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The Implementation of a Leadership Development Program and Its Impact on Nurse Managers

Self-Reported Competency Levels

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Regis University

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Abstract

The nurse manager has a crucial role in healthcare organizations. The responsibilities include ensuring the care provided to patients is safe, caring, effective, and fiscally responsible (American Nurses Association [ANA], 2013). Additional responsibilities include liaison, which ensures that the healthcare organizations' vision, mission, essential values, and beliefs are carried out at the unit level, as well as providing care utilizing evidence based practice to attain high quality outcomes (ANA; Cipriano, 2011; Weber, Ward, & Walsh, 2015; Zori, Nosek, & Musil, 2010). The nurse manager is essential to ensuring the provision of a healthy work environment for staff (Fennimore & Wolf, 2011; Sherman, Bishop, Eggenberger, & Karden, 2007; Sullivan, Bretschneider, & McCausland, 2003). Retention of staff, staff satisfaction, and patient satisfaction are directly linked to the nurse manager (Zori et al., 2010). The intent of a nurse to leave their job is directly related to the leadership and management by the nurse manager (Homberg, Van Der Heijden, & Valkenburg, 2013). Even though the nurse manager role has a high degree of importance for patients, staff, and the healthcare organizations, many in the position are not prepared for this crucial role (McKinney, Evans, & McKay, 2016; Zwink et al., 2013). Nurse managers that are not provided with appropriate leadership development can result in high turnover rates for staff, and poor patient and staff satisfaction, which ultimately negatively affect the fiscal health of the organization. A previous nurse manager survey indicated that nurse managers were interested in leadership development. The Nurse Manager Skills Inventory Tool was utilized to measure the nurse managers self-reported competency levels prior to and post leadership development program at a large medical center in New Jersey (American Association of Critical Care Nurses [AACN], 2006).

Key words: "DNP Project"; "Leadership development"; "Nurse manager competency levels"

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Executive Summary

The Implementation of a Leadership Development Program and its Impact on Nurse Managers Self-Reported Competency Levels

Problem

Leadership development is critical for nurse managers. The nurse manager performs a crucial role in attaining healthcare organizational goals of providing superior care to patients, which results in high patient satisfaction (Zori & Morrison, 2009). Effective leadership development of nurse managers enables retention of staff, decreased turnover of staff, and optimal patient outcomes leading to enhanced fiscal health for healthcare organizations (Fennimore & Wolf, 2011). The question that was examined in this project is: "Will a leadership development program for nurse managers increase their self-reported competency"?

Purpose:

The purpose of this project was to provide a leadership development program for the nurse managers and measure their self-reported competency levels before and after a leadership development program. This was based on a previous needs assessment that indicated that the nurse managers were interested in leadership development.

Goals:

The goal of the project was to improve the nurse managers self-reported competency levels following a leadership development program.

Objectives:

Objectives included creating and providing a leadership development program. The Nurse Manager Skills Inventory Tool measured the self-reported competency before and after the leadership development program (AACN, 2006).

Plan:

The Nurse Manager Skills Inventory Tool measured self-reported competency before and after the leadership development program (AACN, 2006). Population: Nurse managers that want leadership training. Intervention: Leadership development training. Comparison: Self-reported competency before leadership training. Outcome: Improved nurse manager self-reported competency.

Outcome and Results:

Eight nurse managers attended the two-day workshop and completed the Nurse Manager Skills Inventory Tool pre and post leadership development program. Participation was voluntary and all nurse managers at the medical center were invited to attend the program. Paired samples T-Tests revealed statistically significant improvement in self-reported competency post leadership development program (t= 2.038, p< .05). The leadership development program improved the scores of the nurse manager's self-reported competency.

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Project Title/ Overview

Nurse managers are integral to providing leadership and attaining quality outcomes for healthcare organizations. Successful nurse managers possess qualities and abilities that foster staff satisfaction, and enable the goals of the healthcare organization to be realized (Zori, Nosek, & Musil, 2010). The healthcare environment is very complex and appropriate training of nurse managers ensures that staff works in a healthy work environment (Fennimore & Wolf, 2011).

Orientation and leadership development for this crucial role has been shown to be subpar and nurse managers may be ill prepared to function effectively in this vital position (McKinney, Evans, & McKay, 2016). Often nurse managers are promoted to this position based upon expertise as a clinician, and are not provided with the necessary leadership development. The turnover rates for nurse managers with less than five years time in the position is high, at 50% and the projection is that in the next several years there will be a vacancy rate of 75% for nurse managers (McKinney et al.). This statistic is alarming. To ensure there is a pipeline of nurse managers for the future, healthcare organizations must be committed to the development of nurse managers (McKinney et al.).

A previous nurse manager survey conducted at a large medical center in New Jersey indicated that the nurse managers were interested in leadership development. This project measured the nurse manager's self-reported competency before and after a two day leadership development program utilizing the Nurse Managers Skills Inventory Tool to determine if a leadership development program has an impact on nurse manager self-reported competency levels (American Association of Critical Care Nurses [AACN], 2006).

Problem Recognition and Definition

Statement of Purpose

The focus of this outcomes research project proposal was a Leadership Development Program for nurse managers and measurement of their self-reported competency levels. A previous nurse manager survey was conducted at the same medical center in 2014 and the nurse managers that responded indicated an interest in leadership development. This topic is important, as the future of nursing is dependent upon strong nursing leadership. Nurse managers are the crucial link between patients, nursing staff, members of the interdisciplinary team, and the hospital organization (Moore, Sublett, & Leahy, 2016). Nurse managers often become nurse managers without proper preparation and support and this essential role is assumed without appropriate training and development (Zwink et al., 2013). The nurse manager role is a rewarding and important role with accountability to patients, family members, staff, the interdisciplinary team, the hospital and the entire health care organization. Therefore it would greatly benefit the healthcare organizations to ensure that nurse managers receive the appropriate development and support. Leadership development for nurse managers has demonstrated improvements short term and into the future (Martin, McCormack, Fitzsimons, & Spirig, 2012).

The healthcare environment is complex. Appropriate training of nurse managers ensures that patients receive the best quality care to optimize outcomes and that staff works in a healthy environment (Fennimore & Wolf, 2011). Pertinent leadership development of nurse managers enables retention of staff, decreased turnover of staff, and optimal patient outcomes to be attained, which leads to enhanced fiscal health for the organization (Fennimore & Wolf).

Problem Statement

The research problem is: "Nurse managers are placed into leadership positions without the proper training and support".

PICO

        The "P" (Population) is the nurse managers that require or desire leadership training. The "I" (Intervention) is to implement a leadership development program based on a previously administered needs assessment. The "C" (Comparison) is self-reported competency assessment before and after a leadership development program. The Nurse Manager Skills Inventory Tool will be utilized to measure the self-reported competency (AACN, 2006). The "O" (Outcome) is that the nurse manager self-reported competency assessment will improve.

Project Significance, Scope, and Rationale

        This topic is crucial for the role of the Doctor of Nursing Practice (DNP). The DNP prepared nurse is expected to be able to collaborate and provide leadership in healthcare settings. Possessing positive leadership skills leads to higher patient satisfaction and decreased incidence of adverse outcomes (Chism, 2013). Today's healthcare environment is very complex and ever changing. It requires effective leaders to steer through the changes effectively (Rees, Glynn, Moore, Rankin, & Stevens, 2014). Nurse managers are expected to continue to provide quality patient care in an environment with limited resources and must be prepared to handle the uncertainty in healthcare organizations (Sherrod & Harper- Harrison, 2010). The education of nurse leaders is crucial as they are the role models for staff (Rees et al.). This will contribute to the improved delivery of care (Tymkow, 2014). Nurse managers that are prepared in their leadership roles lead to retention of staff, decreased turnover costs, and better quality and financial outcomes for the healthcare organization (Fennimore & Wolf, 2011).

        Essential II in the Essentials of Doctoral Education for Advanced Nursing Practice encompasses organizational and systems leadership (American Association of Colleges of Nursing [AACN], 2006). This leadership is crucial to improve the outcomes for patients and the healthcare system and will enable the organization to foster safety for patients and provide high quality in

practice (AACN). This essential also includes quality improvement and changes to the

organizational culture in a fiscally responsible way to deliver improvements to practice (AACN).

The writer is an experienced nurse manager and there is empathy and insight into this role and

knowledge about the important concepts of how to be a successful manager. Additionally,

experience with education, policies and procedures, and quality improvement will be an asset. As

someone that has maintained certification as a nurse executive, and is obtaining a terminal degree

in nursing, this DNP student is able to lead by example and be a positive role model for the nurse

managers at the medical center.

Essential VI in the Essentials of Doctoral Education for Advanced Nursing Practice

discusses the importance of the collaborative effort to improve patient outcomes (AACN, 2006). A

component of this project will be to offer topics applicable to nurse managers. Effective

communication skills are necessary to work with the interdisciplinary team. The Institute of

Medicine (IOM) recommends collaborative care for patients to ensure that optimal outcomes are

attained (Institute of Medicine [IOM], 2010). Leadership skills and the ability to consult will

enable positive changes to practice with utilization of the content from the educational series.

Additionally, the content for the leadership development program will be developed in

collaboration with the mentor, the Director of Education at the medical center as well as with the

Chief Nurse Executive.

Theoretical Foundation for Project and Change

Ray's Theory of Bureaucratic Caring

This theory demonstrates the balance of caring relative to intricate healthcare organizations

and encompasses the political, economic, technological, educational, physical, and social-cultural

dimensions (Ray & Turkel, 2012). Nurses are working in organizations that are economically

challenged. Reimbursement rates have been diminished, staffing numbers have been decreased,

patients are more complex, there are continuous technology updates and changes, and the population of staff and patients is increasingly diverse (Ray, 1989). The expectation remains that the nurse will continue to provide patients with care. This caring has different meaning to different stakeholders. Nursing staff places an emphasis on caring for patients, while hospital administration places an emphasis on caring in terms of fiscal responsibility for the healthcare organizations (Ray).

Caring is viewed as a conflict between positive and negative. The positive attributes of caring encompass the human element, which includes social, educational, moral, and spiritual aspects (Ray, 2015). The negative aspects include the monetary, political, legal, and technical aspects (Ray).

Ray's theory enables all of these concepts, those viewed positively and negatively, to become intertwined, to formulate the Theory of Bureaucratic Caring (Ray, 2015). The healthcare organization is very multifaceted, and is composed of nurses, patients, and the organization itself. The Theory of Bureaucratic Caring enables each stakeholder to view the theory in the purview of all of the aspects. Use of this theory will enable the nurse manager to view the organization in a caring light, and the organization to value caring by the nurse, and this enables the organization itself to become humanistic and caring (Ray). Even though hospitals are businesses, it is imperative to continue to care for patients with the essence of caring in these challenging times.

The nurse manager is the leader on the front line and oversees the staff to ensure high quality care is delivered to the patients (Cipriano, 2011). The nurse manager is responsible for ensuring that the staff attains the organizational goals and that the staff has access to the supplies, tools, and equipment necessary to appropriately care for patients. The nurse manager sets the appropriate expectations for care to ensure optimal quality outcomes are attained. This entails the balancing of all of the variables in the healthcare organization such as technology, legal and

regulatory guidelines, as well as the principle of caring (Cipriano). This is ultimately utilizing the Theory of Bureaucratic Caring.

The organization in this study caters to the underserved and vulnerable population. Working with the nurse managers and providing leadership development, enables these nurses to achieve a sense of caring from the organization, as it is investing time and education for them to be successful. Implementing this theory will enable the nurse managers to value caring, and exhibit caring behaviors to their staff, which will enable the staff to value caring as well, and exhibit these caring behaviors to the patients, family members, and other staff in the healthcare organization. This will enable the organization as a whole to be viewed positively, thus demonstrating the application of the Theory of Bureaucratic Caring (Ray, 2015).

Benner's Model of Skill Acquisition in Nursing

This theory of novice to expert encompasses five main concepts: competence, the acquisition of skills, experience, clinical knowledge, and practical knowledge (Benner, 1984). The tool utilized for the leadership development program is rooted in this theory. Benner's theory has been utilized in multiple facets of nursing such as career advancement, orientation of staff, continuing education, and nursing management (Benner, 2001). There are five stages of skills attainment: novice, advanced beginner, competent, proficient, and advanced proficient or expert (Benner). This theory is beneficial for leadership development and competency of nurse managers (Titzer, Shirey, & Hauck, 2014).

