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# Development of an Evidence-Based Nursing Leadership Fellowship Program Guide

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DEVELOPMENT OF AN EVIDENCE-BASED NURSING  
LEADERSHIP FELLOWSHIP PROGRAM GUIDE

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A project submitted in partial fulfillment of the requirements for the

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## **Abstract**

Faced with an increasing demand for nurse leaders with competencies in effective inter-professional communication, change management, conflict resolution, business and financial acumen, and the ability to lead both within and across systems, the current practice of promoting the highest skilled clinicians into leadership positions is not effective. Leadership skills which have been demonstrated in the literature to generate successful and impactful leaders must be provided through immersive educational experiences in an efficient and effective manner to produce leaders who can promote the transformation of healthcare at all levels with confidence. This DNP Project has created a guide for an evidence-based fellowship program designed to specifically address key barriers to entry to leadership roles by nurses, and to provide basic competencies for emerging and new leaders identified in the literature as critical for success through interactive learning experiences. The guide will be introduced to nurse educators and leaders through presentations and publications to publicize the availability of such a program, and the customizability of the content to each organization. In addition, during this first phase of dissemination, a pre-packaged program will be developed that can be delivered to customers “as-is”. Furthermore, the guide will be presented in academic settings as an academic program which can be offered in many formats to graduate students with a need for more focused leadership training. The program resulting from this guide is designed to engage participants in interactive learning experiences over a course of six guided sessions in which the learner will actively participate in learning topics identified in the literature as being vital to leadership success.

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## **Chapter 1**

### **Introduction**

The profession of nursing has a long-standing practice of placing high-performing clinicians into formal management positions with little or no training, and without the requirement of an advanced degree. Also, most nurses enter the profession without having previously contemplated a formal leadership role (DeNisco & Barker, 2016). Many leaders state that most of their leadership and management skills were learned on the job and with little prior directed knowledge and skills training or orientation. While many nurses have accepted leadership positions without formal preparation, many more express fear and aversion to pursuing formal leadership positions. Yet, as the need for healthcare reform remains a pressing topic, the profession of nursing needs leaders who possess skills such as advanced decision making, quality improvement, systems thinking, and team building. With these skills, the “largest component of the healthcare workforce” can move from passively enacting improvements to leading and driving necessary changes at both the local and system levels; this will benefit patients, communities, and the health system overall (Institute of Medicine [IOM], 2011, p. ix). Unfortunately, change is unlikely until more nurses overcome fears of entering leadership roles. In light of increasing demands for leaders who are highly skilled in communication, conflict management, systems thinking, outcomes-based decision making, and strategic planning, a new method of education for nurse leaders is necessary (Day et al., 2014).

### **Problem**

According to the IOM,

While the public is not used to viewing nurses as leaders, and not all nurses begin their career with thoughts of becoming a leader, all nurses must be leaders in the design, implementation, and evaluation of, as well as advocacy for, the ongoing reforms to the

system that will be needed. Additionally, nurses will need leadership skills and competencies to act as full partners with physicians and other health professionals in redesign and reform efforts across the health care system (pp. 221–222).

The nursing profession and our nation need strong nurse leaders with a breadth and depth of knowledge that cannot be provided solely through academic experiences. Academic programs provide theoretical bases, broad concepts, and foundational principles; however, applied experience may be limited to projects and a one-semester practicum rotation, and neither may provide experiences sufficient to develop the leadership skills necessary for positions in healthcare systems management, healthcare policy, or other oversight in organizations.

Additionally, many of these courses and topics are not addressed until a nurse enters a graduate nursing program. Even in graduate school, many nurses may not be exposed to leadership and management education unless they are enrolled in a leadership-specific track. Orientation of new nurse leaders at any level is notably lacking. Often, nurses assume vacant positions with no one to orient them to their new responsibilities or provide education as to the skills they will require for success. While some professional nursing organizations and healthcare agencies offer leadership training or fellowship programs, these programs are generally costly, are often available in few locations, may require many years of previous leadership experience for participation, and may last up to three years.

### **Purpose**

The purpose of this DNP Project was to create a program guide designed to provide effective learning experiences that deliver requisite leadership competencies in an inexpensive manner. The doctoral project resulted in a six-session evidence-based nurse leader fellowship program guide that can be applied to multiple types of healthcare organizations. The fellowship program guide created through this project includes foundational components of the American

Nurses Credential Center's (ANCC) accreditation guidelines for clinical Registered Nurse (RN) fellowship. In addition, the fellowship guide is based on competencies identified through the IOM Future of Nursing report and other organizations that are critical to the nurse leader's efficacy in leading healthcare change and reform.

