance are necessary to support quality care and positive patient outcomes (Lee et al, 2010, p. 1027). Healthcare environments are increasingly complex and require a strong NM to ensure high standards of care are delivered despite strict financial constraints, and compounding factors such as regulatory compliance, staff retention, and

physician satisfaction. In this survey project the 11 NMs represented a wide range of nursing departments and serve a variety of patient populations.

Methodology and Measurements

This was a quasi-experimental, mix-method pre-test/post-test single group project, designed to assess if an educational support group intervention increased the level of engagement for a group of NMs at an acute care facility. Out of the 23 NM at this facility, all were invited to participate in the educational support group sessions during a presentation by the investigator outlining the educational objectives (see Appendix D). The NMs were recruited to assess their level of interest and those wishing to participate in the project constituted the convenience sample. Recruitment methods included gathering the NM's who customarily report to a bed meeting in one location every morning. Prior to beginning the first educational session, the investigator met individually with each subject to review the purpose of the project in sufficient detail so each subject would feel confident in their ability to make an informed decision about whether or not to participate in the educational support group intervention. Once all information was shared, and questions were answered, each subject voluntarily signed an informed consent indicting their agreement to participate in the intervention (see Appendix E). The final sample consisted of 11 NMs who voluntarily agreed to participate. The educational sessions were conducted directly after the bed-board meeting, in the same room to make it convenient for the participants, respecting both their time and distance of travel. The tool utilized in this study to measure the engagement level before and after the educational support group intervention was the Gallup Q12 survey (see Appendix F). The Gallup Q12 survey uses a Likert scale from one to five, with one indicating strongly disagrees to five, indicating strongly agrees. The overall

support group engagement level was measured by the grand mean, which is an average (mean) of the 12 engagement survey questions. The authors of the tool, based on the results of their work with individual interviews, content experts and focus groups world-wide, found there were 12 key expectations that when satisfied form the foundation of strong feelings of engagement (Harter, Schmidt, Killham & Asplund, 2006). The investigator, not Gallup, administered the Gallup Survey. Permission was obtained by the investigator to utilize this survey (see Appendix G). During the first educational session, the Director of Pastoral services delivered the Gallup surveys to the participants. Once they completed the survey the Director of Pastoral services collected them and put them in one sealed envelope before delivering them to the investigator. The same anonymous process took place at the conclusion of all the educational sessions with the completion of the post- intervention Gallup Q12 survey. All surveys were kept in a locked cabinet in the investigator's locked office. The data was entered and analyzed on a password protected computer. The data will be kept by the investigator in the locked cabinet until the DNP student has completed all of the doctoral degree requirements and obtained agreement from the capstone chair that the paper surveys are no longer needed. These will be maintained for five years and then, the paper surveys will be electronically shredded in a closed container.

In any research project the usefulness of measures involves assessing the reliability and validity of a measure. As a total instrument (mean of all Q12 questions) the Q12 has a Cronbach's alpha of 0.91 at the business unit level (Harter, Schmidt, Killham, & Agrawal, 2009). With every project the researcher must clearly anticipate potential threats to reliability and validity. The research tool must also make sense to both the subject and the researcher. The Gallup survey has 12 questions and, based on Gallup's rigorous confirmatory analysis are simple

and easy to affect (Buckingham & Coffman, 1999). Keeping this information in mind, and knowing the subjects are familiar with the survey questions, the investigator chose the Gallup Q12 survey as the project tool. Descriptive statistics, including the median and standard deviation (SD) and inferential statistics, including the Mann-Whitney U test was utilized.

Protection of Human Subjects Rights

The intervention did not incorporate any forms of deception or personal intrusion. Each subject was self-selected to participate in this project. The researcher had no authoritative responsibility to any of the individuals who participated in the intervention. The actual intervention was conducted in a normal setting, familiar to each subject, and involved content shared in an educationally acceptable manner. The final outcome measure was an aggregate of all 11 subject's overall grand mean on the Gallup survey. Responses on the survey contained no individual identifiable information. The investigator and statistician were the only ones to view the results of the surveys, however if the investigators mentor or capstone chair requested results they would be provided. The subjects were all over the age of 18, had no mental or physical disabilities that prevented them from making an informed decision concerning participation and were not considered under the IRB regulations, a vulnerable population. All subjects signed an informed consent prior to the start of the educational support group intervention. The subjects had a clear understanding, based on the information within the consent that they could withdraw from the intervention at any time without any penalty. NMs who do not oversee a nursing clinical unit were excluded from the study. Institutional Review Board (IRB) approval was obtained from both the research facility and Regis University, the DNP students collaborating facility before implementation of the research project began (see Appendices H, I, & J).

Instrumentation Reliability/Validity and Intended Statistics

The development of the Gallup Q12 was based on more than 30 years of accumulated qualitative and quantitative research (Harter, Schmidt, Killham & Agrawal, 2009). "In 1997, the criterion-related studies were combined into a meta-analysis that enabled the researchers to study the generalizability of the relationship between engagement and organizational outcomes (Harter, Schmidt, Killham & Agrawal, 2009, p.6)". A meta-analysis attempts to prevent bias and provides an estimate of true validity or true relationship between two or more variables. "Meta-analysis techniques provide the opportunity to pool such studies together, to obtain more precise estimates of the strengths of effects and their generalizability" (Harter, Schmidt, Killham, & Agrwal, 2009, p.8). The results of the Gallup meta-analysis revealed substantial criterion-related validity for each of the Q12 questions. The reliability of the Q12 as a total instrument (mean of items 01-12), has a Cronbach's alpha of 0.91 (Harter, Schmidt, Killham & Asplund, 2006). The questions within the survey are based on factors that can be influence by executives or managers, but only one question specifically contain the word "supervisor." The rationale behind this decision is based on the understanding that many people within an organization can influence whether one's expectations are clear or whether one feels cared about. The summation of the Q12 is an attitudinal outcome of how people feel about their organization and their commitment to the organization.

Data Collection and Intervention Protocol

After obtaining IRB approval from the research facility and Regis University, data collection began prior to the beginning of the first educational support group session. Prior to the start of the first educational support group session, the Director of Pastoral services handed out the Gallup Q12 survey to each subject. When the subjects completed their anonymous survey,

they put them in one envelope labeled "Pre Intervention Gallup Survey", where the Director of Pastoral services collected and sealed before handing it to the investigator. At the completion of the final educational support group session, the same process was repeated where the post intervention surveys were collected and sealed before handing them to the investigator. When the subjects were completing the survey, only the subjects and Director of Pastoral services were present in the session's classroom.

Timeframe

The DNP capstone project planning and implementation began with NR 701 Theoretical Applications for Doctoral Nursing Practice in the fall semester of August 2011 and ended in August 2013 with the student's completion of NR 799 Capstone Defense. During each course the DNP student, based on the course curriculum, guided their focus and attention to specific aspects related to, and in preparation of completing their final scholarly project. The actual start of the capstone project depended on the successful approval from the research facilities IRB and the Universities IRB approval for exempt status. The actual five-week educational support group intervention began February 6, 2013 and ended March 5, 2013. Each session lasted 30 to 60 minutes, based on the topic and the level of conversation the topic generated. In early March of 2013, the student met with the statistician to discuss what specific statistical test would be appropriate to obtain accurate results. Data entry and analysis continued through April, with completion of final analysis in early June of 2013. The conclusion of the capstone project occurred with submission of the final written paper and the student's oral defense in August 2013. See Table 2 for a timeline of the capstone project details.

Table 2: Project Timeline

Date	***Project Action***
August 6, 2011	NR 701 Theoretical Application begin with initial formation of capstone project PICO questions
October 19, 2012	IRB Approval from Capstone Project Facility
January 8, 2013	IRB application submitted to Regis University IRB
February 4, 2013	Regis University IRB approval received
February 6, 2013	Educational support group intervention begins; Participants complete the pre-Gallup Q12 Survey. Session 1. Transformational/Transactional Leadership
February 11, 2013	Session 2; Emotional Intelligence
February 20, 2013	Session 3; Intentional Change
February 27, 2013	Session 4; Managing Multiple Priorities
March 5, 2013	Session 5; Caring for Self. Participates complete the post Gallup Q12 Survey
March 26 2013	Initial meeting with statistician to review data and choose appropriate statistical test
April-June 2013	Input data & run statistical analysis
June-July 2013	Creation of Final paper
August 5 2013	Oral Capstone Defense & Submission & publication of final paper

Budget and Resources

The project facility supported the investigators capstone project, therefore there were no direct costs related to the use of the classroom space, coping of subject's materials or facilitator's fees (see Appendices K). The investigator incurred minor costs related to binders, and other paper supplies. The statistician provided her services free of charge, therefore there was no direct cost related to data entry or data analysis. Despite that this capstone project had minimum cost to

the investigator; Table 3 demonstrates the potential cost to an organization if the project was replicated in another facility that did not have the same internal support or resources.

Table 3: Budget Analysis

Project Resources	*Potential Cost of Resources*	*Total Potential Cost*
Facilitators	$60/hour per each facilitator 1-hour each week for a total of 5-weeks	$300.00
Participants	$40/hour (11 participants) 1-hour each week for a total of 5-weeks	$2200.00
Administrative Secretary; book classroom space, copied and assembled educational materials	$12/hour (10/hours)	$120.00
SPSS Computer Program	Student price: $100/6 months rental	$100.00
Statistical Assistance	$50/hour (6-hours)	$300.00
Classroom space and Facility resource	$0-used in-house resources	$0.00
Toner, Paper, Binders, Printer	$500/ 17-binders	$500.00
Total Estimated Costs		**$3520**

Project Findings and Results

Demographics

There were a total of 23 NMs employed at this acute care facility who had 24/7 responsibility to a clinical nursing unit and the employees within that unit. Out of the 23 NMs, 21 were female and two were male. All NM's had a Bachelors of Science (BSN) in Nursing degree, and 12 out of 23 held a Master's of Science in Nursing (MSN), as identified by their hospital identification badge. The number of employees each NM oversaw at this facility varied

between 50 to 120, and the number of patient beds ranged from 18 to 120. All of the possible subjects (100%) participated in the educational support group intervention. No individual demographic information was obtained; however the group consisted of 10 females and one male. Nursing education levels of the subjects, documented on each NMs hospital employee badge, included, BSN (2), and MSN (9). All of the nursing and non-nursing senior leadership who facilitated the sessions held a Master's degree in their area of focus. One of the facilitators also had her DNP. The number of years in management, as verbalized by the individual subjects, ranged from six months to 10 years (M=4.5).

Project Findings

This study used descriptive and inferential statistics to measure the engagement level of the 11 subjects before and after the educational support group intervention. The level of engagement was measured using the overall grand mean score on the Gallup Q12 survey. Data was analyzed using Statistical Product and Service Solution (SPSS) Version 21.0. Despite the positive verbal feedback from the subjects and the facilitators during and after the intervention, the overall grand mean Gallup score did not demonstrate a statistical significant increase ($p<0.5$, 0.133). Descriptive statistics using median and standard deviation (SD) was also used to analyze the pre and post intervention Gallup scores. There was very little variability, less than one Standard Deviation (SD) between pre and post intervention scores in most of the Gallup survey responses (see Appendix L). This unexpected consequence could be attributed to the high level of engagement among the majority of the subjects prior to starting the educational support group intervention. An unexpected benefit was the statistical significant increased scores ($p<.05$, 0.034) for item number three "at work l have the opportunity to do what l do best every day." Based on Gallup, this question correlates with the manager's perception of how they feel they are

doing in their role (Buckingham & Coffman, 1999). According to Kowalski et al (2010), personal exhaustion, a symptom of burnout, is defined as a "reduction in one's personal capacity to perform, as expressed through diminished feelings of competence in the execution of one's work" (p.1655). One could speculate, although further research is needed, that NMs, who felt confident in how they performed in their role, may be less susceptible to feelings of personal exhaustion, therefore reducing their risk to one aspect of burnout. Another unexpected benefit of the project, despite the lack of statistical significance (p=0.065) was noted in post intervention item number nine "are your fellow employees committed to doing quality work." According to Bakker et al, (2008), engaged employees, contrary to those who suffer from burnout, have a sense of energy and a willingness to invest effort in one's work. Despite the lack of substantial statistical findings in this study, the verbal responses from the participants were very positive. Some examples of positive verbal comments from subjects included, "each week I looked forward to coming to these sessions"; "this should be offered to all managers at our facility"; "many times I feel these types of educational offerings are not worth my time, not this one." These finding were consistent with other studies that conducted leadership development activities focused on strategies to reduce stress, and increase resilience within the role of the NM (Martin, McCormack, Fitzsimons, & Spirig, 2012; Swearingen, 2009; Shapiro, Astin, Bishop, & Cordova, 2005).

Discussion

The purpose of this project was to assess if an educational support group intervention would increase the level of engagement among NMs at one acute care facility. The inclusion criterion included NMs who had 24-hour responsibility to a nursing unit and are employed at the study institution. The independent variable was the educational support group intervention,

which took place weekly for 30 minutes over a five-week period. The content of each session involved educational activities conducted by an expert facilitator (Nursing and Non-Nursing Senior Leadership) with the goal of strengthening the subject's ability to handle the complexity involved in their role as a NM. The educational support group sessions were developed by the investigator, but each session was conducted by an expert facilitator who volunteered to participate in the project. Prior to each educational session the subjects were asked to complete some individual preparation work to augment the information shared at the sessions. The preparation work consisted of reading and reflecting on specific articles, provided by the investigator, which were related to each session's topic. The five topics included: Transformational/Transactional Leadership, using case-based scenarios as the primary methodology. The second session was Emotional Intelligence (EI), again using case-base examples to demonstrate EI concepts and related outcomes. The third session was Intentional Change. The fourth was Competing Priorities, and the final was Caring for Self, authored by Doctor Joanne Duffy in her Quality Caring Model (2009). Eleven NMs participated in the educational support group intervention. Although the sample size was small, the researcher's observation during each session perceived it promoted trust and transparency within the group setting, making it more comfortable for the subjects to share experiences and engage in discussions during the sessions.