The Nurse Manager Skills Inventory Tool ascertains the self-reported competency of the nurse managers based upon the novice to expert framework (AACN, 2006). Experiential learning for the nurse manager entails the acquisition of knowledge as well as practicing through action in this role, and through experiences (Cathcart, Greenspan, & Quin, 2010). The experiential learning

will enable wisdom and guidance to be developed which will be useful for a learning environment to be created for the staff on their individual units (Cathcart et al.).

Benner identifies seven domains of nursing practice (Benner, 2001). The "helping role" is an important role for the nurse manager. The teaching or coaching function is necessary for a nurse manager as he or she works with staff, patients, family, members and other members of the health care team. The Diagnostic client- monitoring function is important to develop staff to be experienced nurse clinicians. Effective management of rapidly changing situations is paramount for a nurse manager, as the health care environments are not static; they are constantly changing and are unpredictable. Overseeing and monitoring therapeutic interventions and regimens is another responsibility for a nurse manager. Monitoring and ensuring quality of health care practices is a nurse management function in order to ensure their unit is attaining optimal levels of care for the patients. Organizational and work role competencies are responsibilities of a nurse manager in order to ensure the unit is maintaining the appropriate standards of care (Benner).

The purpose of the Leadership Development Program was to enable the nurse manager to acquire knowledge that will be used to manage effectively. This knowledge will empower the nurse manager to practice and gain experiences to become more proficient in this role. The nurse educators will provide guidance and support to enable the nurse manager to develop the insight to function effectively in their role.

The Synergy Model of Nursing Education

The Synergy Model of Nursing Education (SMNE) is applicable to the nurse manager leadership development PICO project. It is utilized to ensure the proper education is given by the educator to the nurse to acquire the skills and knowledge they require (Green, 2006). This enables educational outcomes to be optimal. The learner is the priority.

The nurse educator must possess several competencies (Green, 2006). Clinical judgment/clinical reasoning is the clinical information and experience the educator uses to teach the student, so he/she learn and develop his/her own clinical knowledge (Green). The leadership development program will enable the nurse managers to develop leadership skills.

Before implementing the leadership development program, evidence based practice will be utilized to formulate the educational plan. It is important for the educator to provide timely and accurate feedback to the learner (Green, 2006). The educator is also a facilitator of learning. In this role, the educator must be able to teach, clarify, and explain the concepts to the student. The students each have unique learning styles and the educator must be able to ensure that the learner's needs are met (Green). The Nurse Manager Skills Inventory Tool was utilized to measure the nurse manager's self reported competency (AACN, 2006).

Literature Selection/Systemic Process Support for Problem

To determine the benefits of leadership development for nurse managers, a comprehensive literature search was conducted. The databases that were searched included Academic Search Premier, The Cumulative Index of Nursing and Allied Health Literature (CINAHL) Complete, and Medline. Literature was reviewed utilizing the key words such as "nurse manager leadership"; "nurse manager training"; "leadership development for nurse managers"; "benefits of leadership training for nurse managers"; "competency of nurse managers"; "retention of nurse managers"; "healthy work environment for nurses"; retention of nursing staff". Recent research and literature was obtained from peer reviewed journals to identify the relevance of leadership development and its impact on outcomes that are patient sensitive, nurse sensitive, and healthcare organization sensitive.

There were a total of 110 articles reviewed. There were articles on the individual topics aforementioned but none that included all the elements of this research project. The level of

evidence is low, primarily level V which includes systemic reviews of descriptive and qualitative studies; level VI which includes evidence obtained from a single descriptive study or qualitative study and level VII which includes expert opinion, regulatory opinion, and expert committees (Houser & Oman, 2011, p. 141).

There is literature that supports the significant importance of nurse leaders and their impact on staff satisfaction, patient outcomes, and the financial impact (Fennimore & Wolf, 2011; Zori et al, 2010). There are many reasons why this leadership development is important, such as retention of staff; this is positively related to nursing leadership. Therefore, effective leaders can lead to lower turnover rates (Swearingen, 2009). Nurse retention is fiscally responsible. According to the American Nurses Association (ANA), as cited in Williams, Lopez, & Lewis, 2013, the cost to replace a nurse ranges from 50% to 200% of the nurses salary. This includes the direct and indirect costs. Turnover also adversely affects patient outcomes (Swearingen).

The future of nursing is dependent upon nurse leaders to ensure its success. Leaders must be identified, supported and developed to enable the provision of excellence in nursing care. Inherent to attaining this goal is that "informal, negative leaders, be discouraged, and positive leaders, possessing the evidence based qualities of leadership be identified and nurtured to lead the profession" (Scully, 2014, p. 439).

Effective nursing leadership leads to positive patient outcomes (Fennimore & Wolf, 2011). This is demonstrated by utilizing effective patient care delivery systems. This also has an impact on the units' and organization's fiscal environment (Fennimore & Wolf). If the leaders are effective and provide quality care, it is less costly as it is demonstrated that poor patient care outcomes lead to increased expenses (Pappas 2008). Additionally, effective leadership leads to increased retention and may enable a pipeline of nurse leaders to be developed for future needs (Swearingen).

Scope of Evidence Summary

The Nurse Manager Leadership Development Project is an important project for health care organizations. Many nurse managers have become managers without any formal training and a previous needs assessment revealed that the nurse managers requested leadership training. Providing leadership training to nurse managers has a positive impact on patient care, staff work environments, patient and staff satisfaction. Nurse managers have a crucial role in health care organizations; therefore it is necessary to implement a formal training program. The theories discussed as well as the supporting literature will guide this project. The implementation of this project is expected to result in increased self-reported competency levels for the nurse manager and to have a positive effect on the staff, the patients and their family members, and ultimately the health care organization.

Review Of Evidence

Background of the Problem

A previous nurse manager survey was conducted at the medical center in 2014, and the results of the survey indicated that the nurse managers were interested in leadership development. This student has a background as a previous nurse manager, and is currently a nurse educator at the medical center where the project was conducted. Additionally, the Director of Education has a background in Leadership Development and the Chief Nurse Executive requested leadership training for the nurse managers. Therefore, the timing of this project was ideal.

The nurse manager role is essential in the challenging healthcare environment of today and into the future (Sherman, Bishop, Eggenberger, & Karden, 2007). This position is one that is fraught with issues such as retention of staff, safety matters for patients, fiscal expectations to maintain a balanced budget, regulatory compliance, and additional expectations that continually

are added. This leads to difficulties in the recruitment and retention of nurse managers that are

needed to perform the vital functions of the role (Sherman et al.).

The healthcare environment has costs that are continually increasing. The nursing

workforce is faced with recruitment and retention challenges. The nurse manager is key to staff

satisfaction and healthy work environment (Sullivan, Bretschneider, & McCausland, 2003; Zori &

Morrison, 2009). Therefore the impetus for leadership development for nurse managers is to

prepare them appropriately for their role.

Systematic Review of the Literature

Several themes emerged in the systematic review of the literature for the implementation of

a leadership development program. These include Nurse Manager Competencies, Attributes of

Nurse Managers, Lack of Leadership Training, Benefits of Leadership Development, Retention of

Nurse Managers, and Pipeline of Nursing Leadership.

      Nurse Manager Competencies

It is imperative that nurse leaders have the necessary preparation as leaders because the

future in an organization is dependent upon effective nurse leaders.   Leadership development

ensures a competent pipeline of qualified nurse leaders for the future (Weber, Ward, & Walsh,

2015). Topics taught in the program should be based upon the tenets of the organization, to be able

to navigate the more challenging healthcare environment, and enable the organization to attain high

quality outcomes (Weber et al.). The focus should be on best practice, technology, patient and

family as the primary focus, labor force planning and optimal quality outcomes to be attained. The

nursing department's practice needs to be based upon current research and evidence-based practice

and this is to be utilized for policies and procedures and patient education (Weber et al.).

An important aspect is that the nurse leader must receive the appropriate support from both

the clinical and administrative departments (Weber et al., 2015). The leader must be able to

delegate to a support staff in order to lead effectively. The most important investment for the organization is for the appropriate development of nurse leaders as they are responsible for quality outcomes and optimal patient care (Weber et al.).

According to the IOM report, "The Future of Nursing: Leading Change, Advancing Health", it is important for the nurse manager to possess skills such as communication, conflict resolution, negotiation, and having the necessary tools for quality and safety. Not having the appropriate training and education makes nurse managers ill equipped to handle leadership in these challenging times (Cadmus & Johansen, 2012).

There are many competencies that nurse managers should possess. The following competencies are crucial: Communication, conflict resolution, generational awareness, time management, financial management, systems thinking, and customer service (Zwink et al., 2013, p. 136). Systems thinking enables the nurse manager to view the healthcare system as many parts that are interconnected, both inside and outside of the healthcare organization; the nurse manager must be cognizant of regulatory changes, as well as organizational changes to be equipped to effectively manage the changes (Sherman et al., 2007). Emotional intelligence enables nurse managers to sustain caring behaviors and effective communication. Trustworthiness, a sense of charisma, and optimism are positive attributes that foster appropriate interpersonal skills to motivate staff to strive for excellence (Porter-O'Grady, 2003).

Additional competencies include the nurse manager having the ability to understand him or herself and look inward, be trustworthy, acknowledge their mistakes, and learn from them. They are able to inspire others, and their staff has confidence in them (Sherman et al., 2007; McCarthy & Fitzpatrick, 2009). The staff desires a nurse manager that is available, and that can be contacted face-to-face. Additional competencies include effectively managing human resources issues,

providing motivation for staff, and managing a diverse and multi-generational workforce. Financial acumen is also necessary to manage the budget appropriately (Sherman et al., 2007).

Exhibiting caring behaviors is important for nurse managers (Sherman et al., 2007). This is evident in creating a personal connection with the staff such as celebrations for example; it is necessary for staff to feel cared for by their manager. Trying to be flexible with scheduling enables staff to see that connection. It is also important to care for the patients, be visible on the unit and be present at rounding on patients when possible. In order to care for staff, the nurse manager must exhibit caring for him/herself first. This will enable the manager to withstand the challenging times in the healthcare environment (Sherman et al.)

According to Porter-O-Grady (2003), nurse leaders must be able to "read the signposts" to be aware of the changes occurring in the healthcare environment as well as in their own organization (p. 1). Nurse leaders must be able to adjust their priorities, and be adept at strategic planning and management. Timing is key, and astute leaders utilize their emotional intelligence to determine the appropriate time to implement a plan as well as possess the flexibility necessary to cope effectively when the plan cannot be rolled out as scheduled. According to Maxwell (2007), "timing spells the difference between success and failure" (p. 1).

The nurse leader must also be cognizant of the culture of the healthcare organization, so that change can be planned accordingly (Sherman, 2014). Additionally, a highly competent leader is able to know when he/she is not the correct person to attain a particular outcome or goal; nurse managers need to know their strengths and limitations. Strong strategic planning is necessary to enable highly functioning teams to attain outcomes (Sherman).

Attributes of Nurse Managers

Critical thinking skills are necessary for nurse mangers. Leadership programs should include education on this important skill. This enables advanced abilities to solve problems

effectively (Zori et al., 2010). It enables the healthcare delivery environment to be positive and professional which permits a higher level of job satisfaction. Job satisfaction leads to retention of staff, reduction of turnover and lower vacancy rates. Staff satisfaction is equated with patient satisfaction (Zori et al.). Poor retention and high turnover is costly for the healthcare organizations as lower turnover and higher retention leads to positive outcomes for patients (Zori et al.).

Transformational leadership is an effective style of leadership for nurse managers (Heuston & Wolf, 2011). This leadership style enables positive outcomes to be attained, adverse events to be reduced and patient satisfaction to be enhanced (Heuston & Wolf). It enables the management of diverse staff and promotes staff satisfaction. Staff are recognized for their accomplishments and a job well done, and their positive contribution to patient outcomes. Transformational leadership ultimately enables staff retention. Staff dissatisfied with their nurse manager is two times as likely to leave their job (Heuston & Wolf).

Lack of Leadership Training

Nurse managers frequently assume the role of nurse manager without the proper training and support for this crucial role (Fennimore & Wolf, 2011). Nurse managers do not seek out the opportunities to be managers, they "fall into the role", learn by trial and error, or are asked to take the position (Sherman et al., 2007). They are recruited into the position due to their clinical expertise and are unprepared to carry out the responsibilities this job entails (Brown, Fraser, Wong, Muise, & Cummings, 2013). Human resource management and fiscal responsibilities are paramount, however, education for these topics is inadequate (Brown et al.). This may create a feeling for the nurse manager to think they are incompetent and alone. This indicates that the healthcare organizations should be dedicating the resources and personnel to ensure the nurse managers receive the training and support they need to be successful (Brown et al.).