## Chapter 2

### Review of the Literature, Needs Assessment, Mission, Goals, and Objectives

#### Review of Literature

The review of literature for this project was conducted using the Cumulative Index of Nursing and Allied Health Literature (CINAHL) database, the Medline database, Academic Search Premier, Google Scholar, and professional nursing organization websites. Textbooks from the University of Nevada Las Vegas (UNLV) Doctor of Nursing Practice (DNP) program were also used. Key words and phrases employed in searches included following: barriers to nursing leadership, leadership competencies, teaching nursing leadership, need for nursing leaders, overcoming barriers to nursing leadership, leadership development, emerging nurse leaders, leadership training, nurse leader fellowship, APRN fellowship, leadership fellowship, leadership residency, and experiential learning. The searches were limited to articles and papers published after 2012, except for seminal publications.

The review of literature identified a paucity of scholarly articles specific to nursing leadership fellowships. Search results conducted via CINAHL, Medline, and Academic Search Premier using the phrase “nurse leader fellowship” produced only five results—two of which were duplicates and one that was a news report and not a scholarly article. Of the remaining two articles, the most promising one was published in the United Kingdom in *Nursing Older People* and was not recoverable. A search of the same three databases using the phrase “leadership fellowship” produced 66 results; however, most were either unrelated to nursing or focused on a specific discipline, such as Emergency Medicine or Palliative Care. No articles from this search were selected for use in this project. A search in Google Scholar produced similar results.

An online search of professional nursing organization websites yielded numerous tools and references for this project. The American Nurses Association (ANA) website provided a

definition of nursing practice, as well as links to competency model and the *Scope and Standards for Nursing Administration*. The American Nurses Credential Center's (ANCC) site led to the accreditation guidelines for clinical Registered Nurse (RN) residencies and for Advanced Practice Registered Nurse (APRN) fellowships. This site also contained eligibility requirements for a nurse leader to qualify to sit for the Nurse Executive certification exam. The American Association of Nurse Executives (AONE) website provided links to nurse leader competencies and skills assessments.

### **Institute of Medicine: Report on the Future of Nursing**

The majority of articles found in the literature search and utilized in this project include references to the Institute of Medicine (IOM) Future of Nursing Report (Institute of Medicine [IOM], 2011), hereafter referred to as "the Report". Considering the Report is a foundational document related to the views of leadership development presented in this DNP, a separate review is provided below.

Published in 2011 through a partnership between the Robert Wood Johnson Foundation (RWJF) and the IOM, the Report details the importance of increasing the strength and volition of the nursing profession to drive healthcare reform and improvement (IOM, 2011). The Report identifies four key areas in which the RWJF and IOM teams believe that the nursing profession at large can greatly influence health care and healthcare reform.

The Report's introduction and chapter 5, "Transforming Leadership," detail the potential role of nurse leaders in the transformation of healthcare. The authors emphasize the need for strong leaders "from the bedside to the boardroom" (IOM, 2011, p. 221), while acknowledging that many nurses make the decision to pursue a career in nursing without ever considering leadership opportunities. The Report contends that all nurses must become competent leaders to ensure successful reformation of the current healthcare system. The nurse, with his or her first-

hand knowledge of what is needed at the bedside, can become a strong voice to improve work and care settings and create new care models. Empowering nurses with expanded leadership skills will allow nurses from every organizational level to deliver high quality and safe patient care, advocate for patient needs, and design and refine policy and procedures.

The Report describes the need for a style of leadership that employs interdependent teams founded on respect and collaboration, and goes on to state that such teams will be transformative in the healthcare arena, and assist in the promotion of improvements in patient outcomes, medical errors, and staff turnover. The Report also outlines core competencies that nursing leaders will need to acquire and refine in order to achieve this form of leadership. These include effective teamwork and collaboration, application of principles of ethical care, understanding of healthcare systems, advocacy, innovation, and abilities in the areas of quality and patient safety (IOM, 2011). Additional competencies related to business, economics, regulatory compliance, and finance are also encouraged. Furthermore, the Report states that hands-on training in conflict resolution, effective communication, and negotiation must supplement didactic instruction. The Report acknowledges that these skills are challenging to acquire and difficult to practice, even for the most experienced clinical nurses.