The findings of this small study, lead us to believe the subjects who participated in this intervention were already highly engaged nurse managers. This correlates with Gallup who defines a "fully engaged employee as one who can answer with a strong affirmative to all 12 survey questions" (Buckingham & Coffman, 1999, p.247)). During each session, the subjects

without prompting engaged in lively discussions, lead by the facilitator, brought up issues, and shared vulnerabilities that ultimately at the end of the intervention, based on the researcher's observations, created an atmosphere of synergy. In the first session the subjects shared examples of how they used the principles of transformational leadership, but also conveyed how difficult it is to balance transformational and transactional leadership behaviors within this facilities current organizational culture. The focus of the second session was emotional intelligence (EI), and how the concepts when applied can influence one's ability to lead their team and produce successful outcomes. The majority of the discussion centered around situations when their ability to maintain self-awareness and personal control was challenged. This information provided the facilitator with the opportunity to incorporate the concepts of our quality caring model as a resource to utilize when one's ability to regulate emotions is in conflict. According to Akerjordet and Severinsson, (2008) caring for one's self as a NM is one of the most important things they can do to provide good care for others. The third session was intentional change. The objective of this session involved applying the concepts of Kurt Lewin's change theory in their own personal and professional practice. Here the discussion centered on how difficult it is to reach the "refreeze" level. The group understood status quo is an obsolete word in today's healthcare environment, however, just when one thinks they have begun to hardwire (refreeze) one process; another creative idea causes one to change the same process and begin the process of change again. This emotional rollercoaster makes it difficult to cope with change, especially when there is little communication on why the change occurred and how the change will affect them or their department. One of the longest sessions was on week four, managing multiple priorities. This topic generated conversations centered on how many daily obstacles prevent NMs from completing their organizational imposed mandatory assignments, therefore, making time to

round on patients, and mentor staff difficult. At the end of session four, the subjects admitted most of this behavior was self-imposed, leaving them with much positive reflection on the strategies presented by the facilitator. According to Johns (2004) "through reflection, NMs gain insights into self, and practices that can be applied either intuitively or deliberately in future situations" (p. 24). The final session was facilitated by the CNE, who openly invited the subjects to discuss barriers that prevented them from using Dr. Duffy's eight caring factors as a template for caring for themselves. According to Dr. Duffy (2009) "facilitating a healing environment is one of the most important leadership roles that may be tied to job satisfaction and patient outcomes" (p. 126). The attentive reassurance from the CNE during this session, as observed by the researcher, gave the subjects confidence to convey their concerns about organizational barriers impacting their ability to manage their work-life balance effectively. In return the CNE, provided strategies, ultimately challenging each subject to focus on how to integrate these caring strategies to improve how they care for themselves, therefore making it easier to care for others. In essence these educational support group sessions unintentionally integrated many of the eight caring factors each week, ultimately promoting intraprofessional collaboration and a foundation for the development of caring relationships. Some examples included, mutual problem solving, as best practices were shared, attentive reassurance by each subject being physically present, and intentionally listening, and human respect, as vulnerabilities were exposed and appreciation of unique meanings validated. The demands on the healthcare environment are overriding the time and effort it takes to build a culture of caring (Duffy, 2009). As conveyed by the subjects in this research project, the information obtained from the educational sessions was useful and pertinent to their role as a NM, but ultimately the true benefits derived from the caring relationships that formed, as purposeful interactions occurred and information was exchanged each week. As

executives attend to the everyday operations of a healthcare facility to assure quality of services, and positive patient outcomes, concerns about caring relationships within an organizational culture may seem insignificant (Longo, 2009). However, these relationships, especially at the NM level can impact the strength of an environment and the NM's ability to meet the strategic goals of the organization.

Limitations, Recommendations, Implications for Change

Limitations

The investigator acknowledges several limitations of the present study. First, given the pre and post study design, changes in engagement level cannot be attributed with certainty to the educational support group intervention. It is possible the limited statistical significant findings would have occurred naturally, due to individual external environmental factors, or other personal reasons. Second, the study involved a small sample size and a convenience sample, which did not reach satisfactory statistical power, making it difficult to detect statistically significant changes. Finally, two of the participants missed one educational support group session for various reasons. However, the participants did have all of the relevant information discussed in each session, therefore leaving minimal doubt their post-Gallup responses would have changed significantly. In spite of these limitations, the outcomes from this project created an evidence-based foundation, which contributes to the current knowledge base regarding how leadership development and engagement may correlate, and potentially impact aspects of the phenomenon of NM burnout.

Recommendations

Because most people spend a high percentage of their waking hours at work, identifying key elements organizational leaders can use to manage and create change is essential

(Harter, Schmidt, Killham, & Agrawal, 2009). These powerful questions after rigorous confirmatory analysis were identified as actionable questions, not emotional questions, such as; how satisfied are you with your work environment or are you proud to be working for this organization (Buckingham & Coffman, 1999). In today's competitive, financially challenged health care industry, it is recommended that organizational leaders find key ingredients to engage the mind of every employee, but most especially the NMs who role model behaviors and are most responsible for influencing how outcomes are achieved. This is especially true in health service industries, where the values of the organization are delivered to the patients by the majority of the employees. Despite the high level of engagement among the subjects in this study, the statistical significant outcome achieved, suggests this type of leadership development could positively impact NM engagement and impact some aspects of burnout.

Replication of this study, using a larger, heterogeneous sample may increase generalizability of findings, making it easier for senior leaders to justify this type of investment. Although future studies are needed to establish a larger evidence base, the learning objectives within this intervention suggests a number of promising transferable lessons and applications for transforming the healthcare culture needed to sustain organizational outcomes. Some of these lessons include the use of transformational leadership. According to Martin, McCormack, Fitzsimons, and Spirig (2012) "transformational leadership competencies for NMs are essential for managing change processes effectively and delivering high-quality care within healthcare organizations" (p.79). However, it is recommended if this study is replicated to include more in-depth information regarding balancing transformational and transactional leadership principles to achieve the best outcomes. Another applicable lesson is the use of emotional intelligence.

Emotional intelligence enables the NM to motivate others to do their jobs more effectively and increase staff satisfaction (Feather, 2008). Nurses who are satisfied are less likely to leave their department, therefore decreasing turnover and improving consistency of how care is delivered to the patient (Longo, 2009). The NMs in this study conveyed two common occurrences within their daily practice, which challenged their ability to display emotional intelligence and increased their level of stress; disruptive physician behavior and lack of staff accountability. This information provides a unique opportunity for NMs to partner with human resource specialists who are well equipped to communicate strategies, and develop policies to help the NM effectively deal with these common occurrences. Finally, Dr. Duffy's quality caring model was the theoretical framework that provided a foundation for this research project. Based on the verbal and emotional networking that occurred during these sessions among this small group of NMs, caring relationships unintentionally formed and provided the atmosphere to share best practices, enhance professional development, and leadership capacity. Therefore, a final recommendation would be for one to further explore if recreating this small intimate atmosphere during leadership development initiatives would provide more favorable conditions to enhance learning and achieve intended objectives.

Implication for Change

The statistical significant result of this capstone project, although minimal, responds to and reinforces the need, based on the subject's positive responses, to address the topic of engagement and how it may correlate to the phenomenon of burnout within the role of the NM. The limited existing literature demonstrated the need to develop leadership scholarship that focuses on engagement and professional resilience, two characteristics, when ignored, may contribute to the phenomenon of burnout. In an ever changing healthcare environment NMs with

effective leadership skills are vital to maintaining high standards of nursing practice, decreasing staff turnover, and implementing evidence-based practice models to improve how care is delivered, and cost is maintained. To do this, executive leaders must cultivate a culture of engagement to sustain a healthy work environment. Researchers suggests, NMs who use the principles of transformational leadership, and use the concepts of emotional intelligence to motivate others, create an atmosphere which increases job satisfaction and influences staff to achieve positive organizational outcomes (Feather, 2009; Akerjordet, & Severinsson, 2008;Curtis & O'Connell, 2011)). Healthcare organizations may enhance the recruitment, retention, and sustainability of current and future NMs by addressing the factors that strengthen professional resilience and improve the level of engagement.

Conclusion

As emotional health and well-being becomes a growing issue among NMs striving to meet the increasing demands occurring within our current healthcare system, identifying factors to support and strengthen engagement and professional resilience is imperative for organizational success. NMs face enormous pressure to retain bedside nurses, maintain patient and physician satisfaction, and improve the quality and cost efficiency of patient care. These fierce demands, impact the NMs ability to handle work life balance effectively, ultimately depleting their internal resources needed to handle daily stressors. Engaged employees according to Bakker et al, (2008), have three characteristics; energy, involvement, and efficiency, direct opposite of the three dimensions of burnout. When NM are unable to handle the daily demands associated with their role, energy turns into exhaustion, involvement into cynicism, and efficacy into ineffectiveness; all factors that contribute to negative organizational outcomes (Bakker et al, 2008). Leadership executives who understand how NMs engagement can impact outcomes, and

strive to implement a culture of caring into the organizations infrastructure may align themselves to achieve positive outcomes despite the metamorphic nature of the current healthcare system.

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Appendices

Appendix A

Educational Intervention Objectives

Title	Objectives
Transformational /Transactional Leadership	Following a 30-minute educational session the participants will be able to summarize and apply to their current practice: 1. How to transformational leadership and transactional leadership influences staff attitudes and commitment to the organization/department; 2. How to balance transformational and transactional leadership to achieve best outcomes; 3. The characteristics of transformational leadership and transactional leadership using real life scenarios
Emotional Intelligence	Following a 30-minute educational session participants will be able to identify and apply to their current personal and professional practice: 1. The characteristics of the three major concepts associated with emotional intelligence 2. How the concepts of emotional intelligence can influence their ability to lead their team and produce successful outcomes
Intentional Change	Following a 30-minute educational session and group discussion, the participants will be able to: 1. Explain Kurt Lewin's three stages of change and how it can be applied on an individual or unit-based level 2. Apply the concepts of change in their own personal and professional practice
Competing Priorities	Following a 30-minute educational session the participant will be able to 1. Describe strategies to manage multiple priorities in an efficient manner 2. Integrate time management strategies into their professional practice
Caring for Self	Following a 30-minute educational session and group discussion the participants will be able to describe: 1. How their inner self affects their environment, how they interact with people, and their perception of reality 2. What it means to care for self, according to the concepts within Dr. Joanne Duffy's Quality Caring Model 3. Alternative methods to integrate caring for self into our everyday lives

Appendix B

Educational Sessions Preparation References

Session One: Transactional/Transformational Leadership

John, C. (2004). Becoming a transformational leader through reflection. *Nursing Leadership*, p. 24-26.

Smith, M.A. (2011). Are you a transformational leader? *Nursing Management, 42(9)*: 44-50

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Session Two: Emotional Intelligence

Foitin, A., & Keller, R. (2012). Leading change with emotional intelligence. *Nursing Management*, p. 20-25

Session Three: Intentional Change

Harvard Manager Mentor. (2004). Self-Assessment for managers of change. *Harvard Business School.*

Session Four: Competing Priorities

Oncken, W., & Wass, D.L. (1999). Management time: Who's got the monkey? *Harvard Business Review* p. 1-8.

Session Five: Caring for Self

Duffy, J. R. (2009). Caring for self-inventory. Quality Caring in Nursing: Applying Theory to Clinical Practice, Education, and Leadership. New York: Springer Publishing

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Appendix C

Systematic Literature Review

Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comments
Espeland, K.E. (2006). Overcoming burnout: How to revitalize your career. The Journal of Continuing Education in Nursing	Data base: CINAHL, with parameter Full text, references, abstracts and years from 2006-2012. The author did not document any specific database or keywords. In searching for this article keywords started with burnout which resulted in 289 articles, added keyword overcome and it reduce search to 2 articles with only this article meeting search criteria.	Literature review & Synthesis of information / level of evidence "E"	Purpose is to define burnout, identify key characteristics that cause burnout and specific opportunities to stop or prevent burnout in healthcare professionals	Population: Health care professionals, more specifically nurses/ No sample size, criteria or Power documented in article	Information obtained through literature review from 1997-2005.	Outcome demonstrated key characteristics that contribute to burnout and specific strategies that can help overcome burnout	Burnout can be overcome is one can pinpoint the cause. Awareness of the phenomenon of burnout is essential is recognizing the sign and symptoms	Good information that helps to identify symptoms of burnout based on other research studies with similar populations.	The information from the article was used to identify burnout characteristics and to identify a specific definition of burnout. The author of this article is an Education Consultant specializing in Burnout Seminars for Healthcare.

Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comments
Harter, J.K., Schmidt, F.L., Killham, E.A., Agrawal, S. (2009). Q12 Meta-Analysis: The relationship between engagement at work and organizational outcomes. Gallup.Inc	Article found on Gallup Website when searching for information related to validity and reliability of Q12 survey tool	Mete-analysis; level of evidence "level A"	To determine if there is a true relationship between employee engagement and performance; Examine the consistency of the relationship between employee engagement and performance across organizations. How is this information meaningful to executives and managers?	In total 32,394 business/work units including 955,905 employees. 199 research studies across 152 organizations in 44 industries and 26 countries/No criteria or information concerning Power documented	Methods include weighted average estimates of true validity; estimates of SD of validities; and corrections made for sampling error, measurement error in dependent variables, range variation and restriction in the independent variable(Q12 Grand Mean)	Nine primary outcomes were studied: customer engagement, profitability, productivity, turnover, safety incidents, shrinkage, absenteeism, patient safety incidents and quality. Results indicated that employee engagement is related to each of the nine performance outcomes. Results indicated high generalizability, which means the correlations were consistent across different organizations.	There is a strong correlation between engagement and performance. Organizations with high level of employee engagement had less turnover, fewer safety incidents, increase productivity, increase satisfaction in both their customer and employees, less absenteeism, and more quality outcomes.	Strengths include high generalizability across all type of business units regarding the relationship between employee engagement, and customer loyalty metrics, profitability, productivity, employee turnover and safety outcomes. No limitation documented	Great information regarding survey tool and statistics related to reliability, validity and generalizability.

Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comments
Judkins, S., Massey, C., Huff, B. (2006). Hardiness, stress, and use of ill-time among nurse managers: Is there a connection. Nursing Economics	Database: CINAHL; Keywords: Nurse manager; emotional stress; No funding source documented. Initial search using key words Nurse Managers & burnout produced 813 articles, using same key words but added title for stress produced 103, using nurse managers and stress with words reference title produced 4.	Descriptive study/ Level of evidence "C"	To investigate relationships between hardiness, stress and use of ill-time among nurse managers	A convenience sample of 15 nurse managers from one large tertiary hospital/ No criteria or documentation concerning Power was found	Method includes three different surveys 1. Demographics ,2. the Hardiness Scale, 3. Perceived Stress Scale. Six months prior to administering surveys, data was gathered on unscheduled absences related to illness/Synthesis methods: Basic descriptive comparisons were used to evaluate the importance between couplets of hardiness and stress and use of ill-time.	Primary Outcome: high hardy nurse managers use less ill-time than low hardy. Similar to other studies, high hardiness correlated with decrease stress, and stress-associated variables of burnout, job satisfaction, retention and turnover. Unexpected finding; high hardiness an high stress correlated with low use of ill-time than low hardy.	Despite that managing nurses is stressful, high-hardy managers appear better able to cope with stressors and use less ill-time. Of the Hi-hardy-lo stress group used 35% less ill-time than lo-hardy , lo stress group. Of interest, the Hi-Hardy, high stress group used 33% fewer ill-time hours than the hi-hardy -lo stress group	No specific strengths documented, but the authors did note that the hardiness as a concept is not perfect nor is it easy to measure with accuracy, but has potential to add further concrete knowledge on outcomes related to this concepts with studies that used a larger sample size. Small sample size was noted as a Limitation to generalizablity.	Correlates with the difficulty in quantifying how providing leadership development that focuses on professional resilience can impact economic outcomes within an organization.