When a nurse manager transitions from bedside nurse to nurse manager, their confidence can be negatively affected: They have already transitioned from the stages of competence from novice to advanced beginner to competent to proficient and expert according to Benner (1984). When assuming this new role, they return to a level of less competence and this may be difficult, hence the impetus for strong leadership development for the nurse manager. It is also important to support and encourage the nurse to "spread our wings", ("Management and Leadership", p. 580).

Benefits of Leadership Development

The health care environment is ever changing and not certain; nurse and nurse manager positions are meticulously monitored (Sherrod & Harper- Harrison, 2010). Many organizations are downsizing, and positions are eliminated, therefore to be successful in the current healthcare environment, nurse managers must have the proper skills to maintain competency and marketability professionally (Sherrod & Harper- Harrison).

Additional competencies and skills must be acquired to attain the career goal, which will improve job satisfaction, enhance one's well being personally and professionally (Sherrod & Harper- Harrison, 2010). The acquisition of additional skills, competencies and education will enable nurses and nurse managers to be able to steer through the ever-changing healthcare environment. There are many options available, and obtaining these additional areas of expertise will enable the nurse and nurse manager to ensure their career success (Sherrod & Harper- Harrison).

Nurse leaders are responsible for the initiation and maintenance of institutional change and have the responsibility of ensuring successful progress of initiatives (Leach & McFarland, 2014). One of the key impacts on the culture in the organization and the provision of care and work atmosphere of nurses is the nurse leader. Therefore the leadership development needs of these

leaders are critical. It is a human capital investment that has far-reaching returns into the future (Leach & McFarland).

When providing leadership development it is important to equate the content to real life examples that the nurse manager encounters (McNamara et al., 2014). Enabling the nurse managers to collaborate with each other and discuss best practices as nurse managers enables this leadership development to continue and allows them to work with their peers to problem solve (Mackoff, Glassman, & Budin, 2013). This will enable the nurse manager to more easily transition the new knowledge into their everyday practice.

Leadership development programs have demonstrated positive results with content taught in a time period of six to nine months after the educational program. These results indicate that leadership development has a long-term impact on the leadership skills practiced by the participants (Vitello-Cicciu, Weatherford, Gemme, Glass, & Seymour- Route, 2014; Martin et al., 2012).

Retention of Nurse Managers

Leadership development is linked to increased job satisfaction, enhanced team success and workplace culture, improved outcomes and delivery of healthcare services (Wilson, Paterson, & Kornman, 2013). Organizations that value and finance the professional development of nurse managers support leadership development. Nurse managers need leadership development as there are many challenges they encounter in the healthcare system that is ever changing and this education will enable them to provide better care to the patients (Wilson et al., 2013).

Nurse managers that had received leadership development described this investment in them positively (Parry, Calarco, Hensinger, Kearly, & Shakarjian, 2012). It enabled them to feel highly valued by the organization. Respondents stated, "the opportunity to develop leadership

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skills, knowledge and attributes in a protected space and during a specific time was described as a privilege" (Wilson et al., 2013, p. 60).

There are several factors that nurse managers identified that contribute to retention. These include recognition by staff, appropriate support, and relationships with peers, teamwork, and being able to make positive changes in the workplace (Parry et al., 2012). Concepts that negatively impact retention include heavy workload, imbalance of work and life and struggling to maintain positive relationships (Parry et al.). Qualities that foster success include "communication, resiliency, integrity and visionary outlook" (Zwink et al., 2013, p. 136). Additionally, development and education for nurse managers were identified since often a nurse manager assumes this role without proper training (Parry et al.; Zwink et al.).

Pipeline of Nursing Leadership

A challenge for the profession of nursing is a lack of qualified nurse leaders to enable appropriate succession planning and a pipeline of nurse leaders for the future (Dyess, Sherman, Pratt, & Chiang-Hanisko, 2016; Swearingen, 2009; Weber et al., 2015). It is imperative that the current nurse manager workforce invokes a positive message about nursing leadership to staff, as negative connotations may deter these emerging leaders from becoming the nurse managers of the future (Dyess et al.).

Retention strategies for nurse managers are very important as the Baby Boomer nurse managers have reached or will be reaching retirement age (Brown et al., 2013). The Baby Boomer generation of nurse leaders will be reaching the age of sixty- five for a twenty- year period from 2014 to 2034 according to the American Hospital Association (AHA). This group will also comprise a high volume of healthcare services as they age (American Hospital Association [AHA], 2014).

This exodus will create a loss of human capital and nurse manager as well as professional nurse vacancies (Parry et al., 2012). Generation Y (individuals born between 1980 and 2000) are prospective replacements for these vacancies (Dyess, et al., 2016). Generation Y nurses will occupy half of the nursing workforce by the year 2020 (Dyess et al). These younger nurses will be the leaders and are in key positions to enhance the challenging healthcare environment (IOM, 2010). It is imperative that these younger nurses are attracted to nursing leadership positions and that they receive the proper training to be successful. "Nurse leaders must be knowledgeable, adequately prepared, and competent in order to provide essential contributions in shaping the future of healthcare" (The American Organization of Nurse Executives [AONE], n.d., p. 1).

It was discovered upon entry into a program for Nursing Administration and Financial Leadership in Florida, that even though these nurse leaders of the future may be afraid to become leaders, they are also optimistic that they can contribute positively to the future of the healthcare environment (Dyess et al., 2016). This futuristic view about assuming a leadership position in nursing provides guidance for leadership development programs for the future nursing leaders (Dyess et al). The younger generations seek employment in healthcare organizations that offer opportunities for development. Therefore, it is essential that these evolving nurse leaders are groomed appropriately; it is beneficial strategic planning for the organization (Dyess et al).

Generation Y has different learning needs than the other generations, and they also have unrealistic expectations of their nursing supervisors (Dyess et al., 2016). Their expectations include the nurse manager assisting with patient care as needed, and spending less time in an office where they perceive they are not doing anything (Dyess et al.). However, they are up for the challenge as they think they can be instrumental in making positive changes. Aspects of leadership that are important for them include effective teamwork, communication, and supporting the staff nurses that provide patient care (Dyess et al.). They feel their style of leadership will be different.

They also feel they will provide solutions to the problems encountered in the workplace (Dyess et al.).

Effective retention strategies must be instituted for nurse managers. They are key to retention of front line staff, the provision of a healthy work environment for staff, and enable optimal outcomes to be attained for patients and the healthcare organization (Brown et al., 2013; Dyess et al., 2016; Vitello-Cicciu et al., 2014). Leadership development and mentoring into the role are essential to ensure a successful transition of the new nurse managers that are the future of years to come (Sherman et al., 2007).

Minimizing nurse manager stress and enabling nurse managers to possess effective coping strategies is key to retention of staff nurses as well as nurse managers. This is imperative as the prediction is a serious shortage of nurse managers as well as registered nurses (Shirey, 2006).

Project Plan and Evaluation

Market/Risk Analysis

Leadership development for nurse managers is essential as the projection is a nurse manager shortage of as much as 67,000 nurse managers by the year 2020 according to the Health Resources and Services Administration in 2000. This is based upon the estimate that 8.4% of the nursing population occupies nurse manager or supervisory positions (Shirey, 2006).

Nurse turnover is a serious problem and is quite costly. Turnover affects patient care quality and safety of patients (Li & Jones, 2013). The costs of turnover are not consistently defined and are difficult to measure. Moderate turnover is defined at 12% to 21% and high turnover is identified at 22% to 44% (Li & Jones). Registered nurse turnover is at the moderate to high level (Li & Jones). There are both direct and indirect costs of turnover. Direct costs include those direct costs associated with turnover such as advertising and marketing, recruitment, vacant positions, and costs of hiring a nurse. Indirect costs include the costs of orientation, training, lost

productivity, and expenses associated with termination. There is also the loss of knowledge capital that creates a climate of instability (Li & Jones; Williams et al., 2013). When turnover leads to poor staffing, overtime expenses are incurred, and the staff working additional hours contributes to burnout, which may result in even more turnover. The calculated costs of new graduate nurses are estimated to be $856 million for healthcare organizations and $1.4 to $2.1 billion for society (Brewer, Kovner, Greene, Tukov- Shuser, & Djukic, 2012). The cost to replace a nurse ranges from 50% to 200% of the nurses salary according to the ANA in 2012 (Williams et al.).

The intent of nurses to stay in a job is directly related to their nurse manager (Homberg, Van Der Heijden, & Valkenburg, 2013; Heuston & Wolf, 2011). The nurse manager is integral to staff satisfaction. Staff dissatisfaction and intent to leave are based upon several facts that nurse manager's control. These include leadership style, balance of work and home obligations, and opportunities for advancement (Homberg et al.). Leadership development can provide education for the nurse managers to have the insight to ensure the nurses' needs are met, which results in higher job satisfaction and intention to stay (Homberg et al.).

The healthcare environment is constantly in a state of change, leaders are expected to provide care in a fiscally responsible way, and the expectation is that high quality outcomes are attained for the healthcare organizations. It is crucial that healthcare organizations implement strategies to reduce turnover of nurses (Brewer et al., 2012). Leadership development programs often are focused on the developmental needs of senior leadership in an organization, not on the frontline managers that have the most influence on the staff and their intent to leave or stay (Homberg et al., 2013). Appropriate management skills are necessary for staff retention (Homberg et al.).

Market

The market for the project was the nurse manager that was interested in leadership development at the organization. A previous nurse manager survey indicated that the nurse managers were interested in leadership development. The two-day leadership development program was available to all nurse managers at the organization that were interested in attending the program.

Benefits and Risks

Leadership development of the nurse managers is beneficial. There is significant importance of nurse leaders and their impact on staff satisfaction, patient outcomes, and the financial impact. There are many reasons why this leadership development is important, such as retention of staff that is positively related to nursing leadership. Therefore, effective leaders can lead to lower turnover rates (Swearingen, 2009). Nurse retention is fiscally responsible. Turnover also adversely affects patient outcomes (Swearingen).

Possible risks of the Leadership Development Project are minimal since the project is an educational program. Since the nurse managers are completing a self-assessment of their competency levels, it may make them feel incompetent. Additionally, it is important that the information presented in the leadership development program is accurate and enables the nurse managers to develop stronger leadership skills without any risk of harm to the patients, staff, and the healthcare organization.

Project Strengths, Weaknesses, Opportunities, Threats

The Project Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis is also known as a situation analysis as it emphasizes the "state of affairs of an organization" (Fortenberry, 2010, p. 185). The strengths and weaknesses are the internal factors and the opportunities and threats are the external factors. Strengths include the positives, weaknesses include the negatives,

opportunities are actions and conditions that create the possibility to positively influence the product and threats are actions and conditions that can negatively impact the product (Fortenberry). It is crucial to continually assess opportunities and threats for the healthcare organization, as opportunities need to be taken advantage of and threats need to be minimized (Fortenberry).

The Strengths (S) of this project, include the DNP candidate possessing a background as nurse manager as well as certification as a nurse executive (NE-BC). The DNP mentor is an expert in the leadership training and education of nurses in various positions and has certification as a nurse executive advanced (NEA-BC). The Chief Nurse Executive of the organization is supportive of the leadership development program and will play an important role in ensuring that the nurse managers are available to attend the leadership development training.

The Weaknesses (W) include the unknown level of leadership skills of the nurse managers as well as their desire to participate in this program. Additionally, the Chief Nurse Executive has changed the plan for the project multiple times, and the possibility exists that it could be changed again.

The Opportunities (O) are that there are many resources available for nurse managers to obtain leadership development. The leadership development program will occur in the healthcare organization during the nurse managers work time. There are also resources available to them such as online courses and webinars offered if they are interested. The managers will also be learning about further career planning and how to obtain nurse manager certification in the Leadership Development Program. Another potential opportunity is that the staff will see the nurse manager develop educationally and will want to develop educationally as well. The manager is the role model for the staff. If the nurse manager decides to obtain specialty certification, it may enable a culture of certification on the nursing units as they lead by example (Rees et al., 2014).