### **Significance of the Problem**

In response to the IOM Report, the Kansas Action Coalition surveyed almost 1,000 nurses across the state to evaluate their needs concerning professional leadership development (Pelzer et al., 2015). Specific to this project, the survey asked nurses why they did not pursue leadership positions. Barriers to leadership that were initially reported included a lack of resources, such as time and funding, to pursue leadership training; strain from workload; and structures in the organization that prevent nurses from being involved in decision making. Further analysis uncovered another barrier: the belief that leadership positions require additional

formal and informal training. Despite these barriers, nurses expressed a desire for leadership and management training, as well as mentoring. Unfortunately, the nurses surveyed reported limited opportunities for leadership roles, resulting in limited exposure to, or experience in, leadership and management.

Sherman and Pross (2010) also reported research results identifying that one the most daunting barriers for nurses in pursuing leadership development is lack of support from supervisors and senior leaders; specifically, time off from regular duties to observe and acquire needed skills. Over the last several years, the role of the front-line leader has expanded to include the management of budgets, multiple units, and compliance standards from regulatory bodies. With these increased responsibilities, nurse managers reported that they required more development and hands-on mentoring to maintain a healthy work environment; yet, the time off work granted to them to pursue these opportunities was limited and insufficient. Furthermore, the study revealed that in many cases, nurse leaders, subject to demands on their own schedules and skills, failed to provide time and resources for succession planning in their own staff (Sherman & Pross, 2010).

Lack of succession planning is also highlighted by Dyess, Sherman, Pratt, and Chiang-Hanisko (2016) who report that there will be a nursing management shortage of over 67,000 nurse leaders by the year 2020. The authors re-emphasize the expectations outlined in the Report and state that healthcare not only has a significant need for strong nurse leaders, but also that these nurse leaders must be adequately prepared to engage both at the level of the individual healthcare organization and at community, regional, and national levels. A strong business case must be made for healthcare organizations to implement planned transitions, in which employers focus on developing skills and talents of newer generations entering the workforce. With the ever-increasing complexity of healthcare organizations, leadership development must evolve as a

planned business strategy, as opposed to a benefit for a select few (Dyess et al, 2016). The desire for strength in leadership and efficacy of change was evident in several focus groups conducted by the team; yet, these nurses also spoke of their fear of failure in a leadership role. The nurses in the focus groups reported observing senior leaders lose their jobs, and others expressed concerns and observations that nurses are limited in their ability to speak up, voice concerns, or share new ideas (Dyess et al, 2016).

Joyce F. (2012) also addresses fears and anxieties that prevent nurses from pursuing leadership roles, and cites fear of failure as one of the main barriers. Additional key areas of concern that contribute to this fear include a lack of confidence in one's self, fear of making decisions for others, and fear of dealing with conflict. According to the author, these may be specifically tied to a nurse's movement from a peer role to a supervisory role, especially when the new nurse leader is younger and less experienced than his/her subordinates. One's perceived inability to make decisions for other people, or in situations that significantly impact others, may prevent an emerging leader from engaging in discussions and possibly lead to task avoidance. A greater barrier than fear of failure or error is fear of conflict. While many people try to avoid conflict at all costs, it is vital to the nurse leader's role to respond to conflict quickly and in a manner that promotes teamwork and growth. However, conflict management continues to be an area of leadership preparation and education that does not receive sufficient attention in nursing school or leadership training (F., 2012).

Following an interview with Dr. Robert, Executive Vice-President of the American Nurses Association (ANA), and Dr. Davidson, Interim Dean of the School of Nursing and Health Sciences at Capella University, Gamble (2015) reported that Dr. Robert was asked her opinion as to why so many nurses avoid senior leadership positions and why more nurses do not pursue senior leadership positions. Dr. Robert stated, "What's the greatest barrier? Nurses not being