Fang, C.Y., Reibel, D.K., Longacre, L., Rosenzweig, S., Campbell, D.E., Douglas, S.D. (2009). Enhanced psychosocial well-being following participation in a mindfulness-based stress reduction program is associated with increased natural killer cell activity. The Journal of Alternative and Complementary Medicine	Data base: Medline; using keywords: Mindfulness-based stress, results produced a total of 54 articles including this article. The study was sponsored by the National Institute of Health grants	A single-group pretest/posttest. Level of evidence is 'C'	The objective of the study is to examine changes in psychosocial and immunologic measures in heterogeneous sample following participation in a mindfulness-based stress reduction program	Pilot study involved 24-participants, who were at least 18 years old, English speaking, able to sign an informed consent and did not have significant immune deregulation, or used systematic steroid medication within the previous three month. Power was not documented	Patients completed psychosocial assessments and provided a blood sample at baseline (pre-Mindfulness-based stress reduction program (MBSR) and within 2 weeks post-MBSR program. SPSS version 16.0 was used to analyze data using a paired sample t tests. Regression analysis was used as an alternative analytic approach for evaluation the relations between changes in psychosocial and immunologic functions.	Outcomes measures; Distress and quality of life (QOL) measures, included the Brief Symptom Inventory-18 and Medical Outcomes Survey short form health survey, respectively. Immunologic measures included Natural killer cells (NK) cytolytic cell activity and C-reactive protein (CRP). Results: Significant improvements in anxiety and overall distress as well as across multiple domains of QOL were observed from baseline to post-MBSR. Reduction in anxiety and overall distress were associated with reduction in CRP. Patients who reported improvement in overall mental well-being also showed increase NK cyolytic activity from pre to post-MBSR, whereas patients who report no improvement in mental well-being showed no change in NK cytolytic activity.	Conclusion: Positive improvement in psycho logic well-being following MBSR was associated with increase NK cytolytic activity and decrease level of CRP.	This study strengthened other study findings that reduction in stress and overall distress correlated with reduction in CRP. Improvement in psychosocial functioning was associated with enhanced NK cytolytic activity which suggests possible directions for future studies. Limitations: Study design, changes in immunologic or psycho-social measures cannot be attributed with certainty to participation in MBSR, as there was no comparison group. Due to heterogeneous nature of the patient sample the authors used non-specific measures of immune functioning; the clinical implications of observed changes in immune measures re not well-defined. The sample included a small sample size thus making power limited for detecting statistically significant changes. The association between psychosocial well-being and immune functioning could be contributed to cofounding	Information that will be useful for educational session on stress reduction and caring for self.

Kanste, O., Kyngas, H., Nikkila, J. (2007). The relationship between multidimensional leadership and burnout among nursing staff. Journal of Nursing Management	Database: Medline; Keywords: Burnout, nursing staff, questionnaires, transformational leadership. Initial search included database Medline, Full Text, English, years 2007-2012, with key words Nurse Managers and burnout. This produced 33 articles including this article. The study was supported by a grant from the Emil Aaltonen Foundation	Non-experimental survey design/ Level 'C'	Purpose is to explore the relationship between multidimensional leadership and burnout among nursing staff. There exists little research evidence of the relation between these phenomenons.	Population: nurses, public health nurses and head nurses who were in the register of the Finnish Nurses Association from 2001-2002, working in different health care organizations around Finland. (59%) were nurses, and female (94%); Sample size, 601, collected by using stratified random sampling. Sample was divided into four subgroups based on where they were employed. Head nurse were included in a separate sub-group. Documentation of Power was not noted.	Methods include questionnaires sent out using systematic sampling to 250 nurses, each chosen from the four subgroups; second stage questionnaires were sent out to 550 nurses, again from each subgroup. Instruments included two surveys, 1. Multifactor Leadership Questionnaire and Maslach Burnout Inventory-Human Services Survey. Descriptive statistics were used to summarize the demographics. Pearson product moment correlation coefficient, linear multiple regression analysis, two-way Anova and t-tests were used to investigate the relationship among the variable. Multiple regression analyses were conducted using all three burnout scales by turn as the dependent variables. P-values of <0.5 were interpreted as statistically significant.	Results: Rewarding transformational leadership correlated negatively with emotional exhaustion and depersonalization, whereas, passive laissez-faire leadership was negatively related to emotional exhaustions and depersonalization. Active management-by- exception correlated positively with personal accomplishment. Laissez-faire leadership demonstrated a statistically significant predicator of emotional exhaustion. Rewarding transformational leadership and management by exception demonstrated statistically significant predictors in protecting staff from depersonalization	Outcomes suggests that rewarding transformational leadership and active management by exception functions as protecting factors, and passive laissez-faire leadership as an exposing factor in terms of burnout among nursing staff. Rewarding transformational leadership and management by exception leadership seems to protect from depersonalization and to increase personal accomplishment. Employment and work task affected the relation between leadership and burnout. Key Findings: Nurse Managers need to be aware of the different leadership styles and behave accordingly to promote their staff's well-being.	Limitations: Data gathered using self-administered measures; therefore no objective measures were used to assess leadership and burnout, which could lead to social desirability response bias. The data were also cross-sectional in nature; therefore conclusions cannot be drawn regarding the direction of causality among multidimensional leadership and burnout. Generalizability must be made with causations as data had been collected only from the Finnish health care system. Strengths: The study emphasized the significance of leadership behavior for the development and prevention of burnout among nursing staff.	Authors noted that interventions aimed at preventing or reducing burnout should focus more on the leadership behavior of the nurse manager. The success of leadership behavior and well-being of staff have a key role in implementing the basic task of healthcare, because they reflect the quality of nursing outcomes and patient and staff satisfaction.

Lee, H., Spiers, J.A., Yurtseven, O., Cummings, G.G., Sharlow, J., Bhatti, A., Germann, P. (2010). Impact of leadership development on emotional health in healthcare managers. Journal of Nursing Management	CINAHL database, full text, English, human and abstracts; Keywords: burnout, healthcare managers, leadership development. Initial search, keywords Nurse managers and burnout.."all text" produced 813 articles, further restriction using key words leadership & burnout.. "Title" produced 30 articles including this one. Study supported by a New Investigator Aware and Population Health Investigator Aware and a grand from the Canadian Institutes of Health Research and the Alberta Cancer foundation.	Design: Quasi-experimental and mixed methods; Regression on pre-post - Leadership development initiative (LDI) and individual/focus group interview data for focused ethnographic analysis. Level of Evidence 'B'.	Aim: To examine the effects of a Leadership Development Initiative on the emotional health and well-being among give levels of healthcare managers	Sample: 179 healthcare managers categorized based on five cohorts of leadership positions; Senior leadership, operational leaders, middles manager, leaders in collaborative roles and junior supervisors who directly supervised staff. No specific criteria was listed, no Power documented.	Mixed method study, using complimentary quantitative surveys and qualitative interviews driven by theoretical perspectives of transformational leadership to explore relationships between LDI and the work life and outcomes for leaders. Interviews based on principles of focused ethnography were used to explore participants' experiences of the LDI and how they related perceptions to burnout, stress and organizational support. Quantitative data was collected using three instruments; Maslach Burnout Inventory (MBI); Areas of Work life Survey; Leadership Practices Inventory-Self (LPI). A cohort variable was included in the analysis by coding each leader's hierarchical position in the organization. The sample was dependent; hence the paired sample test was used to compare leadership practices and burnout. Stepwise regression on burnout was conducted in a	An increasing trend was observed in self-assessed leadership practices after the LDI with a significant increase in "inspiring a shared vision (P, 0.01); A non-significant deceasing trend in areas of work life and a non-significant increase in cynicism (P= 0.14) was observed. Before the LDI, participants' self-assessment of their practice to "enable others to act" was negatively related to emotional exhaustion (P, 0.01); Before and after the LDI," modeling the way" was significantly related to professional efficacy (P < 0.01) pre; P<0.05 post); Post LDI, "inspiring a shared vision" was negatively (P <0.01) and "enabling others to act" was positively (p <0.05) related to cynicism.	The LDI provided opportunities for healthcare managers to connect, strengthen leadership and social support networks and manager burnout. Implication for nursing management: Transformational leadership practices may influence managers' emotional health. Senior administrative support and communicating the structure and vision of developmental initiatives may help to achieve realistic expectations	Limitations include: lack of probability sampling which reduced generalizability. The study did not specifically measure organizational culture, values and generational differences among employees. A moderate level of multicolinearity remained despite adjustment. Strengths: study suggests that LDI lead to increases in self-assessed leadership practices which can have a positive impact on organizational outcomes.	Strong point regarding the positive aspects on leaders who are able to display characteristics of transformational leadership

Judkins, S. (2004). Stress among nurse managers: can anything help? Nurse Researcher	CINAHL; Key words: hardiness, stress, manager, nurse manager. Initial search using key words nurse managers & burnout produced 813 articles, further restrictions using same search words, but stress in "title" produced 4 articles The study does not indicate source of support or funding	A descriptive study. Level of evidence 'C'	Purpose and hypothesis: To evaluate the hypothesis that nurse managers(NM) who are low hardy have higher levels of stress than those who are high hardy, and that hardiness is a predictors of stress among NM	This study was part of a larger study, which included a randomly selected sample of 200 mid-levels NM employed in urban acute care hospitals. No other specific criteria documented and indication of Power noted	Surveys were mailed using the Dillman strategy of four separate mailings over a seven-week period. Anonymity of respondents was assured by using a unique control number to which only the principle investigator had access. This article was subjected to a double blind review. Instrumentatio n: Bartone et al. (1989) Hardiness Scale was used to measure hardiness of NMs in the workplace. This hardiness Scale (HS) in this study was shorted from 45-items to a 30 items Likert -type instrument. The scale is composed of three subscales: commitment, control and challenge. Stress was measured by the Perceived Stress Scale (PSS) by Cohen el al (1983). The PSS has 14 - items that measure the degree to which situations in one's life are appraised as stressful. Reliability was found to be consistent with both male and female respondents. High Cronback alpha coefficient reliability was not for both	Out of a 153 NM eight surveys were eliminated giving a final sample size of 145. Results indicated using independent samples t-test ($t = 3.18$, $p<.01$), that low and high hardy manages differed significantly in perceived stress, low hardy managers perceived greater stress than did those who were high hardy. Among the three concomitant subscales, commitment, and challenge were found to be significantly different between low and high hardy participants and perceived stress. High stress was significantly related to the low hardiness composite, challenge, and commitment score, while those with low stress levels had just he opposite hardiness scores.	The results support the hypothesis that low-hardy NMs experience higher levels of stress than do high-hardy NMs. Study findings were consistent with previous studies examining relationships between hardiness and stress in management like position. There were significant differences between high commitment and challenge and lower levels of stress among NMs. Key Findings: NMs with high hardiness have the potential to find meaning in the events of workplace activities, transforming stress into a challenge. Clinical implications include using the information to aspire present day managers who are doubtful of their ability to withstand stress of management position. Hardiness can be learned, by developing initiatives that include resistance resources and learning activities that focus on stress reduction and activities that increase hardiness.	Strengths: Information may help administrators to understand what factors contribute to decrease job satisfaction, turnover and burnout. This type of information can help lead educational initiatives that focus on learning the characteristics of high hardiness. There is no documentatio n of study limitations.	Despite the article being published in 2004, information found within the article correlates with the researcher current perception about stress.

Spence-Laschinger, H.K., Finegan, J. (2008). Situational and dispositional predictors of nurse manager burnout: a time-lagged analysis. Journal of Nursing Manager.	Database:CINAHL. Key words: Burnout, core self-evaluation, effort reward imbalance, nurse manager. Database CINAHL with parameters full text, English, human, and references initially produced 36 articles. Using same search words, but adding "Title" to burnout produced 16. No funding source indicated.	A predictive longitudinal survey design using descriptive statistics to analyze data results. Level of Evidence 'C'	The aim of the study was to examine the influence of effort-reward imbalance, a situational variable, and core self-evaluation, a dispositional variable, on nurse manager(NM) burnout levels over a one-year time period.	134 NM responded to the mailed surveys using the strategies suggested by Dillman(2000). All NM were randomly selected from the College of Nurses of Ontario registry. Questionnaire s were mailed to the subject's home and 2 weeks later a reminder followed, three weeks later a replacement questionnaire was sent. Return rate was high at time 1(80%). At time 2 return rate was lower (43%), which affected the number of cases with useable data for the longitudinal analysis. No specific criterion was document. No reference to Power was document.	Participants completed the Maslach Burnout Inventory General Survey; Effort-Reward Imbalance Survey, and Judge et al's (2003) measure of Core Self-Evaluation. Three self-report Likert-scale measures were used in the study. Scores were created by summing and averaging items, with high scores representing high levels of the construct. Internal consistency reliability estimates ranged from 0.93 for emotional exhaustion, 0.89 and 0.93 for Effort-Reward Imbalance and 0.75 for Core-Self Evaluation. Descriptive statistics were conducted to describe the sample in terms of the major variables. Correlation analyses and multiple regressions were used to test the validity of the model.	Results: As hypothesized, both personal and situational factors influenced nurse manager burnout over a one-year period. Although burnout levels at Time 1 accounted for significant variance in emotional exhaustion levels one-year later (B = 0.355), nurses' effort-reward imbalance (B = 0.371) and core self-evaluations (B = -0.166) explained significant additional amounts of variance in burnout one-year later.	Conclusion: both personal and situational factors contribute to nurse manager burnout over time. Implications for nursing management: Managers must consider personal and contextual factors when creating work environments that prevent burnout and foster positive health among nurses at work.	Limitations: The low response rate limits generalizabilit y of the findings. Strength: the study was temporal separation of the antecedents of burnout at Time 2.The findings were consistent with the relationships found among variables in cross-sectional studies, permitting stronger causal claims. Support for theory-driven, a priori prediction further strengthens the results, allowing for generalization to theory.	Engaged managers are more likely to empower their staff and promote teamwork. Thus, positive work environments are fundamental not only for retaining managers, but also for attracting others to leadership roles. Nurses are not likely to aspire to management roles if their managers appear stressed and burned out in their role.