The Threats (T) could be time constraints. Additionally, the healthcare organization is expected to have several regulatory visits during 2016. These are unannounced and could potentially impact the attendance by the nurse managers at the Leadership Development Program. The healthcare organization is in the process of searching for a new managing organization, with the current lease set to expire. Therefore the timeline of completion of the Leadership Development Program is before the lease expires. (Table 3: SWOT Analysis)

Driving/Restraining Forces

To determine the driving and the restraining forces for this project, a Force Field Analysis was conducted. Performing a force field analysis is essential for measuring organizational readiness and resources (Houser & Oman, 2011). This force field analysis will supply a method to ascertain a person's behavior that occur in times of change, and are able to provide solutions to make better the possibility of an effective change through a cognizance of the forces that may be occurring. According to Lewin (1975) as cited in Houser & Omen, change is due to particular forces in the environment. These two forces are dynamic and divergent, and they may influence the change process. A person is moved towards change by the driving forces and moved away from change by the restrictive forces (Houser & Omen). When the driving forces are stronger than the restrictive forces, there is a strong possibility that organizational change will occur. When the restraining forces are greater than the driving forces, then it is unlikely that organizational change will occur without a great deal of difficulty (Houser & Oman). The driving forces are usually external and are more objective whilst the restraining forces are usually internal and may be concealed and are more subjective. This force field analysis is beneficial to the initiation of a change (Houser & Oman).

To determine the score on the Force Field Analysis, a numeric value was allocated to each force from one (1) which is a weak score to five (5) which is a strong score (Mind Tools, 1996-

2017). Then the scores are added to determine if there are greater forces for change or greater

forces against the change. (Table 4: Force Field Analysis)

This force field analysis indicated that the driving forces are greater than the restraining

forces and this endeavor should be pursued (Mind Tools, 1996- 2017). The forces for the initiative

are 26 and the forces against the initiative are 18. Evidence to support this change is that nurse

managers with leadership training have a positive impact on the healthcare organization as the

nurse manager affects staff satisfaction, patient outcomes, nursing retention, turnover rates, and has

a significant fiscal impact, therefore ultimately affecting the healthcare organization (Fennimore &

Wolf, 2011; Moore et al., 2016; Sullivan et al., 2003; Swearingen, 2009). Additionally, the nurse

manager is a role model for the staff and by obtaining educational training it will set a positive

example for the staff to obtain additional education and professional development as well (Rees et

al., 2014).

Needs, Resources, and Sustainability

The need for this project is evident in the Needs Assessment that was conducted at the

medical center in 2014 that indicated the nurse managers were interested in leadership

development. The literature indicates the benefits of leadership development for all stakeholders

including the nurse managers, the staff, the patients, and the healthcare organization.

The resources for the project include the costs associated with the Leadership Development

Program. The mentor and student taught the two-day program, therefore their salaries are a cost,

the student salary is $1,025 for the two-day program, and the mentor is a consultant. There were

workbooks purchased for the nurse managers at a cost of $14.40 each for a total cost of $216. The

cost for photocopying of materials was minimal at $20 and the leadership development program

offered twelve Continuing Education (CE) credits, as the organization is a Continuing Education

Provider. The student and the mentor completed the presentation content on their own time,

therefore incurring no costs. The total cost of the program was $1261. See Appendix F: Cost Benefit Analysis. The program was offered at the healthcare organization, therefore no costs were incurred for the utilization of space for the program.

The Leadership Development Program is sustainable. Initially six participants indicated that they were interested in attending the program. Additional nurse managers were able to sign up for the program up until the week before the program and there were a total of eight nurse managers that attended the two-day program. The nurse managers that attended the program requested education on financial management and budgeting; a five-hour session was offered in December of 2016 by a nurse administrator that is also faculty at a local university. The goal for 2017 is to continue to offer leadership education training on an ongoing basis.

Feasibility, Risks, and Unintended Consequences

The Leadership Development Program is feasible. There are nurse managers that are interested in leadership development. Content is available to be taught at the program. The Chief Nurse Executive is supportive of the endeavor and will enable the nurse managers to attend the program. The Chief Nurse Executive has identified several topics that will be included in the content for the program. The mentor is an expert in leadership development program and has extensive experience and knowledge of leadership development. The student has experience as a nurse manager and both the student and mentor have certification as nurse executives.

There are no known risks for this project. Risks include unforeseen circumstances. Potential problems that may have been encountered include a disaster, which would take precedence over a leadership development program; attendees may be unable to attend due to personal reasons or organizational reasons; there may be problems with the technology at the medical center, no one may attend the program, or the nurse managers will not sign the consent

form, nor complete the Nurse Manager Skills Inventory Tool. Therefore contingency planning is necessary (White & Zaccagnini, 2014).

All of the presentation material is printed as well as backed up on internal and external drives. If one of the speakers was unable to attend the program, the materials are readily accessible.

The unintended consequences could be positive or negative. The positive is that the nurse managers may find the program beneficial and will utilize the information presented in their everyday practice as nurse managers. The nurse managers may report an increase in self-reported competency post leadership development program. The nurse managers may encourage staff to obtain additional development and education. The nurse managers may obtain advanced education and may obtain their certification as nurse managers. A negative consequence could be that the nurse managers may not find the program beneficial, they may not utilize the information in their practice as nurse managers and may not be role models for the staff to obtain increased education and development. Another negative could be that the self-reported competency did not improve.

Stakeholders and Project Team

The stakeholders are comprised of internal and external stakeholders. Internal stakeholders include the nurse managers, nurses, ancillary staff, medical director, chief nurse executive, patients/residents, department or program directors, chief financial officer, and project team members: student and mentor (White & Zaccagnini, 2014). The external stakeholders include insurance companies, regulatory agencies, community members, suppliers, interest groups, and families in the community, health advocacy organizations, community health organizations and support groups (White & Zaccagnini).

Cost-Benefit Analysis

The cost-benefit analysis should demonstrate that the benefit of the leadership development would be worth the cost of the endeavor (White & Zaccagnini, 2014). The estimated cost of the program is $1,261. Effective leaders can lead to lower turnover rates. According to the PricewaterhouseCoopers' Health Research Institute, a one percent increase in turnover, results in a cost of $300,000 for the organization (PricewaterhouseCoopers' Health Research Institute, 2008). The Nursing Turnover Cost Calculation calculates the real cost of nurse turnover to be 1.2 to 1.3 times the RN annual salary (Kooker & Kamikawa, 2011). At the medical center, the starting salary of a nurse with zero to three years experience (Step One) is $75,129 and the most experienced nurse (Step 24) is $101,566 (Human resources, personal communication, February 2, 2017), and utilizing this method, the cost of turnover is $90,154 to $132,035 per nurse. Therefore, the leadership education of nurse managers ensures nurse managers are prepared in their leadership roles; leads to retention of staff, decreased turnover costs, and better quality and financial outcomes for the healthcare organization (Fennimore & Wolf, 2011).

See Appendix F: Cost- Benefit Analysis.

Mission and Vision Statement

Strategic planning encompasses a focus on the essentials of the organization, the mission, vision, and core values (Spear, 2015). Values are comprised of the way the organization acts, and assist in the formation of the ethical values. The vision is how the organization will look when it completes its mission, and the vision statement guides the organization during execution of the strategic plan (Spear). A goal encompasses what the organization must do to carry out the mission to complete the vision. The objectives are derived from the goals and these are measurable (Spear). The domain of nursing is multifaceted. A vision in the nursing profession encompasses several components. These include a vision that is clear, has a goal, is linked to fundamental

values, one that enables collaboration to occur with various stakeholders, and appreciates dissimilarities (McBride, 2011).

The vision of the Leadership Development Program is for the nurse managers to become proficient leaders that create healthy work environments, which provide optimal patient care and quality outcomes for the organization. The mission for the Capstone is to provide a high quality leadership development program for the nurse managers to enable the nurse managers to attain increased self-reported competency.

Goals and Outcome Objectives

Goals give guidance to the project, recognize future outcomes, and identify expected outcomes of the project; these "goals are where you want to be and objectives are how to get there" (White & Zaccagnini, 2014, p. 436). The objectives should be Specific, Measureable, Attainable, Realistic, and Timely (SMART), according to Lewis, (2007). The goal of the project is to increase the self-reported competency levels of the nurse managers post leadership development program. The objectives are:

1. Solicit managers to participate in the Leadership Development Program

2. Assess the current knowledge of the nurse managers (utilizing the Nurse Manager Skills Inventory Tool to assess self-reported competency levels).

3. Educate the nurse managers in an interactive two-day course.

4. Assess the self-reported competency of the nurse managers post Leadership Development Program (utilizing the Nurse Manager Skills Inventory Tool).

See Table 2: Goals and Objectives of Leadership Development Program.

Logic Model

A logic model is a device that is utilized to assist in the planning, implementation and evaluation of an endeavor (W.K. Kellogg Foundation, 2004). It is a methodical and optical method

of showing and sharing the comprehension of the relationships among the resources that are present to maneuver the project; the actions that are proposed, and the results that are anticipated to occur (W.K. Kellogg Foundation). (Appendix B: Logic Model).

Population and Sampling Parameters

Population

The population that received the leadership training was the nurse managers at a large medical center in New Jersey. There are about twenty nurse managers in the entire organization. Participation was voluntary and a total of eight managers participated in the two-day Leadership Development Program.

Sample

There were eight managers that participated in the two-day program. This is a small sample size, however it is purposive since it is the specific population that has been identified to benefit from this training. The individuals participating are homogenous since the information being researched is the same for this population (Terry, 2015).

Setting

The setting is appropriate for the project. The Leadership Development Program occurred in a large medical center located in New Jersey. The medical center has a high population of patients that are vulnerable and underserved.

Evidence Based Methodology and Measurement

Research Design

The problem that was researched was: "Nurse managers are placed in leadership positions without adequate training". The Nurse Manager Skills Inventory Tool was utilized to measure the self-reported competency before and after the leadership development program (AACN, 2006). A two-day Leadership Development Program took place on October 20, 2016 and October 26, 2016.

There were eight nurse managers at the medical center that attended both sessions. There was a total of twelve hours of leadership training in the two-day course. The nurse managers completed the tool at the beginning of day one on October 20, 2016 and also completed the tool at the conclusion of day two on October 26, 2016.

Quantitative Study

The data was analyzed utilizing a quantitative analysis. The effect of a Leadership Development Program for nurse managers on their self-reported competency was measured. A correlational and contributory relationship between the variables was established by determining the effectiveness of the intervention on the study population (Terry, 2015). The nurse managers completed the tool by scoring themselves in the various content areas on a scale from minimal self-assessed skill/experience to expert (AACN, 2006). The nurse managers placed a check on the line for the question based on their self-assessment of their skills pertaining to their management skills. This check was quantified on a scale of one to four based on the manager's perceptions of their competency. This enabled the information to be presented in numeric form (Polit, 2010).

Tool

The tool utilized for the Capstone Research study was the Nurse Manager Skills Inventory Tool. The American Association of Critical Care Nurses (AACN) and American Organization of Nurse Executives (AONE) created this tool and written permission was obtained by the AACN to utilize this tool for the Project of a Nurse Manager Leadership Development Program.

The psychometric properties of the tool were unable to be obtained. The tool was developed in a collaborative partnership between the AACN and AONE and it had only face validity (AACN, personal communication, March 3, 2016). The tool is proprietary and its validation and reliability are unable to be obtained. However, in this research project, Cronbach's

alpha value was 0.985, which demonstrates high internal consistency for the tool for this research project (Polit, 2010).

The Nurse Manager Skills Inventory Tool measures self-assessed competency in three domains:

1. The Science: Managing the Business:

    a. Financial Management

    b. Human Resource Management

    c. Performance Improvement

    d. Foundational Thinking Skills

    e. Technology

    f. Strategic Management

    g. Appropriate Clinical Practice Knowledge

2. The Art: Leading the People

    a. Human Resource Leadership Skills

    b. Relationship Management and Influencing Behaviors

    c. Diversity

    d. Shared Decision Making

3. The Leader Within: Creating the Leader Within Yourself

    a. Personal and Professional Accountability

    b. Career Planning

    c. Personal Journey Disciplines

    d. Reflective Practice Reference Behaviors/ Tenants

The outcome that was anticipated was that the nurse managers will report increased self-reported competency post Leadership Development Program. This component is quantifiable.

Level of Data

The data collected was interval. The nurse managers ranked themselves on a competency scale from minimal skill/experience level to expert skill/experience level. This ranking enabled collation of particular characteristics (Polit, 2010). These attributes were placed into numeric form for analysis.