seen as important decision-makers compared to physicians” (Gamble, 2015, online). Dr. Robert went on to say that nurses are not perceived as leaders of healthcare systems or as having capacity to drive changes in healthcare delivery, and that they are rarely viewed as leaders higher than the nurse manage; so, there is very little incentive to enter these roles. When asked the same questions, Dr. Davidson added that the barrier of lateral violence in the workplace, nurses bullying and acting out against other nurses, is another significant opposing force. Davidson states that this culture can negatively affect nurses’ desire to step into leadership and, in their view, into the firing line. Once recruited into a leadership position, a nurse leader may fear moving into more advanced leadership roles due to a perceived lack of work-life balance, fear of failing in his or her role, and anxiety caused by the perception that leaders are easily and often terminated. Gamble states that even with the progress that the nursing profession has made over the years, nurses are still underrepresented in both leadership and healthcare decision-making roles. The author goes on to cite a survey in which, of 1,000 hospital boards, only six percent of total board members were reported as being nurses. Dr. Robert reminds the reader that nurses are not considered in the same strata of decision making as physicians and other healthcare leaders, and that this is a cultural stereotype that must be changed.

As the profession of nursing faces predicted shortages in nursing leaders, the historical practice of promoting proficient and expert clinicians into leadership roles does not involve equipping these individuals with the skills necessary to lead and manage in the current and future healthcare climate. Future nurse leaders need to receive instruction as they enter their new roles. However, the review of literature demonstrates that there are insufficient leadership development programs, and current nurse leaders are ill-prepared to provide the types of leadership experiences needed to foster the emergence of strong leaders in the future. This reported lack of support and experience further complicates fears expressed by nurses related to the lack of time,

education, mentorship, and confidence. Without change in approaches to the development of strong nurse leaders, the nursing profession will fail to reach the goals of transforming nursing leadership and healthcare itself.

### **Competencies**

The literature reviewed for this project revealed an important component for promoting the success of formal leadership training programs: maintaining focus on the competencies that produce consistent transformation of nurse leaders from talented clinicians to successful leaders. Numerous agencies such as the IOM, ANA, ANCC, and the American Organization of Nurse Executives (AONE) have posited various nursing leadership competencies, and there is clear overlap among agencies and within the literature. As such, the primary competencies of these agencies and their relationship to the Report's competencies are described below, with specific attention paid to those competencies that lend themselves to experiential learning.

The Oncology Nursing Society (ONS) conducted the "Leadership Competency Project" with results outlining the need for enhanced leadership education around specific leadership competencies. The authors state that it is the responsibility of Schools and Colleges of Nursing, healthcare organizations, and professional associations to provide this training (Day et al., 2014). From a leadership think-tank format, the ONS Leadership task force identified six central leadership competencies: general accountability, financial skills, effective communication and conflict resolution, outcomes-based decision making, strategic planning, and a global system approach (see Appendix E). The task force also stressed the importance of personal mastery, which includes a clear understanding of one's self, one's motivations, and systems thinking, which relates strongly to the capacity for vision change at a very high level (Day, et al., 2014).

Taylor-Ford and Abell (2016) describe methods used in their Leadership Practice Circle Program, which included asking participants to identify real-life scenarios from their practice for

use within group sessions and analysis. Through this process, participants identified areas where they had a personal desire for professional growth. Between formal assessment tools and surveys to determine individual areas of desired education, five themes emerged: learning or improving emotional intelligence, understanding vision and its application, developing business acumen and financial skills, refining communication styles and skills, and learning how to motivate others and mobilize teams (see Appendix F; Taylor-Ford & Abell, 2015).

### **Need for New Methods of Leadership Development**

Taylor-Ford and Abell (2015) also outline several reasons behind the need for a new form of nursing leadership education. The authors compare the historical micro-system view of management that allowed front-line managers to be successful, with the current more forward-looking need to rapidly develop competencies for macro-system roles. The authors report that fewer nurses are choosing formal leadership roles for their career despite the projected numbers of experienced teachers, practitioners, and leaders expected to retire in the next two decades. In addition, the complexity of skills needed has increased greatly, and new managers who are unable to successfully transition to the role are costly for morale and an organization's finances (Taylor-Ford & Abell, 2015).

MacPhee, Skelton-Green, Bouthillette, and Suryaprakash (2011) speak to the need for nurse leaders to have the complex skills necessary to participate in healthcare reform in the face of numerous challenges. The authors describe that, in addition to the mandate for strong nursing leadership from the IOM report, the International Council of Nursing has issued a similar call for nurses to lead reform across the globe. The authors refer to numerous studies, which report that leadership development is not always evidence based, can be driven by the vendor providing the training, and may not be adaptable to specific leadership situations. Instead, the authors propose

that any leadership development program needs to be based on specific competencies and applicable learning strategies (2011).