Spence-Laschinger, H.K., Purdy, N., Cho, J., Almost, J. (2006). Antecedents and consequences of nurse manages' perceptions of organizational support. Nursing Economics.	Database: CINAHL; Keywords: Nurse manager; emotional stress; burnout. Initial database CINAHL with parameters, full text, English, human, references, produced 813 with keywords Nurse managers and burnout. This study was funded by Social Sciences and Humanities Research Council Canada Extramural Grants Program.	A descriptive correlational survey design. Level of Evidence 'C'	The purpose of the study was to test a model derived from the Theory of Perceived Organizational Support (POS). The authors conducted a secondary analysis of data from a larger study to determine the replicability of a model developed by Eisenberger(2002) in their meta-analysis of studies of POS in the management literature.	A random sample of 202 out of 346 first-line nurse managers working in acute care hospitals in Ontario as selected from the provincial registry list returned the survey completed. Strategies from Dillman(1978) were used to maximize response rate. Power was not documented by the authors.	Seven self-reported standardized measures with reported acceptable reliability and validity were used in the study. Each measure included items rated on a Likert scale, with high scores representing a high level of the construct. Internal consistency reliability estimates were acceptable (>0.70) . POS was measured using Eisenberger et al's Survey of Perceived Organizational Support. Respondents rate their agreement for the 12-items using a seven-point Likert scale. Antecedents of POS measure included age and years of experience in nursing and two aspects of Type-A behavior. The Type A behavior subscales of Williams and Cooper's Pressure Management Indicator measures an individual's level of drive and impatience. Organizational characteristics measured, by the Psychological Empowerment Scale included autonomy, job security, rewards, salary, and	Managers reported adequate rewards and respect as well as high levels of autonomy. 58% of managers report high levels of burnout. Organizational characteristics most strongly related to POS were ranked in order, rewards for effort, respect, job security, autonomy, and monetary gratification. Employee attitudes, performance levels, and health outcomes were better in employees with high POS. Managers rated themselves as having high Type A characteristics . They felt they were adequately rewarded and felt respected by their peers.	The results of this study are consistent with those of Rhoades and Eisenberger's meta-analysis and support the validity of the theory in the nursing population. Type A personalities tend to set high standards for themselves and experience frustration when success is threatened by lack of time and resources to meet their standards. This often leads to negative health outcomes. Clinical Implications: The study suggests that improvements to the work environment that are built upon strategies to enhance POS will promote retention of skilled. engaged and productive nurse managers	Limitations: Results should be viewed with caution, given the cross-sectional nature of the design and the exploratory approach to determining the replicablity of Rhoades and Eisenberger's results in the nursing population. Strengths include potential information for administrators when seeking strategies that promote retention and job satisfaction with the role of the NM.	Organizational characteristics most strongly related to POS were, in ranked order, rewards for effort, respect, job security, autonomy, and lastly monetary gratification.

Morrison, J.(2008). The relationship between emotional intelligence competencies and preferred conflict - handling styles. Journal of Nursing Management .	Database: Medline with parameters full text, English, years 2008-2012; Key words: conflict, emotional intelligence, interpersonal relationships, leadership, nurses. Using same search engine parameters and key work emotional intelligence produced 349 articles. Add search work conflict produced 9 results including this relevant article. Funding source not documented.	The research design used was correlational. Level of Evidence 'C'	The purpose of the study was to determine if a relationship exists between Emotional Intelligence (EI) and preferred conflict-handling styles of registered nurses.	Population: Registered Nurses working in three South Mississippi healthcare facilities were recruited. Out of 100 employees, the researcher final sample was 92. Of the 92, 71 were female and 21 were male. The majorities were Caucasian (85.9%) and had a Bachelor's degree (72.8%). Power was not documented by the authors.	Method: Responses from the 92 subjects on the Emotional Competency Inventory and the Thomas-Kilmann Conflict MODE instrument provided the quantitative data.. Each survey packet included the Personal Information Questionnaire (PIQ), two Emotional Competence Inventory (ECI) and the Thomas-Kilman MODE Instrument. The participants completed all the surveys but only one ECI. The second ECI was handed to their manager that worked in the last year to complete. All surveys were completed and collected in the same day. Two envelopes were used to ensure confidentiality of participants.. All four of the forms contained the same control number. The second envelop contained the signed inform consent. Validity of Thomas-Kilmann Management of Exercise(MODE) instrument has been determined in a variety of way, with scores as	Results of the study indicated a positive relationship exists between collaboration and all four of the EI clusters; self-awareness, self-management, social awareness and relationship management. Supplemental analysis indicated that a collaborative conflict-handling style also had a significantly positive relationship with ten of the ECI 2.0 competencies Other results indicated a significant negative correlation with the accommodating conflict-handling style and the EI clusters, self-management (r=-0.22) and relationship management (r =-0.22). There was also a negative correlation with the completing conflict - handling style and the EI competency, optimism (r = -0.23). The only significant negative correlation for the avoiding conflict-handling style was the EI competency, initiative (r = -0.223).	The issues of occupational stress and conflict among nurses are a major concern. It is imperative nurses learn how to effectively handle conflict in the work environment. Developing the competencies of EI and understanding how to effectively handle conflict is necessary for nurses working in a highly stressful occupation. Clinical Implications: Effective leadership management includes conflict management and collaboration. the art of relationship management is necessary when handling other people's emotions. When conflict is approached with high levels of EI, it creates an opportunity for learning effective interpersonal skills. Understanding how EI levels and conflict skills correlate can be used to improve interpersonal relationships in a healthcare facility.	No specific strengths or limitations were documented by the researchers in this study.	Good definition of EI. ED is significant because it provides a new model for viewing and understanding peoples' behavior, attitudes, interpersonal skills and potential; all qualities that a NM must have to know how to motivate individuals to work as a team.

McGuire, E., Kennerly, S.M.(2006). Nurse managers as transformational and transactional leaders. Nursing Economics.	Database: CINAHL, parameter full text, English, human, references; Key words: no documentation by author… l found article by using key works: nurse manager, transformational leaders which produced 2, out of the two only one was relevant. No documentation of funding source.	Descriptive correlational study design. Level of Evidence 'C'.	The purpose of the study was to explore the transformational and transactional leadership characteristics of Nurse Managers (NM) in relation to the organizational commitment of RN's working on their respective unit(s). Each manager's predominant leadership style was self-identified and then re-examined in contrast to staff's perception of the leadership style used.	A convenience sample of 63 NM who had been in their current position for at least six months, and had 24-hour responsibility for their department. Each NM also had to have at least five of their 15 or more direct care nurses also agree to participate. The sample was 94% female between the ages of 36 and 55. The Majority of the NM held a Baccalaureate or Master's degree in nursing. Over half of the NM had operational responsibility for more than one unit, and supervised an average of 64 employees. The staff nurse sample consisted of 500 RN who worked at least 6-months on their current unit. 94% were female with ages between 36 and 55. Majority of these nurses held either an Associate degree or a Diploma. Most worked dayshift and in a full-time position. No Power was documented by the author.	This descriptive correlational study examined the relationship between two key variables; the leadership style of the NMs and the organizational commitment of staff nurses. Similarities and differences in NM and staff nurse perceptions of leadership characteristics were also explored. The Multifactor Leadership Questionnaire (MLQ) was used to measure transformational and transactional leadership. Prior confirmatory factor analysis, the goodness of fit index and reliability scores indicates that the MLQ is both a reliable and valid instrument. The organizational commitment of staff nurse participants was measured using the Organizational Commitment Questionnaire (OCQ) developed by Porter and Smith. Internal consistency reliability, test-retest reliability. Convergent validity, discriminate validity and predictive validity support the OCQ as a reliable and	In a comparison of NM and staff nurse assessments of leadership style, NM rated themselves more transformational than their staff perceived (Mean scores on MLQ transformational subscales ranged from 3.89 to 4.28). Staff nurses who perceived their managers as more transformational also demonstrated a higher organizational commitment. Significant correlations ranging from r = 0.393 to -0.202 ($p<0.01$) , were found between the staff nurses' scores on the MLQ and the OCQ. All subscales on the MLQ demonstrated statistically significant correlation except for the transactional subscale ' management by exception.' Charismatic leadership characteristic was the transformational leadership characteristic to show the strongest positive correlation(r=0.393, $p<0.01$).	Transformational leaders move beyond the management of transaction to motivate performance beyond expectations through the ability to influence attitudes. Nurse managers can be taught transformational leadership skills including establishing clear expectations, creating a shared vision, and ultimately inspiring stronger organizational commitment. Clinical Implications: Nurse executives who recruit and retain a committed workforce bring a competitive advantage to their organization, foster a healthier work environment, and gain a personal sense of accomplishment and success. The study validates that transformational leaders promote a higher sense of commitment in their followers which ultimately impacts outcomes.	No limitation or strengths of the study were documented.	Despite that transformational leadership styles have a more positive effect on staff engagement and motivation; in today's health care environment NMs performance standards are often rooted in transactional characteristics .

Lee, H., Cummings, G.G. (2008). Factors Influencing Job Satisfaction of Front Line Nurse Managers: A systematic Review. Journal of Nursing Administration	Database: CINAHL, with parameters, full text, English, references. Key Words: Job satisfaction, nurse manager, systematic review. Initial search using on Nurse manager as key word with reference of "title" produced 74 articles, adding the work job satisfaction produced 10 including this article. No funding source documented	This is a Systematic Literature Review. Level of Evidence 'C'	The purpose of this study was to systematically review the research literature that examined the determinants of front line nurse managers' job satisfaction	Population: Nurse managers who supervise staff nurses and have direct responsibility for the management of a nursing unit(s) in any type of health care facility. Sample: A total of 20 titles and abstracts relevant to nurse managers' job satisfaction were selected and full study manuscripts were retrieved for screening. Once reviewed 14 were in the final group. Twelve quantitative, one mixed method, and one qualitative study. Inclusion criteria included; Peer reviewed research that measured job satisfaction of front line nurse managers in all types of health care facilities. Studies that measured job satisfaction along with any determinants and predictors of job satisfaction. Studies that addressed the relationship between job satisfaction, front line nurse managers and the respective determinants. Power was not applicable for this study.	The primary author reviewed 1874 titles and abstracts from many different types of search engines and data sources, based on the inclusion criteria. Quantitative and qualitative research designs including dissertations were included. From the 1874 forty-eight articles were selected. The second author separately evaluated a sample of 200 abstracts and titles using the inclusion criteria. Inter-rater reliability was 100%. The primary author excluded twenty-eight studies using the inclusion criteria, which left a total of twenty studies for quality assessment, and data extraction. Each published quantitative article was reviewed twice for methodological quality by the first author using a quality rating tool adapted from an instrument used in several published systematic reviews.	In this review all 12 quantitative studies were rated moderate to high. The most common weakness in the quantitative studies were sampling, use of a theoretical framework and analysis procedure. Of the 14 studies published be from 1990-2006 nine were conducted in the U.S, three in Canada, one in Hong Kong and one is the United Kingdom.	Predictors of front-line managers' job satisfaction include five categories of determinants; Organizational support, organizational changes, job characteristics, the managerial role and educational development.	Limitations: This review was limited by a potential reporting bias as published studies tend to over report positive and significant findings. The variability in conceptualization and measurement of job satisfaction may also limit the validity and generalizability of findings.	Organizational support was examined in two studies and found to be positively and significantly related to NMs job satisfaction. With the forthcoming shortage of NMs, it is important for organizations act to sustain viable nursing leadership.

Sherman, R., Pross, E. (2010). Growing future nurse leaders to build and sustain healthy work environments at the unit level. Online Journal of Nursing Issues	Data Base: The authors did not document specific databases or keywords. I found the article using MedScape. Key words: Nursing Leader, healthy work environments. Funding source is not applicable. Other search engines include CINAHL with full text, references, abstracts and years between 2006 & 2010 as parameters. Keyword nurse leader alone showed 291 articles, adding keyword healthy work environment showed 5 results with only this article meeting criteria.	This was not a research study rather information regarding a information based on a leadership framework. Level of evidence 'E'	The purpose of this article was to share potential strategies based on information related to the concepts of a Nurse Manager Leadership Partnership Leaning Domain Framework, by the American Nursing Association	Population: Nurse managers at any type of health care facility. No research was done, concepts of leadership framework was outlined as information that may guide leaders on sustaining a healthy work environment. No criteria, sample or power is applicable	The information began with a literature review regarding building and sustaining healthy work environments. It continued to describe the three domains of the Nursing Leadership Development Framework; The science: Managing the Business; The art: Leading the People; The leader within: Creating the leader in yourself.	To address the need for leadership development, the American Organization of Nurse Executives, the Association of PeriOperative Registered Nurses, and the American Association of Critical Care Nurses worked collaboratively to develop a model that would identify competency domains needed by current and future nurse leaders. In addition a Nurse Manager Inventory was developed which outlines key skills needed by nurse managers in each competency domain.	Growing future nurse leaders is a long term quest that requires both planning and action. It is important to ensure that they develop skills and competencies that will help them be successful.	This model can be used not only at the nurse manager level, but for the development of charge nurses, unit facilitators, and emerging leaders.	Good information regarding principles of a healthy work environment.

Shirey, M.R. (2004). Social support in the workplace: Nurse leader implications. Nursing Economics	Database: CINAHL and Medline, parameters include full text, English with dates 2004-2012. . Key Words: Nurse leader, and support produced 31 articles including this article.. Funding source not indicated	Literature review & level of evidence 'C'	To understand the relationship between stress in the work environment and the impact of concepts and strategies to proactively mediate inherent job related stress through a literature review with the focus on social support.	Five requirements for the inclusion criteria were established by the authors. All articles must be published in English, be a primary research paper, measure outcomes related to social support within the context of stress, include subjects who work in social environments and have been published from 1983 to 2003. Out of 25 articles, 15 empirical articles were abstracted and coded using a coding sheet developed by the author.	Fifteen articles that focused on social support within the context of stress were reviewed by the primary author. Out of the 15 articles three major themes evolved. Empowermen t, job strain and motivation were identified as having a link to social support and stress in the work environment. Six articles were reviewed with empowerment themes; six articles were reviewed with job strain themes and three articles were reviewed with motivation themes.	Based on the review of the literature, there is evidence to support the main moderating and mediating effects of social support on stress in the work environment. The relationship between social support and stress was established with reference to the role of empowerment via support from supervisors and colleagues as well as information and knowledge transfer. Personality type can influence the effects of social support in the context of job strain, specifically, the Type A personality, may be negatively affected by social support when job stress is high. Gender differences were noted when evaluating the effects of social support on absenteeism, revealing women with longer absences than men and the lack of supervisory support increasing the frequency of long sicknesses among women. Emotional hardiness can be taught and too much	Overall findings suggest that social support influences stress in the work environment. Social support from supervisors and/or coworkers is crucial in positively influencing affect, coping, and well-being. Social support affects burnout, absenteeism, and organizational commitment	No limitation or strengths of the study were documented. On the other hand, gaps from the literature clearly indicates that a need exists for experimental designs to test social support interventions	Although this is an older article, the information within the article provided further insight into how social support within the organization does contribute to many variables.