Coding Process

The coding process entailed coding the data on the Nurse Manager Skills Inventory Tool. The tool itself consisted of check marks by the nurse managers in four boxes. A number was assigned to represent each box on the Excel spreadsheet. The number one (1) Novice Experience/Skill; the number four (4) represented Expert Practice; the number two (2) was between Novice Experience/Skill and Expert Practice, but closer to Novice Experience/Skill; and the number three (3) was between Novice Experience/Skill and Expert Practice, but closer to Expert Practice.

An Excel spreadsheet was created. A vertical column included 82 cells to represent the 82 questions. Horizontal columns were listed with a total of eight columns for each participant Pre Leadership Development Program and a total of eight columns for each participant Post Leadership Development Program. Additionally, there was a column for the aggregate scores Pre Leadership Development Program and another column for the aggregate scores Post Leadership Development Program. A total sum of scores for the Pre Leadership Development Program tool was tabulated and a total sum of scores for the Post Leadership Development Program tool was tabulated.

Variables

There were several variables for the Capstone project. These variables exert influence and are influenced by other variables (Christenbery, 2011). Variables that affect other variables are

independent variables and variables that are affected by the independent variables are dependent

variables (Christenbery).

Independent Variable

The independent variable leads to the result created in the dependent variable (Terry, 2015).

In this project, the independent variable was the implementation of the Leadership Development

Program for the nurse managers. The student, the mentor, and the Chief Nurse Executive

determined the content for the program, based on the needs at the medical center and knowledge

needed to be an effective nurse manager. The review of literature provided guidance for the

project. This intervention is necessary in order to educate the nurse managers on the strategies to

be effective leaders in the organization.

Dependent Variable

The dependent variable is the outcome that will be measured (Terry, 2015). This variable

is influenced by the independent variable. In this project, the dependent variable will be the self-

reported competency of the nurse managers. Approval to use The Nurse Manager Skills Inventory

Tool has been obtained in writing from the American Association of Critical Care Nurses (AACN).

Extraneous Variables

The extraneous variables are the additional variables that will have an impact on the project

(Christenbery, 2011). Extraneous or confounding variables are environmental or personal

characteristics of the client that may have an affect on the independent variable or the outcomes

related to the dependent variable (Christenbery). In this project, the intervention of the Leadership

Development Program could be affected by the expectations and desires of the nurse managers to

obtain the information. Additionally, cultural beliefs of the participants as well as the culture in the

hospital must be taken into consideration as this has an affect on their desire to learn. According to

Bandura (1977a), environmental factors have an influence upon how clients learn behavior. There

is an interaction between the environment and cognitive factors such as the learners thoughts, expectations, goals, and motivations, and their behavior (Bandura). As the nurse managers are educated it is important for the nurse managers and the educators to be aware of their own worldview since it impacts their perceptions of health care and of each other. People have different beliefs and values and this may influence how they perceive the role of nurse manager and how they interact with each other, their staff, their supervisors, the health care system, and with their environment (Reed, 2011). The level of management experience is unknown at this time and this may be an influential factor during the leadership development program. Many other factors also could be extraneous variables such as the nurse managers may feel this course is something they do not need and they could score high self-reported competency prior to the course with no increase in self-reported competency post course; the self-reporting of the competency is subjective, which can be difficult to quantify.

Protection of Human Rights

Provision Three (3) of the American Nurses Association (ANA) Code of Ethics states "the nurse promotes, advocates for, and protects the rights, health, and safety of the patient" (Fowler, 2015, p. 21). A component of this provision is to protect human participants in research. These participants are patients, students, nurses, members of the healthcare team, and other individuals. Participants have the right to participate in the research and to refuse to participate, as well as withdraw from the research study at any time without any penalty. Another right is to be protected from harm (Fowler).

As a DNP candidate, the project, the Leadership Development Program for nurse managers, will require elements from Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking (AACN, 2006). Some of these tenets include the initiation and evaluation of health care provisions to meet the healthcare needs of individuals, based on

scientific findings; guaranteeing quality health care and the safety of patients; utilizing effective communication methods, skills of business, finance, economics, and health policy; budget monitoring; fiscal responsibility and sensitivity for the diverse population; and enabling effective strategies to utilized when ethical dilemmas are present in the provision of patient care, the healthcare organization and in research (AACN). The ultimate goal will be to develop the nurse managers so that optimal patient care is achieved with no or minimal risks to the patients, staff, and ultimately the health care organization.

The project does not involve patients in research or vulnerable populations, but the participating nurse managers must be protected, and they cannot be harmed in any way. All research has inherent risks; it is the researcher's responsibility to ensure these risks are minimized and that the nurse managers provide informed consent to participate in the project (Fowler, 2015).

Part of the role as a doctoral candidate involved in research to advance the knowledge of the profession is to ensure the participants are protected. The Institutional Review Board (IRB) also has a role to ensure protection of participants in research (Eldridge, 2014). IRB approval at the organization to utilize the Nurse Manager Skills Inventory Tool to assess the competency of the nurse managers prior to leadership training and post leadership training was obtained from the medical center and from Regis University.

To protect the participants from harm, any risks that may be possible must be formulated and discussed to fully inform the participants about the risks versus benefits ratio so that they have informed consent (Terry, 2015). Since it is educational, and there is a self-assessment of competency, minimal risks are anticipated. The leadership development will include didactic instruction and role-playing and scenarios; there is a low risk of physical harm utilizing these training techniques. Since the nurse manager completes this assessment they may feel incompetent and embarrassed and that could be a risk. There was an informed consent form that the nurse

managers read and signed prior to completing the self-reported competency tool. Additionally, the information that will be provided to the nurse managers will be accurate to ensure the nurse managers will develop stronger leadership skills without causing any harm to their staff, the patients, and the healthcare organization.

Instrumentation Reliability and Validity and Statistics

The nurse managers completed the self-reported competency tool and their scores tabulated. The next step is to "organize, synthesize, and interpret the data" (Polit, 2010, p. 3). Descriptive statistics will be used with a bivariate analysis of the multiple variables. The data will be tabulated in a numeric form and a frequency table will represent the data and central tendency can be determined. A T-test analysis of the pre and post leadership development results will be completed. To measure the competency level, the nurse managers will place a check to indicate competency in the three domains: The Science: Managing the people: The Art: Leading the people, and the Leader Within: Creating the leader in yourself (AACN, 2006). The self-reported competency is subjective, therefore specific criteria utilizing Benner's novice to expert ranking to rate the numbers as objectively as possible will occur (McEwen, 2011). The data was assigned a numeric value, which enabled the data to be interval data.

Errors can occur that will threaten the validity of research. Quantitative data does not consider subjective aspects that may affect the data such as a person's emotions, beliefs, habits, perceptions and experiences (Polit, 2010). These personal variables could affect the outcome of the project (Polit). Threats to internal validity include selection, if a representative sample was not included. Another internal threat could be history, if an event occurs that can affect the dependent variable: The increased self-reported competency, (Polit). For example, if the nurse manager takes additional leadership courses, and acquires additional knowledge not related to the project. Another problem could be testing: The nurse managers will be completing the tool twice, and

perhaps they score higher competency the second time due to familiarity with the tool the first time (Polit).

There are threats to external validity as this measures whether or not the study is generalizable to other populations. This research project applies to nurse managers and should be able to be replicated with other nurse managers, and other nurses in leadership positions.

Content validity is necessary to measure the tool to determine if it measures what it is expected to measure (Polit, 2010). The psychometric properties for the Nurse Manager Skills Inventory Tool are not available, they are proprietary and are unable to be shared (AONE, personal communication, February 19, 2016). Therefore reliability, whether the tool has consistency and whether the results can be replicated are unable to be determined at this time.

Pre-test and Post-test designs were used to measure the effect on the competency before and after the intervention of the leadership training. This design has weaknesses, since there is not a control group nor randomization, and there could be other reasons besides the intervention that affect the outcome (Polit, 2010).

The sampling design was a purposive sample of eight nurse managers; there is a total population of twenty nurse managers in the organization. The small overall population is limiting. This design has the greatest risk of researcher bias; therefore these risks will need to be minimized. The nurse managers will be invited to participate, however, the reason people are volunteering to participate will need to be ascertained, to ensure that the participants are a representative sample of the nurse manager population. This will ensure a better generalizability to the general population. The homogeneity of the nurse managers will need to be determined, if more homogeneous, then the small sample size will be able to adequately represent the population (Polit, 2010). Due to the small sample size, the confidence interval cannot be obtained.

The power analysis will be limited by the small sample size that is available for the population. Depending on the final number of participants, the amount of error that will be able to occur will need to be determined (Polit, 2010). The population will need to be identified as small, medium or large size before determining the power of the test (Cohen, 1992).

Reliability statistics were run for the Nurse Manager Skills Inventory Tool. Cronbach's Alpha indicated high internal consistency with the value of .985 for the 164 questions (82 questions for the tool that was completed pre-educational program and 82 questions that were completed post-educational program. The original Cronbach's Alpha for the tool was unable to be obtained, however for this project the tool is highly reliable as indicated by the high Cronbach's Alpha value.

Data Collection and Treatment Procedure/ Protocol

Collection of Data

A consent form was designed for the nurse managers to participate in the Leadership Development Program and to complete the Nurse Manager Skills Inventory Tool pre and post Leadership Development Program. To de-identify the participants, ten envelopes that contained the tool and the consent form were labeled "A" from one to ten; and there were ten envelopes labeled "B" from one to ten for the post assessment survey. Each individual pair was assigned to a different nurse manager, and the master list of pairs was locked in a file cabinet in the Nursing Education Department and the envelopes and tools had no participant identification present to ensure confidentiality of the participants.

Inferential Analysis

According to Terry (2015), inferential statistics enable the researcher to draw deductions that extend beyond the data that has been analyzed. This is necessary to determine if the sample utilized for the research is representative of the population (Terry). The tool completed Post-

Leadership Development Program demonstrated a statistical difference from the tool completed Pre-Leadership Development Program. This signifies that the educational program increased the nurse managers self-reported competency levels. The sample size was small at only eight participants; therefore this improvement cannot be generalized to the overall population of nurse managers, only for those at this particular medical center. In the population, qualitative data was not accounted for in the data collection, such as demographic information, educational level, and years experience as a nurse manager. These qualitative qualities could have an impact on the reporting of self-reported competency levels.

Tests Run

Descriptive statistics were used with a bivariate analysis of the multiple variables. The Statistical Package for the Social Science (SPSS) was utilized to statistically analyze the data for the project (IBM, 2015). The interval data collected was coded in Microsoft Excel, and inputted into the Statistical Package for the Social Sciences (SPSS). A frequency table represented the data and central tendency can be determined. A T-Test of the pre and post leadership development results was completed. An operational definition of the abstract concepts was defined by placing a numeric value to the responses. The tests run in SPSS included the T-Test: Paired Samples Statistics to determine if the intervention of the educational program was effective in improving self-reported competency. The paired sample T-Test was run for the eight pairs. The data obtained included the individual pairs pre and post tool as well as sum pre and sum post. Additionally, individual statistics were obtained for each test question pre and post. The Pearson Correlation test was run to determine the relationship between each question pre and post and the aggregate correlations pre and post. Pearson was not significant ($p>.05$). Data was computed for each pair and in aggregate.

Paired samples statistics were obtained to compare the means. The Paired Samples T-Tests was utilized for the eight pairs of data to represent each pair of tools completed by the nurse managers' pre and post Leadership Development Program. Paired samples statistics were obtained for each pair; eight pairs in total. A Paired Samples Test was obtained to measure the Paired Differences, the sum of the pre and the sum of the post tool results. This test enabled the comparison between the two groups pre and post educational program to determine if there is a difference.

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Project Findings and Results

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Organized by Objective

See Table Two: Project Findings and Results Organized by Objectives

Objective One: All nurse managers were invited to participate in the Two Day Leadership Development Program. Eight nurse managers attended the Program.

Objective Two: Eight nurse managers signed the consent form and completed the Nurse Manager Skills Inventory Tool prior to the Leadership Development Program on October 20, 2016.

Objective Three: Two-Day Leadership Development Program took place on October 20, 2016 and October 26, 2016.

Objective Four: Eight nurse managers completed the Nurse Manager Skills Inventory Tool post Leadership Development Program. The results were statistically significant. The Leadership Development Program improved the nurse manager self-reported competency levels ($t = -2.038$, $p < .05$).