Wallis and Kennedy (2013) identify a need for leaders with a facilitative management style who focus on the value of staff contributions to the care environment, autonomy of practice, and collegial working relationships. They described a nursing leadership program (Leadership for Resilience) that focused on improved leadership to promote nursing recruitment and retention in the state of Colorado. The Leadership for Resilience program also included concepts that have the potential to improve nursing leadership in the broader healthcare arena, especially in public health settings (Wallis & Kennedy, 2013). The program's design involved an introductory session followed by four residential retreats that spanned several days. Four main content areas were included in each retreat: emotional intelligence, collaborative leadership, teamwork, and systems change. This year-long course was not limited to nursing leadership; it also included various functional leaders from five healthcare organizations. The authors identified outcomes from the project that concentrated on the ability of a collaborative cross-discipline team to effect change.

Kelly, Wicker, and Gerkin (2014) published the results of a survey of teaching methodologies that were intended to support the development of transformational leadership skills in frontline nursing leaders. "Transformational Leadership" is a term employed by the Report to describe the characteristics of leadership necessary to make the leap to leadership efficacy at the health system level. In this article, the term "transformational leadership" is defined as "leading through motivating others" (p.158). In practice, this style of leadership relies less on reward for desired outcomes than on inspiration of teams to view and achieve change through creativity and most importantly, freedom try new things. The authors indicate that, while multiple studies support the effectiveness of this leadership style in care transformation,

many nurse leaders are placed in leadership positions without preparation, and they experience difficulty in developing the skills asked of them by their organizations (Kelly et al, 2014). In a survey of over 500 nurse leaders, the previously identified trend of placing highly skilled clinicians into leadership roles without sufficient preparation was confirmed. In addition, the authors highlight that nurse leaders often learn informally from their peers, and they implement leadership tactics based on individual situations rather than through formal education, guidelines, and mentorship. The results of this study are critical to this project, because experience, skills training, and education were significant predictors of improvement in key areas of the evaluation tool used. Kelly et al. postulate that formal training programs can be of great benefit to organizations that wish to improve nurse leader competency in specific behaviors, whereas participation in advanced degree programs contributes to the success of nurses who are motivated to seek broader challenges and explore innovative methodologies. Of particular interest to this DNP project, the authors state that guided development of nursing leaders targeting central traits of transformational leadership results in more successful transitions for nurses into leadership roles, in decreasing turnover, increasing satisfaction, and improving perceptions of nurse leaders' work-life balance. However, while a few professional organizations offer nursing leadership fellowships, many of these fellowships are time and resource intensive, hosted outside the nurse's organization, and offered at locations that require significant travel and resource commitment (IOM, 2011).

From the literature reviewed, it appears that not only are there insufficient leadership development programs, but also that current nurse leaders lack time, resources and previous education needed to provide the types of experiences and coaching required to foster the development of strong leaders for the future. Without a change in approach to nursing development, the nursing profession will fail to transform nursing leadership and healthcare

itself. These findings prompted an in-depth search of scholarly databases to discern information specific to experiential learning programs that focused on leadership skill acquisition in a fellowship or residency format that could be more accessible at local and organizational levels.

### **Residencies and Fellowships as a Method for Educating Nurse Leaders**

Despite the clear need for new education methodologies for nurse leaders, the literature review produced minimal information regarding nursing leadership training programs, specifically programs offered at the health system micro or meso levels. However, principles of guided, experiential learning are prevalent in clinical residencies and fellowships for both RNs and Advanced Practice Registered Nurses (APRNs), and these principles may be extrapolated in the development of a nursing leadership program. The review of literature for these topics produced three major documents for use in this project: an integrated literature review, a systematic literature review, and the ANCC's application manual for their Practice Transition Accreditation Program.

According to the Novice to Expert model of nursing skill acquisition, the majority of newly graduated clinical nurses do not possess the competencies to effectively deliver patient care in the fast-paced, high acuity settings in which they are first employed (Benner, 1984). To aid in addressing this challenge, agencies such as the IOM, the Joint Commission, and the National Council of States Boards of Nursing recommended the development and implementation of nursing residency programs to support an improved transition from student nurse to successful practitioner (LeTourneau & Fater, 2015). While many programs are still undergoing evaluation to determine their efficacy in reducing nurse attrition within the first year, improving job satisfaction, and increasing quality of nursing performance, initial reports indicate the potential for nursing residencies to have a positive effect in these areas. LeTourneau and Fater (2015) write that data regarding participation in a residency program have yet to be firmly

linked to improved patient outcomes, although this hypothesis is widely postulated. Another area identified for future research is the return on investment for nurse residency programs; specifically, to identify if the cost of the program produces significant savings in labor, retention, and reduced use of contract or “agency” nurses.