Judkins, S., Reid, B., Furlow, L. (2006). Hardiness training among nurse managers: building a healthy workplace. The Journal of Continuing Education in Nursing.	Database: CINAHL & Medline, with parameters, full text, English, references, abstracts, human. Key words: Hardiness training, nurse manager, healthy work environments, training. Using same search engine parameters initial search produced 813 articles, when stress changed to hardiness it reduced it to 92 including this article. Funding for this research was provided by the University of Texas at Arlington and Sigma Theta Tau Delta theta Chapter	Exploratory study using a pretest/posttest design of short and long term effectiveness. Level of Evidence 'B'	To investigate development of a model hardiness training program to determine whether stress could be reduced and hardiness could be increased and sustained among nurse managers.	Twelve nurse managers at an urban hospital. Sample consistent of four men and eight women. Participants ages were from 37 to 61 had an educational level ranging from diploma to Masters degree and held a management position for an average of ten years.	Demographics was collected and hardiness measured using the Hardiness Scale by Bartone, Ursano, Wright & Ingraham, (1989). Cronbach alpha reliability coefficients have been demonstrated at .62, .66, & .82 for subscales commitment, control, and challenge. As a composite summated scale, the Hardiness Scale (HS) has a alpha level of .85. Stress was assessed using the Perceived Stress Scale (PSS). The average Cronbach alpha coefficient reliability was .85. The Hardiness training program (HTP) took place over multiple sessions with measures of HS and PSS taken in a pretest/posttest format. Turnover rates were used as the indicator to examine in relation to hardiness.	Hardiness Scale Reliability coefficients for the study according to Cronbach alpha were .50 for pretest, .88 for post test 1. .74 for posttest 2 and .72 for post test 3. There was a significant increase ($p < .05$) in hardiness score from pretest to posttest 1, with scores sustained at posttest 2 indicating sustained changes in hardiness scores. Score decrease from posttest 2 to posttest 3. There was not significant changes in stress scores from pretests to posttests, although scores did indicate participants were moderately stressed.. Based on the percentage of change between six months time frames, HTP appeared to have some level of influence on turnover rates.	Results indicated that HTP had some measure of influence on hardiness and in sustaining the levels over a 6-months period. Clinical Implications: Nurse managers are highly susceptible to workplace stressors, but hardiness training programs can help them develop skills to cope with the many demands on their time and energy. Hardiness training programs can improve the workplace by increasing job satisfaction and reducing frustrations, burnout and turnover among nurses	No limitations or strengths documented.	Very useful article that uses the correlates with the perception that hardiness, similar to professional resilience in this capstone project contribute to stress which can lead to burnout among NMs'

Akerjordet, K., Severinsson. E. (2008). Emotionally intelligent nurse leadership: a literature review, Journal of Nursing Management	CINAHL, Medline and PsychINFO International database; Key words: Emotional Intelligence, leadership, well0being, & professional development. Search engine parameters include full text, human, English, references, abstracts and key words leadership with "title" and development produced 57 articles including this article. Funding Source was in the form of a grant from the Faculty of Social Sciences at the University of Stavanger.	Integrative literature review. Level of Evidence ' C'	Purpose was to establish a synthesis of the literature on the theoretical and empirical basis of emotional intelligence (EI) and its linkage to nurse leadership, focusing on subjective well-being and professional development	Population: is Nursing leadership. No sample size of population documented. Sample size of applicable articles is 18. Inclusion criteria includes articles published between 1997-2007, English, focus on theoretical and empirical perspectives, focus on EI and leadership, focus on EI and leadership linked to professional development	Method: A systematic approach to searching and reviewing the state of science within the discipline of nursing mainly the use of primary sources found in refereed journals. Secondary sources including systematic reviews to illustrate looking at different perspectives. Each article was reviewed separately by each of the two authors. The initial search produced 235 abstracts. After further review, 18 articles were included in the final literature review; nine theoretical and nine empirical. Burns and Grove's (2001) standards for critique of qualitative studies were applied as an analytical framework.	EI was associated with positive empowerment processes as well as positive organizational outcomes.	EI nurse leadership characterized by self-awareness and supervisory skills highlights positive empowerment processes, creating a favorable work climate characterized by resilience, innovation and change. Implications for management: EI cannot be considered a general panacea, but it may offer new ways of thinking and being for nurse leaders, as it takes the intelligence of feelings more seriously by continually reflecting, evaluating and improving leadership and supervisory skills.	No strengths or limitations mentioned in this literature review, but based on one's own perspective, several good points were documented based on the topic of EI and leadership.	Use in final project.. Great article with information applicable to final research project.

Longo, J. (2009). The relationship between manager and peer caring to registered nurses' job satisfaction and intent to stay. International Journal for Human Caring	No specific date based on where articles were found for literature section is documented. Key words include Nurses, acute care facility, research, caring, job satisfaction, intent to stay. No funding source is documented. I found the article using database PsychINFO with keywords nurse manager and caring together which resulted in 51 results with only this article meeting search criteria.	Design: Correlational design. Level of evidence 'C'.	The aim of the study was to examine the relationship between manager and peer caring behaviors and nurses' job satisfaction and intent to stay in a position and in nursing	Population: RN's employed in a hospital setting. A convenience sample of RN's recruited from the Bachelor of Nursing Science completion program (RN-BSN) and a nursing leadership program at a university in the southeastern United States. The final sample size was 99. No power noted.	Method: A correlational design. Data was collected from Aug 2006 to Nov 2006. The sample was recruited by the researchers attending classes in both settings. Study variables: job satisfaction, intent to leave, caring behaviors of managers, and caring behaviors of peers. Job satisfaction was measured using the McCloskey/Mueller Satisfaction Scale (MMSS). Alpha reliability was .90. Intent to leave a nursing position in the next 12-months was measured using a visual analogue scale. Test-retest reliability was .87. Caring behaviors of managers was measured using the Organizational Climate for Caring Scale (OCCS). Overall alpha reliability for this instrument for this sample was.98. Peer group caring behaviors was measured using the Peer Group Caring Interaction Scale (PGCIS). The overall reliability for the scale was.94. The alpha reliability for the PGCIS for	All who were sampled were included in the analysis. Manager caring behaviors was found to be significantly correlated with staff nurses' job satisfaction(r =.622, p=.000), intent to leave a position in 12-months (r =.336, p= .001), and intent to leave the profession in the next 12-months(r = .351, p =000). Peer caring behaviors was found to be significantly correlated with staff nurses job satisfaction (r =.479, p=.000).	The findings suggest that caring behaviors of both managers and peers are related to staff nurses job satisfaction and the decision to leave the nursing profession or their current position. Health care administrators need to stay aware of how a caring environment can impact the overall well-being of their employees, along with their intent to stay in a position and within the organization. In a caring environment, everyone is recognized for their unique contributions, which can contribute positively to the organizations bottom line.	Limitation include: Small sample size and the use of a convenience sample. The participants were enrolled in an educational setting with a focus in nursing; this could be interpreted as a commitment to the profession; therefore more likely to stay. The use of a convenience sample violated the assumption of a normal distribution of scores required for the statistical test used in the analysis. Strengths: The data created an evidence-based foundation, shifting research attention from many other factors to qualities of on-the-job relationships with potential to support retention.	The information from this article correlates with some of the concepts of Dr. Joanne's Duffy's Quality Caring Model. Employees who feel cared for have higher levels of job satisfaction.

Shirey, M.R. (2006). Stress an coping in nurse managers: Two decades of research. Nursing Economics.	Database include: Medline, CINAHL, and PsychINFO. Keywords include: stress, coping, nurse managers, head nurses and manager role. Initial search using CINAHL with parameters of full text, English and references with key words nurse manager and stress produced 813 articles, add "title to stress reduced it to 103, adding title to both key words produced 4 articles including this one as being relevant. No funding source documented.	Integrative Literature Review. Level of Evidence 'C'	The purpose of was to answer the research question: What is the state of the science as it relates to stress and coping in nurse managers practicing in today's health care work environment?	Population is nurse managers or nurse leaders. Sample of articles began with 31, with the 17 as the final number that were reviewed and coded using an investigator designed coding system. Inclusion criteria included: published in English, primary research articles, described the phenomena of stress and coping in nurse manager role, published from1980-2003.	Each of the articles was assessed based on their purpose, hypothesis/research question, setting, sample, method/design, variables, instruments, findings, conclusions and implications. Based on the review the articles were divided into three themes: Pre, intra and post re-engineering of the mid 1990s.	From 1980-1991, research focused on stress associated with physician relationships, time and resources constraints, powerlessness, and role ambiguity with little reference to issues related to leadership and organizational support. From 1992-1999, research emphasized the challenges that emerged as nurses transitioned from the traditional head nurse to the nurse manager, specifically, the stresses of acquiring a new skill set to meet the demands of a changing role. From 2000 to today, stress is viewed in the context of a challenging work environment, shortages of nurse managers and an increased span of control, and the health effects of stress, impacting satisfaction and organizational commitment. Coping strategies appear to center on the acceptance of stressors rather proactive management of stressors and tend to be increasingly emotion-focused rather than problem-	Summary of the past 20+ years of the nurse manager stress and coping literature reveals five key gaps: Most studies have been conducted outside the U.S.A, notes a deterioration in the coping strategies of the nurse manager and warrants further exploration, limited studies on nurse manager health outcomes and stress, further strategies on long-term solution for stress in the nurse manager role, and future opportunities to improve nursing scholarship in stress and coping.	Limitation to study sample include most studies the sample was small. The studies did not share a common definition of Nurse Manager. Strengths include the opportunity to expand research in the U.S., strengthen research theory and methods, address the negative trends exhibited, more carefully study health effects, and seek long-term solutions.	Despite the older years of research within this article, many of the concepts are applicable to what is happening in today's healthcare environment. Good information that will be used within the final paper.

Parsons, M. L., Stonestreet, J. (2003). Factors that contribute to nurse manager retention, Nursing Economics.	No specific data based or specific key words were documented by the authors. Article did include relevant references. The study was funded by the Methodist Healthcare System, San Antonio Texas, and sponsored by the Senior Nursing Leaders, Methodist Healthcare System.	A qualitative study, using open-ended data-generating questions, guided by interview by comment. Level of Evidence 'C'	Study goal was to begin building the foundation for developing the nursing organization as a health-promoting organization.	Population studied were nurse managers who had been in their roles at least 2 years, employed in one of the health system's five hospitals. The sample of nurses included a total of 28. Mean age 46, with average years of nursing experience was 22, and 7.8 years in their leadership role. Power not documented in this study.	Open-ended questions guided by interview by comment were used. Each interviewed was conducted at the participant's hospital where they currently worked and lasted about 45 minutes. Descriptive statistics were used to examine the participant sample. Narrative analysis was used to identify themes. All interviews taped were transcribed, each tape was listened to at least twice, and all needed corrections made. A list of major themes was identified. In the second pass through of data, reading the protocols question by question across all subjects, further themes were identified and refined. In a third pass through of the data, themes and subthemes were examined across all protocols. After all themes and subthemes identified a frequency count was conducted. Trustworthiness and credibility of the results was provided through the	The results demonstrated six major theme categories ranked ordered from most to least frequency. Eight subthemes were identified within the major themes. 1. Communication, with subthemes; availability of boss to listen and provide guidance, effective communication,& clear expectations and feedback 2.Adminstrative management philosophy, subthemes; participation in planning and decision making, & empowered to manage. 3. Effective Administrative systems; subthemes; resource management systems, meaningful orientation and professional development systems, & manager compensation system. 4. Successful personal practices; life/work balance. 5. Quality of care. 6. Retention.	Communication was the most dominant theme including sub-themes of accessibility of a superior for listening and guidance, effective communications and clear expectations and feedback. The second most dominant theme related to approaches to leadership that were participative planning and decision-making as well as empowering in terms of daily management. Effective administrative systems were the third major theme including systems for managing staff.	The results provide the foundation to develop this nursing organization as a health-promoting organization. No limitations were documented.	Based on this one study, the quality of relationships, quality of administrative systems and quality of work/life balance contribute to nurse manager retention.

Ritter, D. (2011). The relationship between healthy work environments and retention of nurses in a hospital setting. Journal of Nursing Management	No specific data documented, but author did specify that all articles were scholarly peer-reviewed journal articles. Keywords include: best practices, healthy work environment, job satisfaction, magnet, and retention. Using database Medline, with parameters full text, English years from 2008-2012 with key word Healthy work environment produced 93 articles, but this article was the first listed within the 93 choices. No funding source noted	Integrative Literature Review. Level of Evidence 'C'	The purpose of the paper was to determine the effect a healthy work environment has on the retention of nurses in a hospital setting	Based on review of literature the author discussed several key issues to guide the papers information. Key issues include unhealthy work environments, healthy work environments, the Magnet connection, management's link, and retention. Population includes Nurses working in a hospital setting. No sample size is noted and not specific inclusion criteria are documented, but peer-reviewed articles based on key words were implied.	Unhealthy work environment: characteristics include poor communication, abusive behavior, disrespect, resistance to change, lack of vision or leadership, no trust, conflict with values, mission and vision and loss of understanding of core business. Healthy work environment: collaborative practice culture; communication rich culture; a culture of accountability; the presence of adequate number of qualified nurses; credible, present leadership, shared-decision making, encouragement of professional practice and growth and development; recognition of the value of nursing contribution to practice. Magnet connection: Magnet environments have a stronger connection to nurse satisfaction, increase productivity and healthier work environments. Management link: nurse managers are the key to nurse retention. Key position to promote change and ensure a	Current literature demonstrates a positive effect between healthy work environments and the retention of nurses in a hospital setting.	Management is a key contributor to retention. Retention and the interlinking to a healthy work environment were established, along with the positive effects that Magnet status has on the working environment and patient outcomes and staff satisfaction. Implications for nursing management: it is their responsibility to create a healthy work environment. Managers need to implement changes now that will recruit and retain qualified nurses to secure their position in the future. Hospitals who do not have Magnet status should research those factors that contribute to those facilities healthy work environment practices.	No strengths or limitations mentioned in this literature review, but based on one's own perspective, several good points were documented what contributes to a healthy work environment, and how managers role can contribute both positively and negatively to retention.	This article has some good information, but there were some concerns over statements that lack specific reference to validate the statement made.

Palliadelis, P., Cruickshank, M., Sheridan, A. (2007). Caring for each other: how do managers manage' their role? Journal of Nursing Management	Database: Medline with parameters: full text, English, years from 2007-2012. Key words healthcare, workplace, nurse manager, support. Initial search using Medline parameters and key words nurse manager and burnout produced 33 articles including this article. No funding source indicated	Research design: A qualitative feminist approach using individual interviews. Per the authors by using a feminist methodology, the study aims at giving the NUMs a more effective and authentic voice. Level of Evidence 'E'	The aim is to report on one aspect of a larger study that explored the working lives of nursing unit managers (NUM) in Australia. In context the authors explore how NUM cope.	Population: Nursing unit managers in one hospital who are employed in the public health system in Australia. A total of 20 NUM were interviewed. No power was documented	Data for the study was collected during 2003 and 2004. Twenty NUMs participated in individual interviews. Originally 42 NUMs were sent an invitation explaining the goal of the study. Those who responded were contacted and an interview time was arranged. The researchers used semi-structured interviews using a broad set of questions about how well prepared they felt for their role, the level and type of support they received when they first took their position, their current sources of support and the level of support they would like to receive when the first took their position.	The outcomes indicated that participants did not feel supported by the wider organization, but gained support from within their own ranks. The participants identified a lack of respect and support from their organization, specifically from non-nursing colleagues. There was not support system or processes available to assist when transitioning into their new role.. Majority of the participants described the value of the informal support they gained from other NUMs and nurses. NUMs felt that their values were not well understood by non-nursing members of the organization.	Findings indicate that the NUMs in this study lacked support from their organization had no formal support processes in place when new NUMs moved into their new role, but that they did find informal support among their own peers. On a positive aspect, literature suggests that horizontal violence is rife in nursing, yet this study indicates nurses are caring for each other. Similar to other studies, the lack of support can lead to outcomes associated with powerlessness and burnout.	Limitation/Strengths: Findings within this study cannot be generalized to any other groups of NUMs, but valuable insights are provided from the participants in this study concerning the benefits of peer support. This informal support may inspire leaders in healthcare organizations to develop formal supportive networks for nursing managers.	Although some insightful information, no statistics were included to demonstrate correlations. Some of the stories shared, sounded like an angry group of NUMs working in an oppressed system.