Test Results

The Dependent groups T-Test was utilized to compute means for the nurse managers before and after the Leadership Development Program (Polit, 2010). There were the same eight pairs pre and post for the educational program. The advantages are less sampling variation since the same

participants completed the program (Polit). The sum of the pre and post results is highly correlated (.898) and is statistically significant (p<. 001). This indicates a highly positive relationship between leadership development and improved self-reported competency levels. Paired samples correlations for all eight pairs demonstrated a difference in means pre and post Leadership Development Program, and this is statistically significant (t= -2.038, p<. 05). This indicates a difference between the mean of the pre-test and the post-test after the leadership development program and measurement of self-reported competency levels (Polit).

Analysis of Results

This project utilized dependent groups T-Test to compute means for self-reported competency for the nurse managers before and after the Leadership Development Program. There were eight pairs that were the same for completion of the Nurse Manager Skills Inventory Tool pre and post Leadership Development Program.

The sum of the pre and sum of the post is highly correlated (.898) and is statistically significant (p<. 001) for the eight pairs (pre and post tool completion). There is a difference in means pre and post Leadership Development Program on the nurse managers' self-assessment of competency. The mean for the sum pre was 19.71 and the mean for sum post was 20.20 for the paired samples statistics. The standard deviation for the sum pre is 3.723 and for the sum post is 4.765. The standard error of the mean is .411 for the pre and .526 for the post.

The paired samples correlations were statistically significant for all eight pairs pre and post for all of the nurse managers (t= -2.038, p< .05). The standard error of the mean is .239 and (Confidence Interval: -.964 to .012). The mean of the sum pre and sum post is -.488, which means the post scores were higher than the pre scores for the self-reported competency levels.

Effect Size

An effect size determines the magnitude of the effect of the relationship and whether this effect is factual (Polit, 2010). It calculates the intensity of the relationship between variables in the population. The effect size is directly related to power, the higher the effect size, the higher the effect of the test and this indicates that when the relationship is strong between variables in the population, the sample data of the population will reflect this. The reverse is also true whereby if the relationship between variables is weak, this relationship will not be observed in the sample and this could be because of sampling error (Polit).

For the calculation of effect size, the paired samples statistics was utilized for the sum pre and sum post. Utilizing the methodology of calculation of an effect size by Thalheimer & Cook, (2002) and the population of eight nurse managers, the Cohen's d value equaled 0.115. This value is low, and a value less than 0.20 is considered small, therefore the relationship between the variables, is not strong for the population.

Interpretation of Results

The scores on the Nurse Manager Skills Inventory Tool improved after the Leadership Development program. The T-Test for the eight pairs verified that the educational program was effective in increasing the nurse manager's self-reported competency. The improvement was statistically significant from pre to post as the scores improved ($p < .05$). The Leadership Development Program improved the nurse managers self-reported competency levels utilizing the Nurse Manager Skills Inventory Tool. Additionally, the aggregate scores pre and post improved (from 1616 to 1656) however this was not statistically significant ($r > .05$). The scores improved both on an individual level and on an aggregate level. Therefore the question "Will a leadership development program for nurse managers increase their self-reported competency" had an affirmative answer. The results were statistically significant ($p < .05$), from the self-assessment of

competency before the Leadership Development Program and after the Leadership Development Program.

Limitations, Recommendations, Implications for Change

Limitations

There are several limitations with this project. The Nurse Manger Skills Inventory Tool had no clear delineation of the middle levels on the competency tool to indicate if the individual is less competent or more competent. The assumption was that the Likert scale of Novice to Expert on the tool had equidistant options for the nurse manager to choose the competency levels and this enabled the data to be deemed interval. The options chosen by the nurse manager are subjective based on where the nurse manager placed the check mark. There would be more meaningful data collection if the competencies were numeric in value.

The small sample size is a limitation as there were only eight participants. Therefore this data would focus on this organization only, and not be generalizable to a population of managers outside of this organization. Additionally, the effect size is low, with Cohen's d equal to 0.115, which indicates a weak relationship for variables in the population (Thalheimer & Cook, 2002). However, this research study did indicate that leadership development improves self-reported competency and this can be replicated for additional samples of nurse managers in the organization or in other organizations.

Another limitation was that there was no demographic data collected. The age range of the participants, number of years experience as a nurse manager, and educational background of the nurse manager are unknown. This information would be beneficial to guide further leadership development topics.

An additional limitation is that the completion of the tool was at the conclusion of the leadership development program, and perhaps the managers completed the tool quickly so they

could leave. In the future, to ensure the tool is carefully completed, the tool could be completed at a later time after the educational program.

Recommendations

The results were statistically significant that self reported competency improved post leadership development program. However, the tool measured items that were not covered in the educational program, as the program created for the managers, was based upon input from the Chief Nurse Executive as to content to be included in the program. In the future, the tool should include the topics that are being taught in the educational program

Another recommendation would be to have a numeric value on the scale delineating each level of competence with a corresponding numeric value. This would enable a more objective identification of competency that would be more easily measured.

An additional recommendation would be to complete the tool post leadership development program at a later date than on the day of the program. This would enable the nurse manager to thoughtfully and carefully complete the tool without feeling rushed.

It may be helpful to measure the self-reported competency at six months to nine months to determine the long-term effects of the leadership development program. Additionally, obtaining retention information of staff, turnover of staff, patient satisfaction, and staff satisfaction would identify the impact of the training on the healthcare organization.

Implications for Practice

The implications for practice are numerous. The program had a positive impact on nurse manager self-reported competency levels. This information supports the benefits of leadership development for nurse managers. Nurse managers that are prepared in their leadership roles leads to retention of staff, decreased turnover costs, and better quality and financial outcomes for the healthcare organization (Fennimore & Wolf, 2011). After the program, the nurse managers

requested a financial education for nurse managers and we were able to offer a total of five hours of training by a faculty member from a local university.

Conclusion

The project, a leadership development program for nurse managers and its measurement of self-reported competency levels was successful. The sample size was small at only eight participants; however, the results indicated an improvement in self-competency levels post leadership development program utilizing the Nurse Manager Skills Inventory Tool (AACN, 2006). The results of the analysis are statistically significant (t= -2.038, p< .05).

Leadership development enables nurse managers to be appropriately prepared to lead in these challenging times. Nurse managers are integral to staff satisfaction, patient satisfaction, and a healthy work environment; decreased turnover rates and retention of staff; and optimal quality care for patients and ultimately the healthcare organizations (Fennimore & Wolf, 2011; Sherman et al., 2007; Sullivan et al., 2003). An extensive literature review has revealed that often nurse managers are ill prepared for this critical role (McKinney et al., 2016). There is a shortage of staff nurses and also nurse managers; therefore retention is imperative for the future of nursing and the healthcare organizations (Brown et al., 2013; Zwink et al., 2013). This project and its results add value to support the necessity of leadership development for the crucial role of the nurse manager. Appropriate leadership development and education for the nurse managers is essential to ensure that quality outcomes are attained for the healthcare organizations as well as to ensure the future success of the nursing profession.

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Table 1: Goals and Objectives for Leadership Development Program

Goal	Objectives	Activity
The nurse managers will have increased self-reported competency levels	Obtain participants to be part of the leadership development program for nurse managers	All nurse managers were invited to attend the two day Leadership Development Program Response date by October 14, 2016
	Assess baseline self-competency levels of nurse managers	Survey: Utilize the Nurse Manager Skills Inventory Tool to assess self reported competency levels in the first hour of the educational program on Day 1 Nurse managers must sign consent to participate in completion of tool
	Develop leadership skills in a structured, interactive environment	Two day Leadership Development Program developed in conjunction with Chief Nurse Executive and Nursing Education Department: Course topics include: • Leadership style • Handling conflict • Change management • Communication effectiveness • Time management • Current workforce • Labor relations • Career planning • Customer service • Team building
	Measure the impact of the educational program on the Nurse Manager's self-reported competency levels	Survey: Utilize the Nurse Manager Skills Inventory Tool to assess self reported competency levels in the last hour of the educational program on Day 2

Table 2: Project Findings and Results Organized by Objective

Goal	Objectives	Activity	Results
The nurse managers will have increased self-reported competency levels	Obtain participants to be part of the leadership development program for nurse managers	All nurse managers were invited to attend the two day Leadership Development Program Response date by October 14, 2016	Eight nurse managers attended the Leadership Development Program
	Assess baseline self-competency levels of nurse managers	Survey: Utilize the Nurse Manager Skills Inventory Tool to assess self reported competency levels in the first hour of the educational program on Day 1 Nurse managers must sign consent to participate in completion of tool	Eight nurse managers signed the consent form and completed the Pre- assessment "A" tool at the beginning of Day One on October 20, 2016.
	Develop leadership skills in a structured, interactive environment	Two day Leadership Development Program developed in conjunction with Chief Nurse Executive and Nursing Education Department: Course topics include: • Leadership style • Handling conflict • Change management • Communication effectiveness • Time management • Current workforce • Labor relations • Career planning • Customer service • Team building	Eight nurse managers attended the two day workshop on October 20, 2016 and October 26, 2016 and completed the pre and post self- assessment "A" and "B"
	Measure the impact of the educational program on the Nurse Manager's self-	Survey: Utilize the Nurse Manager Skills Inventory Tool to assess self-reported	The results were statistically significant that the Leadership Development

	reported competency levels	competency levels in the last hour of the educational program on Day 2	Program improved self- competency levels (t= -2.038, p< .05). The Sum Pre and the Sum post is highly correlated (r=. 898, p<. 001). The education improved the scores on the post leadership development tool

Table 3: SWOT Analysis

Strengths	Weaknesses
• DNP candidate experience as nurse manager • DNP candidate certified as Nurse Executive (NE-BC) • DNP Mentor expert in Leadership training • DNP mentor certified as Nurse Executive Advanced (NEA-BC) • Chief Nurse Executive supportive of Leadership Development Program for Nurse Managers	• Unknown level of leadership skills of nurse managers • Nurse managers intent to attend Leadership Development program is unknown • Dates for two day program have been changed several times
Opportunities	**Threats**
• Resources are available for leadership development • Two day workshop will occur on site with no cost to nurse managers • Topics include career planning and how to obtain specialty certification and will enable nurse manager to be role model for staff	• Healthcare organization is in window for regulatory visits • Healthcare organization contract with managing organization expires in March of 2017, therefore Leadership Development program must occur before that date.

Fortenberry (2010)

Table 4: Force Field Analysis

Forces for Change	Score	Change Proposal	Forces Against Change	Score
Managers have requested leadership development	4	Initiation of a Leadership Development Program for nurse managers at the medical center	Nurse managers are not interested in attending the 2 day Leadership Development Program	3
Content available to provide 2 Day Leadership Development Program for nurse managers	4		Managers do not complete the Nurse Manager Skills Inventory Tool pre and post educational program	3
Chief Nurse Executive wants nurse managers to receive training	5		Regulatory Agency window open during planned Leadership Development Program for Nurse Managers	3
Potential candidates that are interested in attending the leadership development program	4		Nurse Managers do not complete both days of program	3
Nurse managers are willing to complete Nurse Manager Skills Inventory Tool	4		Program unable to occur within IRB timeframe	3
Cost for program is minimal	4		Healthcare organization may have new ownership which may not be interested in Leadership Development	3
TOTAL Score	**26**			**18**

(Mind Tools, 1996- 2017)

Table 5: Agenda Leadership Development Program

Leadership Development Program

Day One: Intrinsic Qualities of a Leader

Time	Content
08:00- 09:00	Administer Nurse Manager Skills Inventory Tool
09:00- 10:30	Discovering My Leadership Style
10:30- 10:45	Break
10:45- 12:00	Exploring My Communication Effectiveness
12:00- 01:00	Lunch
01:00- 01:45	Handling Conflict: Resolution or Revolution
01:45- 03:00	Thriving on Change
03:00- 03:15	Break
03:15- 04:15	Time Management for Success
04:15- 04:30	Summary

Day Two: Managing the Extrinsic Expectations of Leadership

Time	Content
08:00- 09:00	Assessing the Current Workforce
09:00- 09:15	Break
09:15- 11:00	Labor Relations and You: Perfect Together?
11:00- 12:00	Employees are Customers Too
12:00- 01:00	Lunch
01:00- 02:00	Team Building
02:00- 02:45	Career Planning
02:45- 03:00	Break
03:00- 04:00	Nurse Manager Skills Inventory Tool
04:00- 04:30	Summary and Evaluations

Agenda Leadership Development Program

Appendix A: Systematic Review of the Literature (Example)