Cochran (2017) completed a systematic review of nurse residency programs to identify the effectiveness of such programs, and to describe best practices implemented in successful programs. Of concern to the profession of nursing is the attrition rate of newly licensed registered nurses, which ranges from 35% to 61% across the nation with an associated cost of \$62,000 to \$67,000 to replace a nurse (Cochran, 2017, p. 53). Causes of high attrition rates are identified in a report that uses a combined sample of over 13,000 new nurses. Incivility by peers and colleagues, perception of increase internal and external stress, and feeling distracted by others’ behavior were the primary causes of nursing attrition. In addition, newly graduated nurses expressed frustration and disengagement related to feeling undervalued, experiencing a lack of support in decision making, and having difficulty responding to conflict in the workplace (Cochran, 2017, pp. 54–55).

Included in Cochran’s systematic review, major components of nursing residencies that have proven successful in preventing attrition were identified. These include having a strong mentor relationship that continues after orientation and an environment that supports open communication; both of these components provide strong support for continuous learning. The author cites a sample of 524 graduate nurses across 49 hospitals, where the use of nursing residency programs decreased the turnover of new nurses from 36.8% to 6.4%. In two case studies, retention rates of new nurses improved over 30% when compared to pre-residency measures (Cochran, 2017, p. 54). The author also reports the results of qualitative studies focused on socialization to the professional role using guided experience to support the new

nurse in the non-clinical aspects of their position (e.g., delegation, communication with physicians, prioritization, and conflict resolution). Techniques such as case studies, role play, and simulation are recommended to supplement didactic lectures with experiences that correlate to actual leadership experiences (Cochran, 2017).

As the body of evidence supporting the positive effects of nurse residency programs continues to grow, the American Nurses Credentialing Center (ANCC) and the Commission on Accreditation (COA) created an updated toolkit and reference guide that outlines credentialing criteria for RN residencies and fellowships as well as APRN fellowships (2016). As stated by the ANCC, these programs are intended to provide support for clinicians as they transition from a student role to a professional role, return to a clinical role after a significant absence, or move into higher complexity roles and specialties (ANCC, 2016). The manual outlines criteria for the development, implementation, and evaluation of residency and fellowship programs. These criteria are evidence-based and founded on the Benner framework of Novice to Expert. While the manual goes into great depth describing the accreditation application, documentation, and review process, its use for this project was limited to the expectations for program development and design (Appendix J).

According to the ANCC (2016), faculty leading residency programs must have documented expertise in education or program development, must be content experts in pivotal subject matter, or must have a combination thereof. Those delivering course content must be able to effectively present to learners and must have the background to be content experts in their subject matter. Program faculty who will conduct evaluations of program participants must also have training and confirmation of their ability to appropriately provide assessment and feedback. In the program evaluation criteria, the ANCC requires that any education or recommendations

delivered through program content must be evidence-based and align with the scope and standards of practice in the given area of specialty.

The documents described in the Residency and Fellowship section of this paper, provided this author with evidence of the success of nursing residency and fellowship programs, as well as guiding principles to promote the success of such a program. As a result, when considering the paucity of formal leadership programs, as depicted in the “Needs for New Methods” portion of this project, this author developed the guide for a six-session evidence-based nursing leadership fellowship program that could be implemented in any healthcare organization.

### **Needs Assessment and Description of the Project**

There is a clear need for new and innovative methods for instilling leadership skills in nursing professionals. The literature related to nursing leadership development indicates a demand for cost-effective programs aimed at emerging nurse leaders and current leaders struggling with the shift in scope from the micro-system level to the broader organizational or macro-system levels. As such, the target population for recipients of the program created during this project includes nurses who are considering a move into a leadership position, have recently accepted a leadership role, or are currently struggling in their leadership role.