Suxuki, E., Saito, M., Tagaya, A., Mihara, R., Maruyama, A., Azuma, T., Sato, C. (2009). Relationship between assertiveness and burnout among nurse managers. Japan Journal of Nursing Science.	Article found in search engines, CINAHL, with parameters full text, English, abstracts. Key words: assertiveness, burnout, nurse managers. Using same search engine parameter, initial search produced 813 results using nurse managers as key word, add title to nurse manager and job satisfaction produced 10 articles including this relevant one. No funding source indicated, but the study was conducted as part of a collaborative study with Kitaoka-Higashiguchi of Kanazawa Medical University.	Quantitative study using the Maslach Burnout Inventory , and the Rathus Assertiveness Schedule, along with broad questions specific to cofounding variables of intention to leave, job satisfaction and social support and coping profiles, and perception about work. Level of Evidence 'C'	The aim was to examine cross-sectionally the relationship of assertiveness to burnout among nurse managers in hospitals.	The directors at three university hospitals agreed to cooperate with the study. A total of 203 nurse managers who were employed within one of the three University Hospitals and in a nurse manager role were included in the study population. No specific power was noted.	During a one-month period from May to June 2007, a self-administered questionnaire was distributed to 203 nurse managers. The Japanese version of the Rathus Assertiveness Schedule (J-RAS) and the Japanese version of the Maslach Burnout Inventory (MBI) were used as scales. Burnout was operationally defined as a total MBI score in the highest tertile. Demographic attributes were collected and included gender, age, education, marital status, parental status, living arrangements, position head nurse or sub-head nurse, and number of years working as a nurse. Burnout was measured using Mahlach Burnout Inventory. The Japanese version is valid and reliable with a Chronbach alpha coefficient for the three subscales from 0.77 to 0.80. They also use a total MBI score proposed by Lewiston et al where a higher score means greater burnout. Assertiveness was measured using the Rathus	The final responses total 172 nurses. The mean (SD) were 11.0(2.2) for total MBI. No significant correlation was found among assertiveness, age and nursing experience. Significant inverse correlation was found between assertiveness and burnout, coefficient was -0.30 (P< 0.01). There was a significant difference between the burnout and non-burnout groups regarding assertiveness. The difference between the two groups was also significant for both head nurses and sub head nurses. Multiple logistic regression analyses showed that assertiveness, feeling the job is worth doing, and intention to leave the hospital was associated with burnout. The odds ratio of burnout was 0.74 (P, 0.01). As the J-RAS score increased, the rate of burnout decreased.	From the valid 172 responses from the nurse managers, the mean J-RAS score of the burnout group (-14.3) was significantly lower than that of the non burnout group (-3.3). Responses about work experience and age showed no significant group difference. Total MBI was inversely correlated with J-RAS score (R =-0.30, P, 0.01). Multiple logistic regression analyses indicated a decrease in the risk of burnout by 26% for every 10 point increase in the J-RAS score, and 60% for greater satisfaction with own care provision. The results suggest that increasing assertiveness and satisfaction with own care provision contributes to preventing burnout among Japanese nurse managers	Limitation of study included on female nurses working at a university hospital, and that researchers were not able to identify causal relationship of burnout because it was a cross-sectional study. Strengths: The study indicates that introducing an assertiveness training program for nurse managers may help prevent burnout and loss of good nurse managers.	Good study with information that is applicable to my capstone research. The definition and characteristics of burnout used in this study correlate with my current study.

Trall, T. H. (2006). Nurturing your nurse managers. Hospital and Health Networks.	No database or key words were documented by the author to document, but this author found the article in CINAHL, using keywords, nurse manager which produced originally 6840 articles.. Adding nurturing and data parameters to 1995-2011 reduced findings to 11 including this relevant article only.	This is not research study, but more expert sharing of information. Level of Evidence 'D'	The purpose of the article was to discuss how imperative it is to support the nurse managers in their role as a new manager. Results have been encouraging when executives Use specific resources, such as formal programs and leadership initiatives.	Population is nurse managers or directors working in a management role. No size, power is applicable for this article	Specific resources are discussed and participant's responses to the outcomes are used to demonstrate success of each specific resource.	The information correlates how supporting nurse managers, especially within the first three years help to retain managers. Specific examples of resources were identified and five factors related to positive practices were shared by a study conducted by Parsons and Stonestreet.	Nurse managers have contact with nearly every aspect of the hospital and are the bridge between nurses and upper management. Lack of support may cause good nursing leaders to leave the position or the profession. Utilizing the organization's support system and having a formalize leadership development process is imperative at this time when so much responsibilitie s rest on the nurse managers ability to produce outcomes.	Limitation and strengths no applicable	Great article where some of the information has been used within my own references. Article correlates with my capstone project… and the use of initiatives aimed at strengthening the skill level of the nurse manager.

Akerjordet, K., Severinsson, E., (2010). The state of the science of emotional intelligence related to nursing leadership: an integrative review. Journal of Nursing Management.	Databases include: CINAHL, Eric, MEDLINE, PsychoINFO, and Academic Search Elite international database. Key words: critique, emotional intelligence, nursing leadership, review. Initial parameters to search engine Medline, full text, English and years from 2002-2012 produced 34 articles including this relevant one. The Faculty of Social Support in the form of a grant funded this study	Design: Integrative Literature review. Level of Evidence 'C'	The aim of the integrative literature review was to explore the state of the science of emotional intelligence (EI) related to nursing leadership and its critiques.	Populations: Nursing Leadership. Sample size: the final review included 24 articles; seven empirical and 17 theoretical. Inclusion criteria included: articles and abstracts published during the past 10 years(1999-2009), in English; focus on theoretical and empirical perspectives; focus on EI linked to nursing leadership; focus on EI linked to critique. Power is not applicable within this study.	The framework was followed based on several studies, including one from the authors of this article. The results are primarily a qualitative synthesis built on peer review publications in order to ensure methodological rigor. The analytical framework for critique was based on Burns and Groves standards for critiquing qualitative studies. The search combined data bases revealed 53 abstracts related to EI linked to leadership. When duplications were removed, 17 articles found on subject EI and leadership. Following inclusion criteria 28 articles were eliminated. The remaining 30 articles were reviewed with the final analysis of 24.	Results: Critical reflection seems to be associated with the unsubstantiated predictive validity of EI in the area of nursing leadership. In addition, important moral issues are called into question. Findings demonstrated that all empirical articles were anchored in Goleman's conception of EI except one. It was evident that nursing research within this field is limited. Quantitative methodology related to EI linked to nursing leadership was dominated. The majority of published articles theoretically confirmed previous findings. Few critical investigations of EI as a complex phenomenon and its implications for nursing leadership were found. There was increase interest in EI and nursing leadership starting in 2007.	Conclusion: It is important to possess in-depth knowledge of EI and its scientific critique when integrating the concepts into nursing research, education and practical settings. More attention to the nature of emotions in EI is necessary. Implications for nursing leadership: The dynamics of EI should be explored in the context of both the surrounding environment and individual differences, as the latter can be adaptive in some settings but harmful in others.	Limitations: Although attention was paid to quality at all stages, this integrative review is limited by the search words employed, the databases accessed, the frame and method of searching for literature and the limited empirical research on EI related to nursing leadership.	This article revealed some good information used for my final capstone project. Refer to pages 364 in article for further applicable information.

Winship, G. (2010). Is emotional intelligence an important concept for nursing practice? Journal of Psychiatric and Mental Health in Nursing.	No documentation of database or key words by author. I found the article using search engines PsycINFO, with parameters full text, English, and years 2007-2012, using key words: nursing & emotional intelligence, which resulted in 41 articles with this article only meeting search criteria. No funding source noted.	Mixed methodology, exploratory study. Level of Evidence 'E'	Purpose was to identify and describe evidence of emotional intelligence (EI) attributes in 75 stories written by nurses about nursing. Research questions include: Is evidence of EI found in the stories? If so which attributes of EI were found? Which occurred most frequently? So grouping of attributes appear? Is there a correlation between attributes of emotional intelligence and nursing professionalism? Is there a correlation between attributes of EI and performance scores? Is there a correlation between attributes of EI and the subjectively identified presence of nursing intuition in the stories?	Population: nurses…, although no specific demographics were noted, based on each story it was clear that there was a variety of age, gender, experiences, clinical settings and cultures was represented. Sample size consisted of 75 stories that were reviewed based on research questions.	Stories were evaluated and scored based on the number of attributes of EI in each story, specific questions using a Likert scale concerning professionalism. Performance was scored using a Likert scale of 1-5. The operational definition was based on Benners novice to expert. Evidence of nursing intuition was graded solely on the subjective response of each researcher in response to the question" did the story reflect the nurse's use of intuition? Grading included a yes or no.	Outcome: Study question #1a: a total of 280 attributes of EI were found in 75 stories. Study question #1b: All 18 EI attributes were illustrated in at least one story. Empathy, emotional self-awareness and problem solving occurred most frequently. Study question # 1c: Of the 13 pairs of attributes that occurred together more than once, 11 correlated significantly. In the frequency analysis, the attributes which occurred most frequently in pairs were empathy/problem solving, empathy/ emotional self-awareness and problem solving/ emotional awareness. Study question #2. The average score for professionalism was 3.8. Study question # 3. The average performance score was 3.7. Stories with the highest number of EI attributes also demonstrated the highest scores on the novice to expert scale. Study question# 4. Intuition was identified in 14 (19%) of	EI were found to be present in the nursing stories. Empathy, problem solving, interpersonal relationships and emoti9onal self-awareness occurred most frequently and correlated with professionalism, performance level and intuition. Clinical Implications: The frequency with which attributes were identified in the stories and their correlations with professionalism, performance level and nursing intuition provides evidence for the importance of EI to nursing practice	A limitation of the study is the face and discriminate validity of the EI model used. Strengths: EI was easy to identify in the nursing stories. Attribute operational definitions were clear and using them in the scoring process resulted in high Interrater reliability.	Good information regarding the importance of EI in the profession of nursing.

Curtis, E., O'Connell, R. (2011). Essential leadership skills for motivating and developing staff. Nursing Management	No specific data based was documented by the author. Database Medline with parameters full text, English and between years, 2007-2012 with key words nurse manager and nursing staff produced 65 articles including this relevant one. Key words, by author: Motivation, empowerment , transformatio nal leadership. No funding source noted	This was not a research study rather information a feature article regarding strategies using transformatio nal leadership to improve outcomes within the healthcare environment. Level of Evidence 'E'	The article focused on how effective leadership can increase motivation and empowerment among nurses. It examines the relevance of transformatio nal leadership to motivation, and suggests practical ways of maintaining a motivated work environment.	Population: nursing leaders, including front-line charge nurses in Dublin Ireland. No sample size, criteria or power is applicable for this article.	Method: Began with a review of the literature on theories related to leadership, with a focus on transformatio nal leadership compared with transactional leadership on outcomes such as motivation, change and staff satisfaction. The Bass Theory (1998) was used to review characteristic of transformatio nal leadership. Several reference articles were also used to correlate information regarding outcomes associated with transformatio nal leadership practices.	Staff motivation, work environment, participation, and work enhancement, quality of work life, empowerment and roles models were sub-headings used to demonstrate specific transformatio nal leadership strategies within the health care setting. Each sub-heading demonstrated how transformatio nal leadership practices can improve outcomes, by encouraging a share vision, empowering staff to participate in decision making, adapt to change with a more proactive attitude and the benefits of the nurse manager role modeling behaviors associated with optimism and motivation.	Health care operates in a busy and changing environment. To maintain high standards, and effective patient care; nurse leaders who use transformatio nal leadership practices can promote positive outcomes that ultimately affects an organizations bottom line.	No specific strengths or limitations were documented by the researchers in this study. This information does add to the limited body of knowledge regarding strategies of transformatio nal leadership.	Great information regarding transformatio nal leadership and strategies associated with transformatio nal leadership.

Sanford, K.D.(2011). The case for nursing leadership development , Healthcare Financial Management	The author did not specify specific databases or key words in this informational article. Article found using database Medline, parameters, full text, English, years 2007-2012. Initial results were 390. Adding title with nursing leadership reduced to 29 including this article. No funding source documented	This is not a research study, but rather a featured story regarding the importance of on-going leadership develops initiatives within a health care setting. Level of Evidence 'E'	The articles focuses primarily nursing leaders and the importance of recognizing the business case for management competence, specifically in how supervisors affect employee satisfaction and turnover.	Population: nursing leaders, but there are clear correlations to other hospital leaders. No sample size, criteria or power is applicable for this type of article	The author of the article is a Senior Vice President and CNO for a large health care system. She uses her experience and expert opinion to demonstrate how imperative it is to have on-going leadership development programs to strengthen specific skills-sets in managers and front-line leaders.	An investment in clinical leadership development is a legitimate cost for hospitals that want to realize full return on investment on any project that requires nursing support. Given that the reasons for turnover are so strongly influenced by nursing management skills, the cost of not addressing nursing leadership development will only become more significant	As hospitals and health systems develop plans for thriving in a future of accelerated change, developing clinical leaders becomes an increasingly important topic. As CFOs analyze how to maintain positive margins, they should work with CNOs and other clinical leader to support a development plan for a clinical leader pipeline.	No strengths or limitation are noted in this article	Great information to use in capstone project.