Article/Journal	Evaluation of a clinical leadership programme for nurse managers. Journal of Nursing Management, 20, 72- 80.	Nurse manager leadership development. The Journal of Nursing Administration, 41, 204-210.
Author/Year	Martin, J. S., McCormack, B., Fitzsimons, D., & Spirig, R. (2012)	Fennimore, L., & Wolf, G. (2011)
Database/ Keywords	Academic Search Premier/CINAHL Leadership training for nurse managers	Academic Search Premier/CINAHL Nurse Manager Leadership Development
Research Design	Quasi- experimental using a pre and post design	Qualitative open ended response Quantitative NM Inventory tool pre and post course
Level of Evidence	Level III: Evidence obtained from well designed controlled trials without randomization (quasi- experimental studies)	Level VI: Evidence obtained from a single descriptive study or qualitative study
Study Aim/Purpose	Evaluation study of the Royal College of Nursing Clinical Leadership Program (CLP) and its impact on nurse manager competencies in Switzerland. CLP is a development program that teaches transformational leadership aimed at the various management levels.	New nurse turnover was 17% and nurse turnover was 10.07% across the University of Pittsburg Medical Center. It was determined that the nurse manager is key to retention and quality outcomes and for healthy work environments and cultures of safety for patients. The Interdisciplinary team studied the preparation of nurse managers across multiple hospitals in the organization and studied the best programs in business and nursing. A conceptual framework of topics to present on leadership development for nurse managers was created. The managers attended a 27-hour leadership development program.
Population/ Sample size Criteria/Power	Convenience sample of 14 ward leaders were assessed using the Leadership Practices Inventory (LPI) tool.	25 nurse managers participated in the initial pilot study; An 100 nurse leaders attended the program over a two- year period

	420 observer-assessment questionnaires and 42 self-assessment questionnaires were given out. There were two cohorts each with 8 participants. Power low due to small sample size.	with four different sessions offered. Included newer nurse managers as well as experienced nurse managers. Sample size is small, therefore limiting the power.
Methods/Study Appraisal Synthesis Methods	A convenience sample of 14 ward leaders were assessed three times using the Leadership Practices Inventory (LPI) and were evaluated at the beginning of the program, at the conclusion of the program, and six months after the program ended Mixed methods, utilizing collection and analysis of quantitative data; followed by qualitative data collection and analysis LPI with Chronbach's alpha of 0.94 with verification of construct validity.	Each participant completed an evaluation of each session as well as of the leadership development program. Participants completed a modification of the Nurse Manager Skills Inventory Tool on a 5 point Likert Scale prior to the first session and six months post leadership development program. There was no measurement of tool.
Primary Outcome Measures/ Results	Two of the five qualities of transformation leadership changes post programme were statistical significant after the leadership development: "Inspiring a shared vision" (Self F= 6.702, p=. 011; observer F= 6.059, p=. 015); "Challenge the process" (Self F=8.779, p=. 004; Observer F=3.994, p=. 047). There was no significant impact on the other five qualities ("model the way"; "encourage others to act"; "encourage the heart").	A group means comparison revealed a raw score improvement of 0.68 six months after completion of the training in all areas. The improvements included an increase of 26.7% in the domain of the science of managing people; 20.9% increase in the art of leading people; 27% increase in creating the leader within.
Conclusions/ Implications	Leadership development had a statistically significant impact on two qualities of transformational leaders. This type of leadership is important for nurse managers to possess. The results were still evident six months after the program, indicating long-term	Leadership development increased self- reported competency levels of nursing leaders. Turnover decreased from 10.07% in 2006 to 9.2% in 2009; new nurse and graduate nurse turnover

	results of the educational program. This is useful to guide further leadership development programs.	decreased from 17% in 2006 to 11% in 2009. The Nurse Manager Inventory Tool can be used for additional organizations in the future.
Strengths/ Limitations	Strengths: Demonstrates that leadership development has a positive impact on nurse leaders. Limitations: Very small sample size, low statistical power. Should utilize qualitative data and focus groups for additional support.	Strengths: Reduction in turnover for healthcare organization Limitations- did not measure turnover on enrolled NM units Did not measure results longitudinally. Did not measure staff satisfaction.
Funding Source	This study was funded by Ebnet Stiftung, Switzerland.	Source was $100,000 per year cost in collaboration with leadership development consulting firm and program provided internally within organization.
Comments	Supports the benefits of leadership development for nurse manager's short term and long term.	The Nurse Manager Skills Inventory Tool can be utilized for Leadership Development program. Supports the benefits of leadership development for nurse managers.

Systematic Review Evidence Table Format (Adapted with permission from Thompson, C. (2011). Evidence table format for a systematic review. In J. Houser & K. S. Oman (Eds.), Evidence- based practice: An implementation guide for healthcare organizations (p. 155). Sudbury, MA: Jones and Bartlett.).
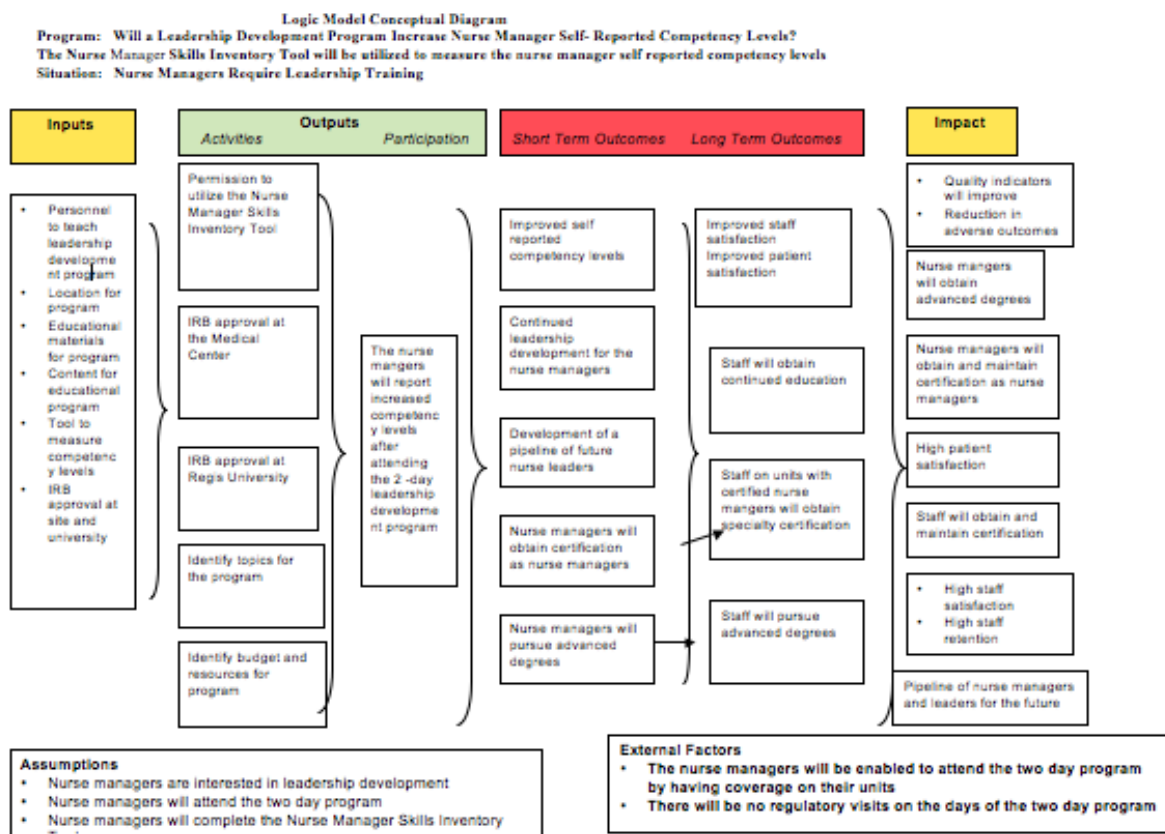
Appendix B: Logic Model

Research Question: Will a leadership development program for nurse managers increase their self- reported competency? The Nurse Manager Inventory Tool will be utilized to measure the self-reported competency before and after the leadership development program.

RESOURCES	ACTIVITIES	OUTPUTS	SHORT & LONG-TERM OUTCOMES	IMPACT
In order to accomplish our set of activities we will need the following:	*In order to address our problem or asset we will accomplish the following activities:*	*We expect that once accomplished these activities will produce the following evidence of service delivery:*	*We expect that if accomplished these activities will lead to the following changes in 1-3 then 4-6 years:*	*We expect that if accomplished these activities will lead to the following changes in 7-10 years:*
1. The nurse managers are willing to accept that they should have the leadership development 2. The nurse managers are willing to attend the two day course 3. The organization is able to provide coverage on the nurse managers' units so that they can attend the course 4. There is a feasible budget to provide the materials for the course	1. Permission to utilize the Nurse Manager Inventory Tool 2. IRB approval at the medical center 3. IRB approval at Regis University 4. Identify topics for the course 5. Obtain speakers and content for the educational program 6. Invitation sent to nurse managers to participate in program 7. Commitment of nurse managers, and organization to make this program successful.	1. The nurse managers will report increased self reported competency post leadership development 2. Managers with leadership development training will provide improved patient care; optimal patient outcomes; reduction in errors; higher patient satisfaction and higher staff satisfaction; and operate their units more efficiently	Short Term 1. Improved self reported competency 2. Leadership development updates on a quarterly basis to keep managers up to date with new developments as leaders 3. Development of a mentorship and leadership program to establish a pipeline of future leaders 4. Nurse mangers will obtain certification as nurse managers Long Term 1. Staff on units with certified nurse managers will obtain specialty certification 2. Nurse Managers will obtain advanced degrees in	1. The nurse managers will obtain advanced degrees 2. The nurse managers will obtain certification 3. There will be a culture of certification where the staff nurses also obtain specialty certification 4. Quality indicators will improve 5. There will be a reduction in adverse outcomes 6. Patient satisfaction will be high 7. Staff satisfaction and nurse retention rates will be high 8. Reduction in staff turnover rates 9. Pipeline of nurse managers and nurse leaders for the future.

			nursing 3. Staff on units will obtain further education in nursing 4. Obtain Magnet Status	

("W.K. Kellogg Foundation," 2004)

Appendix C: Conceptual Diagram

Logic Model Conceptual Diagram
Program: Will a Leadership Development Program Increase Nurse Manager Self- Reported Competency Levels?
The Nurse Manager Skills Inventory Tool will be utilized to measure the nurse manager self reported competency levels
Situation: Nurse Managers Require Leadership Training

Inputs	Outputs		Short Term Outcomes / Long Term Outcomes		Impact
	Activities	Participation			

Inputs
- Personnel to teach leadership development program
- Location for program
- Educational materials for program
- Content for educational program
- Tool to measure competency levels
- IRB approval at site and university

Activities
- Permission to utilize the Nurse Manager Skills Inventory Tool
- IRB approval at the Medical Center
- IRB approval at Regis University
- Identify topics for the program
- Identify budget and resources for program

Participation
- The nurse mangers will report increased competency levels after attending the 2-day leadership development program

Short Term Outcomes
- Improved self reported competency levels
- Continued leadership development for the nurse managers
- Development of a pipeline of future nurse leaders
- Nurse managers will obtain certification as nurse managers
- Nurse managers will pursue advanced degrees

Long Term Outcomes
- Improved staff satisfaction Improved patient satisfaction
- Staff will obtain continued education
- Staff on units with certified nurse mangers will obtain specialty certification
- Staff will pursue advanced degrees

Impact
- Quality indicators will improve
- Reduction in adverse outcomes
- Nurse mangers will obtain advanced degrees
- Nurse managers will obtain and maintain certification as nurse managers
- High patient satisfaction
- Staff will obtain and maintain certification
- High staff satisfaction
- High staff retention
- Pipeline of nurse managers and leaders for the future

Assumptions
- Nurse managers are interested in leadership development
- Nurse managers will attend the two day program
- Nurse managers will complete the Nurse Manager Skills Inventory

External Factors
- The nurse managers will be enabled to attend the two day program by having coverage on their units
- There will be no regulatory visits on the days of the two day program

University of Wisconsin Extension, 2015

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Appendix D: Consent Form to Participate in Project

Regis University
CONSENT TO PARTICIPATE IN RESEARCH

Leadership Development Program for Nurse Managers

You are asked to participate in a research study conducted by *Anne Marie Flatekval and Dr. Catherine Witt*, from the Loretto Heights School of Nursing at Regis University. This project is being conducted as part of the DNP Capstone Project for the course. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

You have been asked to participate in this study because *eligible participants are all nurse managers. This is the inclusion criterion. The exclusion criteria are those nurse managers that do not choose to participate.*

- **PURPOSE OF THE STUDY**

The purpose of this study is to provide a leadership development program to the nurse managers and to measure their self- reported competency prior to and post leadership development program. The Nurse Manager Skills Inventory Tool (AACN) will be utilized to measure the self- reported competency.