Swearingen, S. (2009). A journey to leadership: Designing a nursing leadership development program, The Journal of Continuing Education in Nursing	This is not a research study. No data bases or specific key words are documented. In searching for this article, database Medline were used with parameters of full text, English and years between 2007-2012, with key words: Nursing Leadership and Nursing development produced 390, adding title to nursing leadership reduce findings to 29 including this article and one other. The author does state she is not receiving any research support for this article.	This is not a research study, but an informational article regarding the development of a leadership program within a hospital setting within the United States. Level of Evidence 'E'	The article delineates why leadership development is important to nursing, how to strengthen nursing leadership, how to design a methodology for building an internal nursing leadership development program based on levels of curriculum content, and what members of an organization can help teach the curriculum.	The article is targeted at facilities that need or want to develop their nursing leaders. Population: Nursing leaders within one health care system in Florida that began the process from ground up. The health care system consists of eight hospitals with more than 4800 registered nurses and over being in formal leadership positions. Sample size, power or criteria was not mentioned or applicable.	The article reviews the program development process that occurred at the author's specific hospital, beginning with why a leadership development is essential, to how to design a program using their hospital experience from beginning to end.	In this healthcare system the leadership development program had been in place for 24 months and is beginning to demonstrate measureable outcomes. The biggest impact is nursing retention: the organization had experienced a 4% overall improvement in retention and as high as 24% in some departments. There has been a larger pool of nursing staff available for higher-level leadership positions.	Nursing does not consistently develop nursing leaders and many nursing leaders fail due to lack of leadership knowledge. Nursing leadership has a direct impact on retention and recruitment of the nursing work force, the delivery of quality of patient care and the financial stability of a health care organization.	No specific strengths or limitation are documented by the author. The author is PhD educated, and is the Director of leadership development within her organization. This information could be used to guide another facility looking at strategies to improve the leadership skills of nursing leaders.	Some very good information regarding how design of the program, especially how hours and information was tailored based on Benners theory of Novice to Expert.

Feather, R. (2009). Emotional intelligence in relation to nursing leadership: does it matter? Journal of Nursing Management	Database: The author did not document specific database, but documented keywords: emotional intelligence, leadership, nursing job satisfaction. In searching for this article I used the database Medline, with keywords Leadership & emotional intelligence, which brought up 34 articles including this one. No funding source documented.	Research design: Literature review. Level of evidence 'E'	The purpose of the article was to look at the concept of emotional intelligence (EI) in relation to its importance in nursing leadership. The aim was to discuss the importance of studying EI of nursing leaders and the job satisfaction of nursing staff.	Population: Nursing Leaders within the healthcare system. No specific sample was identified, no criteria or power.	A review of literature from 1990 to 2005, reviewing content associated with the concept of EI and leadership. Specific questions ask that would drive the study "why is it important for a leader to be emotionally intelligent?" The author also reviews key assessment and validity of tools to evaluate EI. No specific critique method was disclosed by the author versus just a synthesis of information related to EI and its effect on nursing staff, retention and ability to motivate change.	There is a gap in the knowledge regarding the impact of EI levels of nursing leaders and the relationship with job satisfaction of nursing staff. The nurse manager's leadership behaviors ha been implicated as the interaction most likely to improve retention of hospital staff nurses because of the manger's ability to improve job satisfaction. Successful healthcare organizations focus on enhancing the self-awareness, self-management, social awareness and social skills of their leaders. Tools to measure EI: the instrument developed by Mayer, Salovey, Caruso, Emotional Intelligence Test has ability to show patterns of correlations that are similar to those of known intelligence (entire test, r=0.91) and based on rigorous testing is the most valid among the EI tools.	It is important for leaders to have the ability to recognize emotions in oneself and to express those feelings to others. A vital portion of the development of leaders in achieving success is to develop and enhance their level of EI.	No specific strengths or limitations were documented. In critiquing the article, there is some very good information disclosed. Limitation's include the authors lack of disclosing how many articles were reviewed, what sources articles were found and what method she critiqued the articles value.	This article uses the Model of EI of Managers as Leaders to outline the concepts of EI and its importance to the success of the NM.

Appendix D

Invitation to Participate

Dear Clinical Nurse Managers

I would like to invite you to participate in a voluntary research project that focuses on the phenomena of burnout among nurse managers.

This study will investigate if an Educational Support Group intervention will increase the level of engagement exhibited by Clinical Nurse Managers in an acute care facility. The educational intervention consists of five, thirty-minute educational sessions that focus on content that increases professional resilience. You will be asked to complete a twelve question engagement survey prior to the start of the first educational intervention session and after the educational intervention is completed. The educational sessions will occur once a week for a total of five weeks during a mutually agreeable time. You will be asked to complete some preparatory reading prior to each session that will take approximately fifteen to thirty minutes of your time. All data collected from this research project will be viewed only by the investigator (Donna Faviere MSN RN), and reported in aggregate. No personal or identifiable information will be utilized during the research project or in publication.

Each educational session will be facilitated by a Nursing or Non-Nursing senior leader. The five educational topics include:

Week one: Transformational/Transactional Leadership
Week two: Emotional Intelligence
Week three: Intentional Change
Week four: Competing Priorities
Week five: Care for Self

If you are interested in participating in this research project and educational support group sessions please contact Donna Faviere (investigator) via e-mail or by phone at ext 6590.

Sincerely
Donna Faviere MSN RN BC-CNS

Appendix E

INFORMED CONSENT

Title: The Assessment of an Educational Intervention on Nurse Manager Burnout

Researcher: Donna Faviere, DNP Student
K. LeDuc, DNP., Faculty Advisor
P. Cullen., PhD IRB Chair
Regis University
Rueckert-Hartman
College for Health Professional
3333 Regis Boulevard
Denver, CO 80221-1099
303-458-4338

Description: This study will investigate if an Educational Support Group intervention will increase the level of engagement exhibited by Clinical Nurse Managers in an acute care facility. The educational intervention consists of five, thirty-minute educational sessions that focus on content that increases professional resilience. You will be asked to complete a twelve question engagement survey prior to the start of the first educational intervention session and after the educational intervention is completed. The educational sessions will occur once a week for a total of five weeks during a mutually agreeable time. You will be asked to complete some preparation work prior to each session that will take approximately fifteen to thirty minutes of your time.

Risks and Benefits: The benefits of this project include contributing knowledge that may impact factors that contribute to the phenomena of burnout within clinical nurse managers. Educational sessions will enhance your professional resilience and may help to decrease the factors related to burnout and disengagement. There are no anticipated risks to participating in this study.

Voluntary Participation: Your participation in this project and the educational support group intervention is completely voluntary. There are no payments or continuing education credits awarded for participating in this project.

Confidentiality: The researcher will have no knowledge of individual data. In order to protect the identity of each participant no identifiable information will be collected. The final data will be reported in aggregate form. The surveys will be kept under lock and key in the researcher's office. The researcher does intend to publish results from this study, but all results will be reported without participant identification.

Right to Withdraw: You are free to refuse to participate in the research project or the educational sessions, and to withdraw from this study at any time. Your decision to withdraw will bring no negative consequences to you.

Informed Consent: I_____, have read the entire
(Please print)
information within this informed consent, including the option to withdraw from the study at any time. Each of the items has been explained to me by the investigator. The investigator has answered all of my questions regarding the study, and l believe l understand what is involved. My signature indicates that l freely agree to participate in the educational support group intervention and that l have received a copy of this agreement from the investigator.

Signature: _____ _____
Date: _____

Appendix F

Gallup Q12 Engagement Survey

Directions: Answer the questions on five-point scale, where "5" strongly agree and "1" is strongly disagree

Q01. Do you know what is expected of you at work?

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Q02. Do you have the materials and equipment to do your work right?

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Q03. At work, do you have the opportunity to do what you do best every day?

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Q04. In the last seven days, have you received recognition or praise for doing good work?

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Q05. Does your supervisor, or someone at work, seems to care about you as a person

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree

- 5 Strongly Agree

Q06. Is there someone at work who encourages your development?

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Q07. At work, do your opinions seem to count?

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Q08. Does the mission/purpose of your organization make you feel your job is important?

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Q09. Are your fellow employees committed to doing quality work?

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Q010. Do you have a best friend at work?

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Q11. In the last six months, has someone at work talked to you about your progress?

- 1 Strongly Disagree

- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Q012. In the last year, have you had the opportunities to learn and grow?

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither
- 4 Agree
- 5 Strongly Agree

Appendix G

Survey Tool Approval

Donna Faviere RN MSN
Manager, B7
Lakeland Regional Medical Center
E-mail: Donna.Faviere@LRMC.com
863-603-6590

>>> "Van Hattum, Peter" <Peter_VanHattum@gallup.com> 8/10/2012 11:10 AM >>>
Donna,

I just called the leader of our Healthcare practice and got the approval for you to use our Q12 questions. If you could just let people know that the questions are copyrighted by Gallup and that the survey is being administered by you and not by Gallup that would be extremely helpful. Thank you so much for understanding.

All the best,

PETER W. VAN HATTUM
Senior Consultant
404-267-7694
770-313-1698 (cell)
Resurgens Plaza
945 East Paces Ferry Road Suite 2400
Atlanta, GA 30326
GALLUP

Appendix H

Research Facility IRB Approval

Lakeland Regional Medical Center®
Improving Lives By Delivering Exceptional Health Care
1324 Lakeland Hills Boulevard • P.O. Box 95448 • Lakeland • Florida • 33804 • 863-687-1100

October 19, 2012

Donna Faviere, MSN,CNS-BC,RN

RE: Our Study #12/35/10 **At:** Lakeland Regional Medical Center

Dear Faviere:

Meeting Date: 10/18/2012

Protocol Title:
Nurse Manager Burnout

This is to advise you that the above referenced Study has been presented to the Institutional Review Board, and the following action taken subject to the conditions and explanation provided below.

On Agenda For: Initial Submission
Reason 1: **Reason 2:**
Description: Date Received- 10/9/2012
IRB ACTION: Contingent Approval
Condition 1:
Study Expiration Date: 10/17/2013
Action Explanation: Pages need to be numbered. Informed Consent needed. Remove numbers off envelopes.

If you have any questions please contact the IRB Office at 687-1053.

Sincerely,

Jeffrey Karr, D.P.M.
Chairperson, Institutional Review Board

Lakeland Regional Medical Center®
Improving Lives By Delivering Exceptional Health Care
1324 Lakeland Hills Boulevard • P.O. Box 95448 • Lakeland • Florida • 33804 • 863-687-1100

October 23, 2012

Donna Faviere MSN,CNS-BC,RN

RE: Our Study # 12/35/10

Dear Faviere:

Protocol Title: Nurse Manager Burnout

We have accepted the information/changes received in our office on 10/23/2012.

The following items have been received and approved:

The Effects of a Psychological Restructuring Intervention on Nurse Manager Burnout

All modifications have been received and accepted for the meeting date of 10/18/12.

If you have any questions please feel free to contact me at 863-413-5895.

Sincerely,

Jeffrey Karr, D.P.M.
Chairperson, Institutional Review Board

Appendix I

Regis University IRB Approval

REGIS UNIVERSITY

Academic Affairs
Academic Grants

3333 Regis Boulevard, H-4
Denver, Colorado 80221-1099

303-458-4206
303-964-3647 FAX
www.regis.edu

IRB – REGIS UNIVERSITY

February 4, 2013

Donna Faviere
5809 BuckRun Dr.
Lakeland, FL 33811

RE: IRB #: 13-031

Dear Ms. Faviere:

Your application to the Regis IRB for your project "The Effects of an Educational Support Group Intervention on Nurse Manager Burnout" was approved as an exempt study on February 4, 2013. This study was approved under exempt category 45CFR46.101.b(2).

The designation of "exempt," means no further IRB review of this project, as it is currently designed, is needed.

If changes are made in the research plan that significantly alter the involvement of human subjects from that which was approved in the named application, the new research plan must be resubmitted to the Regis IRB for approval.

Sincerely,

Patsy McGuire Cullen

Patsy McGuire Cullen, PhD, CPNP
Chair, Institutional Review Board
Associate Professor and Director
Department of Accelerated Nursing
Loretto Heights School of Nursing
Rueckert-Hartman College for Health Professions
Regis University

cc: Dr. Karen LeDuc

A JESUIT UNIVERSITY

Appendix J

CITI Training Certificate

CITI Collaborative Institutional Training Initiative

Human Research Curriculum Completion Report
Printed on 7/29/2012

Learner: Donna Faviere (username: donna1963)
Institution: Regis University
Contact Information
5809 Buck Run Dr
Lakeland, Florida 33811
Department: Nursing
Phone: 8636485249
Email: cliffordm@aol.com

Social Behavioral Research Investigators and Key Personnel:

Stage 1. Basic Course Passed on 07/29/12 (Ref # 8362988)

Required Modules	Date Completed	
Introduction	07/28/12	no quiz
History and Ethical Principles - SBR	07/28/12	4/5 (80%)
The Regulations and The Social and Behavioral Sciences - SBR	07/29/12	5/5 (100%)
Assessing Risk in Social and Behavioral Sciences - SBR	07/29/12	5/5 (100%)
Informed Consent - SBR	07/29/12	5/5 (100%)
Privacy and Confidentiality - SBR	07/29/12	4/5 (80%)
Regis University	07/29/12	no quiz

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Course Coordinator

Return

Appendix K

Research Facility Authorization

Lakeland Regional Medical Center®
Improving Lives By Delivering Exceptional Health Care
1324 Lakeland Hills Boulevard • P.O. Box 95448 • Lakeland • Florida • 33804 • 863-687-1100

November 23, 2012

Barbara W. Berg DNP, RN, CNS, PNP, CNE
Associate Professor
Director, Department of Online Nursing
Regis University – Loretto Heights School of Nursing
3333 Regis Blvd. G-8
Denver, Colorado 80221-1099
303-964-5736; Fax 303-964-5325

Re: Capstone Project for Donna Faviere

Dear Dr. Berg:

Donna Faviere has permission from Lakeland Regional Health Medical Center to conduct the following project: The Effects of an Educational Intervention on Nurse Manager Burnout. Lakeland Regional Medical Center will abide and comply with Regis University-Loretto Heights School of Nursing's IRB requirements for the protection of human subjects.

Sincerely,

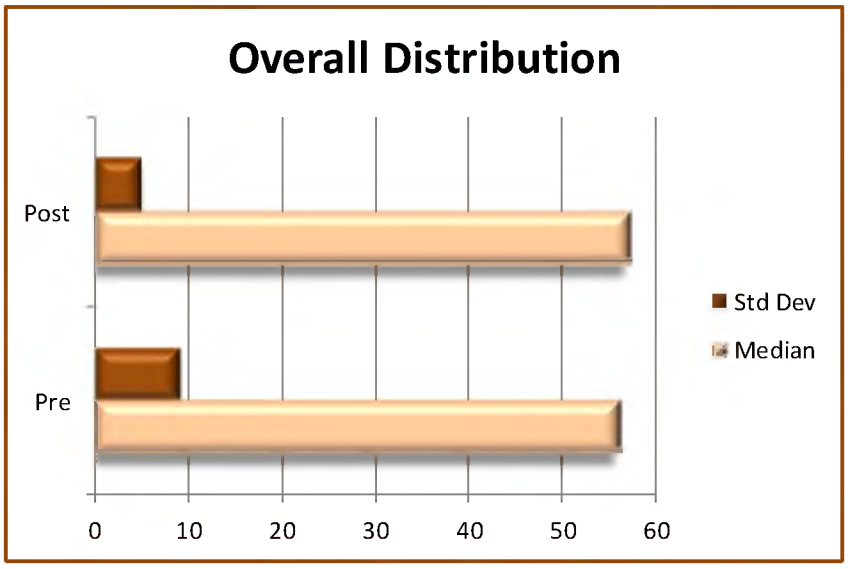
Janet Fansler

Janet Fansler, MS, RN, CENP
Senior Vice President/Chief Operating Officer/Chief Nurse Executive
Lakeland Regional Medical Center

Appendix L

Descriptive Statistics

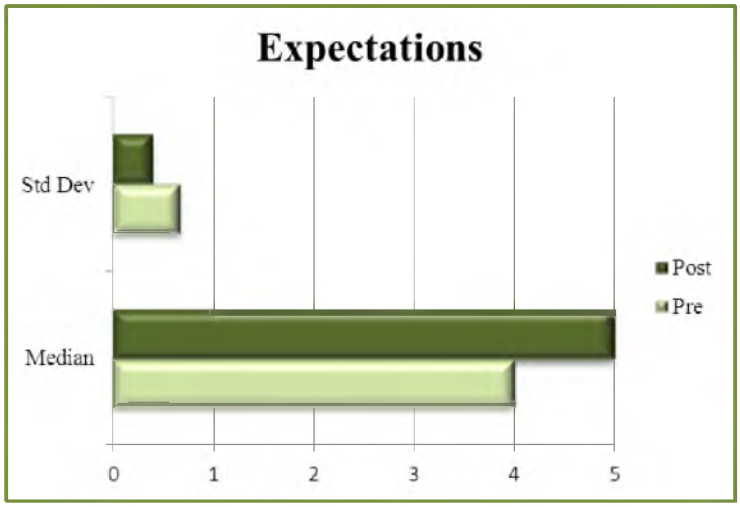
Q00. Overall Distribution



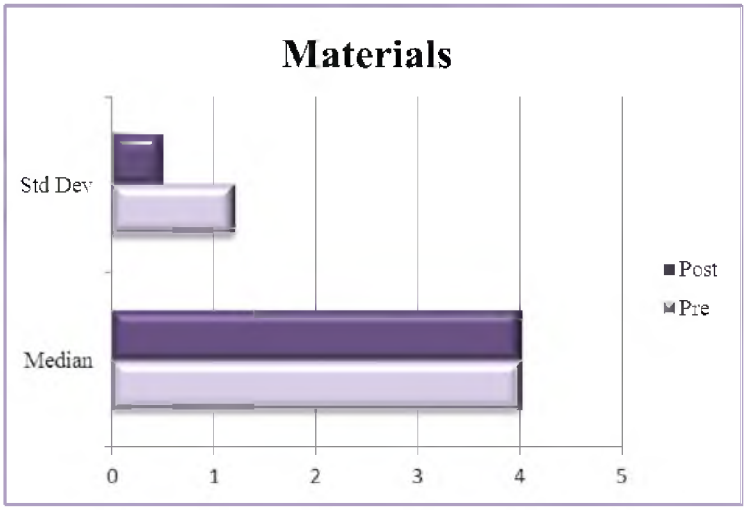
Appendix L

Descriptive Statistics Results Continued

Q01. At work I have the opportunity to do what I do best?



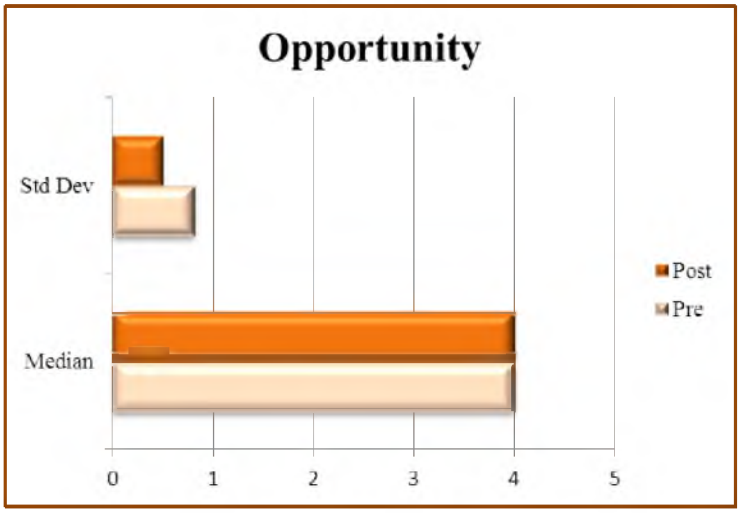
Q02. Do you have the materials and equipment to do your work right?



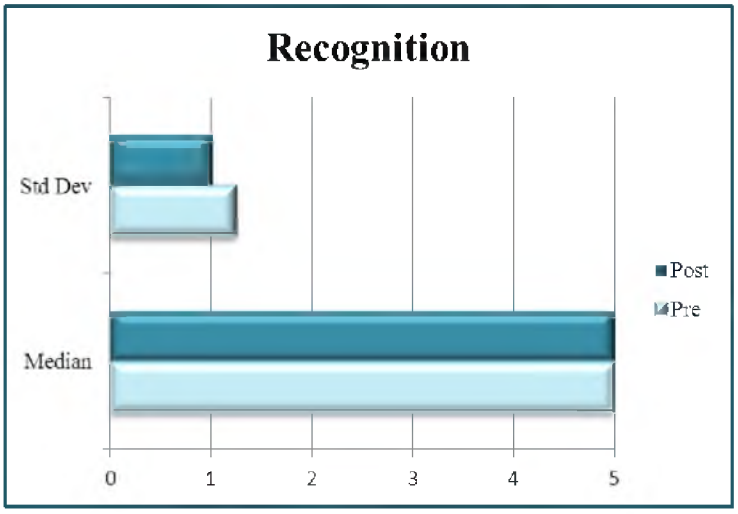
Appendix L

Descriptive Statistics Results Continued

Q03. At work, do you have the opportunity to do what you do best everyday?



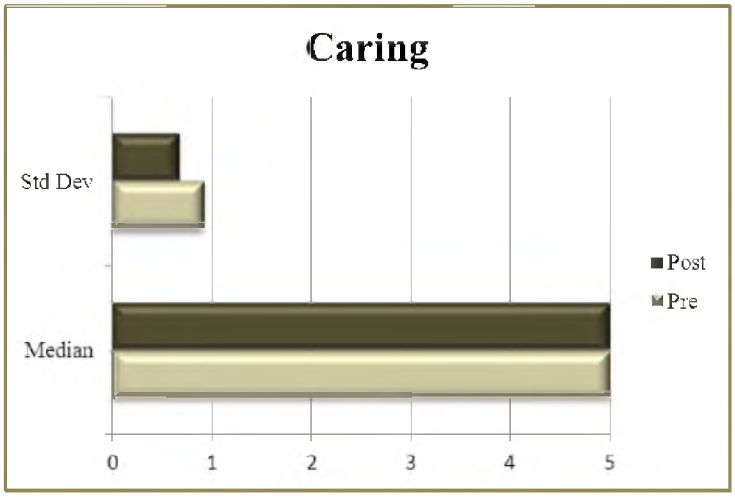
Q04. In the last seven days, have you received recognition or praise for doing good work?



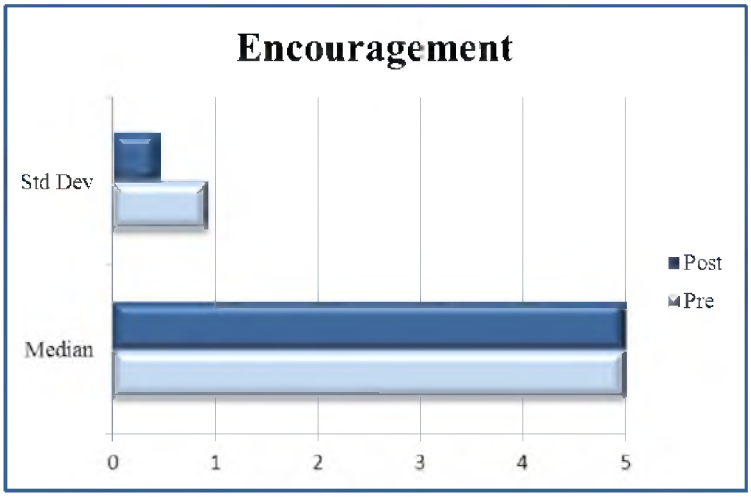
Appendix L

Descriptive Statistics Results Continued

Q05. Does your supervisor, or someone at work, seem to care about you as a person?



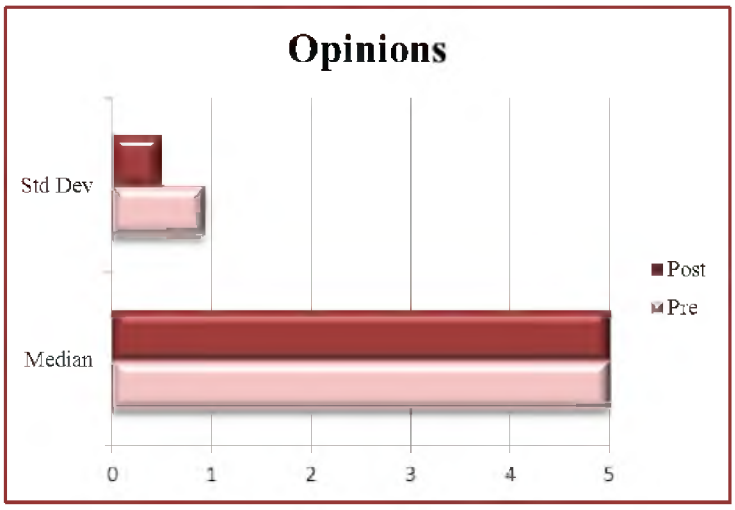
Q06. Is there someone at work who encourages your development?



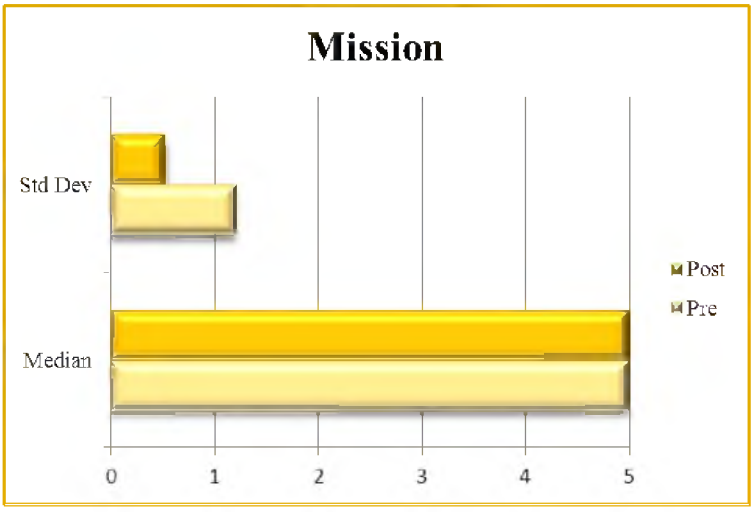
Appendix L

Descriptive Statistics Results Continued

Q07. At work, do your opinions seem to count?



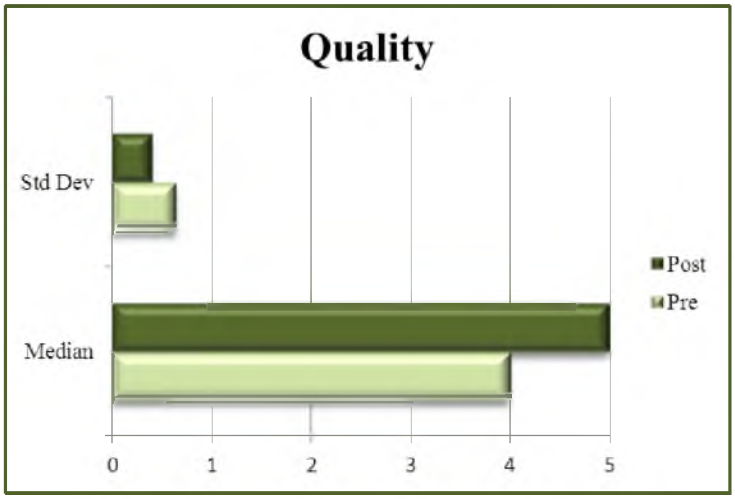
Q08. Does the mission/purpose of your organization make you feel your job is important?



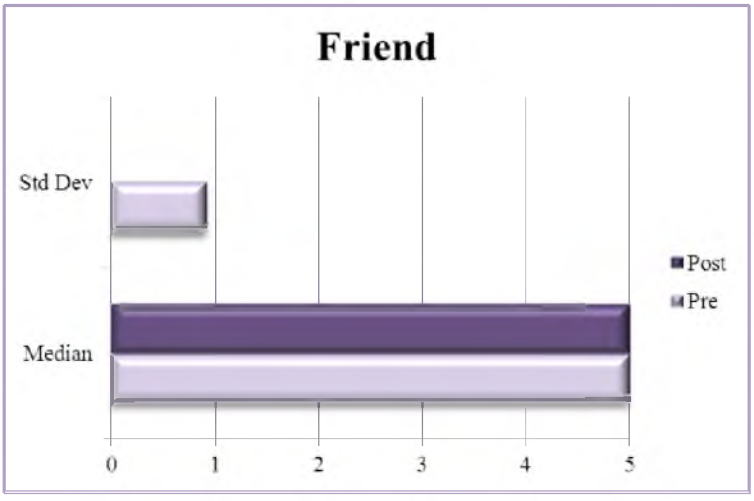
Appendix L

Descriptive Statistics Results Continued

Q09. Are your fellow employees committed to doing quality work?



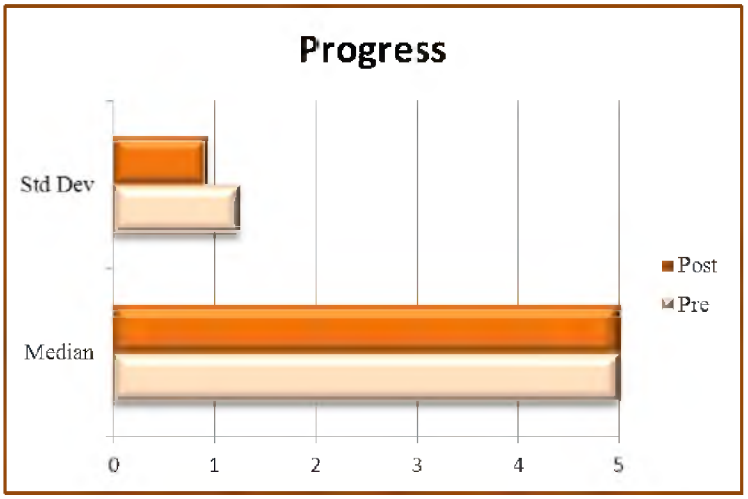
Q10. Do you have a best friend at work?



Appendix L

Descriptive Statistics Results Continued

Q11. In the last six months, has someone at work talked to you about your progress?



Q12. In the last year, have you had the opportuntity to learn and grow?