- **PROCEDURES**

If you volunteer to participate in this study, you will be asked to do the following things:

You will be expected to participate in a 2-day workshop for 7.5 hours per day. The Nurse Manager Skills Inventory Tool will be included as part of the time during the day.

Complete the Nurse Manager Skills Inventory Tool on Day One of the Leadership Development Program and complete the Nurse Manager Skills Inventory Tool post leadership development Program on Day Two of the Leadership Development Program.

The Nurse Manager Skills Inventory Tool is an assessment of your self- reported competency topics relevant to nursing leadership.
This assessment encompasses the following topics: Financial Management; Human Resources Management; Performance Improvement; Foundational Thinking Skills; Technology; Strategic Management; Appropriate Clinical Practice Knowledge; Human Resource Leadership Skills; Relationship Management and Influencing Behaviors; Diversity; Shared Decision- Making; Personal and Professional Accountability; Career Planning; Personal Journey Disciplines; and Reflective Practice.

There are a total of 82 questions on the Nurse Manager Skills Inventory Tool. The format is on a scale from Novice Experience Skill to Competent Experience Skill to Expert Practice.
There will be sixty minutes allotted to complete the tool each time.

- **POTENTIAL RISKS AND DISCOMFORTS**

There are no anticipated risks to you from your participation in this study. We believe that the risk from participation is no greater than that encountered in everyday life. However, in case you do experience any mild distress from the experiment, a debriefing process will be provided at the end of the experimental session.

RB NOTE:- Self-assessment of your management skills may illustrate opportunities for improvement as managers. This may identify areas of weakness. To minimize this risk, we will provide a supportive environment in which to learn and develop confidence with the attainment of additional leadership skills.

- **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

You may benefit as a manager by receiving education about Leadership Development. Managers that receive leadership training may improve in their ability to enable healthy work environments, and provide high quality outcomes to patients. This may lead to higher patient satisfaction and staff satisfaction, and reduce turnover of staff.

- **PAYMENT FOR PARTICIPATION**

Your participation is voluntary and you will not receive compensation.

- **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. A coding procedure will be used so that the researcher will use a numerical code for your data that can't be identified with you, and your name will not be recorded with the data. The researcher and the researcher's faculty advisor will have access to the raw data, and results of data will be presented in aggregate form. After completion of the study, the consent forms and data will be stored for 3 years in a locked filing cabinet in the Director of Nursing Education's office.

This research is being conducted by a student as part of a course requirement. Therefore, records that identify you and the consent form signed by you may be looked at by others. They are:

- Regis IRB that protects research subjects like you
- Officials at Regis University who are in charge of making sure that we follow the rules of research.
- Any faculty members who are co-investigators on this project may also contact you about your participation in the project.

- ## PARTICIPATION AND WITHDRAWAL

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer. There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

If you sign the consent form but then do not complete the project, please write "withdrawn" on your original consent form, next to your signature, to indicate that you have chosen not to participate further.

The investigator may withdraw you from this research is circumstances arise which warrant doing so. *Data will not be included from any participant that does not complete the program.*

- ## IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about this research, please contact *Anne Marie Flatekval flate484@regis.edu) and/or Dr. Catherine Witt (303- 964- 6073; cwitt@regis.edu)*

- ## RIGHTS OF RESEARCH SUBJECTS

If you have any questions about your rights as a research subject, you may contact the Regis University Institutional Review Board (IRB) by mail at Regis University, Office of Academic Grants, Denver, CO by phone at (303) 458-4206, or e-mail the IRB at IRB@regis.edu. You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with Regis. The IRB has reviewed and approved this study.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____
Printed Name of Subject

_____   _____
Signature of Subject   Date

_____   _____
Signature of Investigator   Date

Appendix E: Timeline for Project

Date	Activity
September 2015	• Identify topic for research project • Perform literature search
October 2015	• Formulate project plan with mentor • Identify tool for research project
November 2015	• Obtain permission from the AACN to utilize Nurse Manager Skills Inventory Tool • Obtain IRB approval at the Medical Center to perform research project
January 2016	• Identify topics for Leadership Development Program • Obtain additional literature to support project
March 2016	• Continue literature search • Identify goals for project
June 2016	• Write preliminary written project proposal
August 2016	• Write IRB proposal for Regis University • Present preliminary Capstone proposal • Develop topics for Leadership Development Program
September 2016	• Collaborate with mentor and finalize presentations for two day Leadership Development Program
October 2016	• Obtain IRB approval at Regis University • Two day Leadership Development Program on October 20, 2016 and October 26, 2016 • Nurse managers completed Nurse Manager Skills Inventory Tool pre and post Leadership Development Program to measure self- reported competency levels
December 2016	• Continue literature search to support Research project
February 2017	• Analyze data using SPSS program with Dr. Kruschke's assistance
March- April 2017	• Write Final DNP Project written report
April 2017- May 2017	• Create Final DNP Project oral presentation • Present Capstone Defense

Appendix F: Cost Benefit Analysis

Items	Materials/Personnel	Cost	Benefits
Teaching of 2 Day Leadership Course	• Salary for student • Salary for mentor	• 25 hours @41.00 per hour = $1025.00 • $0 (Consultant)	• Step One: Salary: $75,129 • Step 24: Salary: $101,566
Supplies for Leadership Development Course	Leadership development workbooks for exercises	$14.40 per book for 15 potential participants = $216.00	
Materials needed for Leadership Development Program	Power Point Worksheets for exercises Photocopying of Handouts of presentations	$20.00	
Location of Program	Classroom in Medical Center	$0	
Total		$1261.00	Turnover Costs at 1.2 to 1.3 times the RN annual salary for one nurse: • Step One Cost: $90,154 • Step 24 Cost: $132,035

Appendix G: IRB Approval Letters

1. Medical Center IRB Approval Letter

MEDICAL CENTER

November 13, 2015

Anne Marie Flatekval

This letter is to inform you that the project presented for approval at the November 11, 2015 IRB meeting by you was approved by the IRB. The project "DNP Capstone Project" has been approved for a year from 11/12/15 to 11/11/16. If the study is to continue for longer than the year you would need to present to the IRB for continued approval. Please keep the IRB informed of this project and best of luck to you.

Sincerely,

IRB Committee

2. Regis University IRB Exempt Status Letter

REGIS ✠ UNIVERSITY

REGIS.EDU

Institutional Review Board

DATE: October 4, 2016

TO: Anne Marie Flatekval
FROM: Regis University Human Subjects IRB

PROJECT TITLE: [941216-1] Leadership Development
Program SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: October 4, 2016
REVIEW CATEGORY: Exemption category # *(2)*

Thank you for your submission of New Project materials for this project. The Regis University Human Subjects IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations 45.CFR46.101(b).

We will retain a copy of this correspondence within our records.

If you have any questions, please contact the Institutional Review Board at irb@regis.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Regis University Human Subjects IRB's records.

Appendix H: CITI Training Certificates

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details.
See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Anne Marie Flatekval (ID: 5383259)
- **Email:** flate484@regis.edu
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Unit:** Nursing
- **Phone:** 2018250195

- **Curriculum Group:** Human Research
- **Course Learner Group:** Social Behavioral Research Investigators and Key Personnel
- **Stage:** Stage 1 - Basic Course

- **Report ID:** 18669380
- **Completion Date:** 02/11/2016
- **Expiration Date:** 02/10/2019
- **Minimum Passing:** 80
- **Reported Score*:** 93

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED
Belmont Report and CITI Course Introduction (ID: 1127)	02/09/16
History and Ethical Principles - SBE (ID: 490)	02/09/16
The Federal Regulations - SBE (ID: 502)	02/09/16
Assessing Risk - SBE (ID: 503)	02/09/16
Informed Consent - SBE (ID: 504)	02/09/16
Privacy and Confidentiality - SBE (ID: 505)	02/11/16
Regis University (ID: 1164)	02/11/16

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details.
See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Anne Marie Flatekval (ID: 5383259)
- **Email:** flate484@regis.edu
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Unit:** Nursing
- **Phone:** 2018250195

- **Curriculum Group:** CITI Conflicts of Interest
- **Course Learner Group:** Conflicts of Interest
- **Stage:** Stage 1 - Stage 1

- **Report ID:** 18669382
- **Completion Date:** 02/09/2016
- **Expiration Date:** 02/08/2020
- **Minimum Passing:** 80
- **Reported Score*:** 80

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED
Institutional Conflicts of Interest (COI-Basic) (ID: 16765)	02/09/16
CITI Conflict of Interest Course - Introduction (COI-Basic) (ID: 15177)	02/09/16
Financial Conflicts of Interest: Overview, Investigator Responsibilities, and COI Rules (COI-Basic) (ID: 15070)	02/09/16
Institutional Responsibilities as They Affect Investigators (COI-Basic) (ID: 15072)	02/09/16

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Anne Marie Flatekval (ID: 5383259)
- **Email:** flate484@regis.edu
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Unit:** Nursing
- **Phone:** 2018250195

- **Curriculum Group:** The RCR for Social & Behavioral
- **Course Learner Group:** Same as Curriculum Group
- **Stage:** Stage 1 - RCR
- **Description:** This course is for investigators, staff and students with an interest or focus in **Social and Behavioral** research. This course contains text, embedded case studies AND quizzes.

- **Report ID:** 18669381
- **Completion Date:** 02/11/2016
- **Expiration Date:** 02/10/2019
- **Minimum Passing:** 80
- **Reported Score*:** 96

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED
Authorship (RCR-Refresher) (ID: 15661)	02/11/16
Collaborative Research (RCR-Refresher) (ID: 15662)	02/11/16
Conflicts of Interest (RCR-Refresher) (ID: 15663)	02/11/16
Data Management (RCR-Refresher) (ID: 15664)	02/11/16
Peer Review (RCR-Refresher) (ID: 15665)	02/11/16
Research Misconduct (RCR-Refresher) (ID: 15666)	02/11/16
Mentoring (RCR-Refresher) (ID: 15667)	02/11/16
Research Involving Human Subjects (RCR-Refresher) (ID: 15668)	02/11/16
Using Animal Subjects in Research (RCR-Refresher) (ID: 15669)	02/11/16

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

Appendix I: Permission from AACN to Utilize Nurse Manager Skills Inventory Tool

AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES

November 4, 2015

Anne Marie Flatekval

Dear Ms. Flatekval:

This letter confirms your official permission to reuse AACN's Nurse Manager Inventory Tool for your DNP Capstone Project at Regis University subject to the following conditions:

1. Suitable acknowledgment to the original source is made in writing at the time of distribution, including all copyright holders and the year of copyright.

2. Reuse of this material is confined to the purpose for which permission is hereby given: for reproduction and one-time distribution to nurse managers in partial fulfillment of the requirements of a Capstone Project administered at Regis University.

3. This permission is granted for nonexclusive world English rights only. For other languages, please reapply separately for each one required.
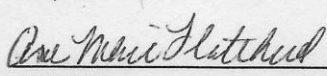
Thank you for your interest in the American Association of Critical-Care Nurses. To learn more about our association and its mission, visit our website: www.aacn.org.

Sincerely,

Michael Muscat
Publishing Manager
American Association of Critical-Care Nurses

Accepted:

Anne Marie Flatekval   _EDUCATION SPECIALIST_   _11/05/2015_
SIGNATURE   TITLE   DATE

101 Columbia · Aliso Viejo CA 92656 · 949 362 2000 · www.aacn.org

Appendices J: Invitation for Leadership Development Program

LEADERSHIP DEVELOPMENT PROGRAM FOR NURSE MANAGERS

TWO-DAY COURSE

Day 1: Intrinsic Qualities of a Leader
Thursday October 20, 2016
Time: 8AM to 4:30PM
Location: Building 10 Room 200

Day 2: Managing the Extrinsic Expectations of Leadership
Wednesday October 26, 2016
Time: 8AM to 4:30PM
Location: Lobby Conference Room

12 Contact Hours Awarded

Register in Net Learning by October 14th