To achieve maximum efficacy with a low execution cost for the fellowship program, this DNP project began by selecting leadership competencies that are consistent across the Report, as well as competencies from other sources referenced in the review of literature. The selection of competencies was tied to the barriers for entry in leadership positions as identified in the literature. In addition, by limiting the education experiences to major competencies, the program guide was designed to fit into six full-day sessions. Overall, this DNP project has resulted in a content guide to be used for the implementation of a competency-based nursing leadership fellowship program.

## **Mission, Goal, and Objectives**

The mission of this project was to develop an evidence-based guide and learning outcomes for a nursing leadership fellowship program. The format and content for the fellowship was directed toward enhancing nursing leadership development through practical, cost-effective, and experience-based methodologies. The goal has been to provide leaders with program directed towards improved job satisfaction, enhanced ability to lead successfully, increased interest in advancement to more senior leadership roles, and awareness of the potential each leader has to influence healthcare, from the individual patient experience to healthcare organizations at local and national health systems.

This DNP project has been developed in such a manner that it can be applied in most healthcare organizations to strengthen the skills of nursing leaders with minimal impact on financial resources. Initially, the program guide will be used to guide content of such a fellowship to be delivered to existing and emerging nurse leaders by a consultant. The resulting fellowship program ties closely to the foundational competencies identified in the Institute of Medicine Future of Nursing Report (Institute of Medicine [IOM], 2011) and in the literature. It includes skills critical to promoting success, confidence, and future growth. As the program is then refined through actual use, the intent will be to move to a “train-the-trainer” model, in addition to the primary consultation model.

The objectives for this DNP project were to:

1. Identify barriers to entry into and pursuit of senior leadership positions,
2. Examine nursing leadership core competencies that have been shown in the literature to help overcome identified barriers and promote the successful development of transformational leadership skills, and

3. Formulate a six-session fellowship program guide designed to provide learning experiences that facilitate skill acquisition in these principal areas.

## Chapter 3

### Theoretical Underpinnings and Framework

The foundational nursing theory that supplies the underpinnings for the execution and evaluation of this project is Patricia Benner's Novice to Expert model of skill acquisition. First described by Dreyfus and Dreyfus at the University of California, Berkeley, the model outlines the phases of skill acquisition and development as the learner moves through five stages of proficiency: novice, advanced beginner, competent, proficient, and expert (Benner, 1982). Through numerous studies, Benner (1984) validated this process of learning as correlating strongly with the ways that nurses acquire skills necessary to function as experts in their field. Key principles of the Dreyfus Model of Skill Acquisition, as applied by Benner, convey the importance of experience in the learner's progress through the stages of proficiency. The primary component of Benner's theory that was used in this project was the concept of experiential learning. The following paragraphs provide a brief overview of the theory.

The "Novice" phase begins with the entry to any new role or specialty: a student enters a learning situation with no previous knowledge of, experience in, or skills for the role. Learning in this stage is focused on foundational principles, values, and detailed step-by-step protocols, and education is largely didactic in presentation. The novice is reliant on concrete values and data points to inform decisions and lacks the ability and/or confidence to stray from these pre-defined points of attention (Benner, 1982, 1984).

As the learner progresses through the acquisition of foundational knowledge and begins to recognize trends and patterns in data, progression to the "Advanced Beginner" phase occurs. In this stage of development, the learner evaluates a situation based on an expanding view of the interaction of these data points and their effect on the broader context, rather than independent textbook values and definitions. This means that instead of using only textbook definitions and

single points of reference, the learner is now able to see and understand ranges of values and how they may interact. The instructor then moves from repeating definite parameters and rote recitation, to guiding the learner to recognize and apply these observations and parameters in a realistic context. However, the advanced beginner remains deficient in the ability to identify which information points are most important to decision making; instead, he or she treats all data as equally important and is unable to prioritize needs (Benner, 1982, 1984).

The movement from treating all aspects of a scenario with identical focus, to recognizing, prioritizing, and responding to patterns in data that correlate to specific outcomes and future planning, marks the transition to the “Competent” stage of skill acquisition. While the competent practitioner still employs a conscious, deliberate, and potentially time-consuming method to reach decisions, a sense of achievement and capability emerge. At this stage, the learner can more quickly identify vital aspects of a situation, relate them to previous experience, and make appropriate decisions, despite not previously having been in an identical circumstance (Benner, 1982, 1984).

Advancement to the “Proficient” phase occurs when the learner can identify the impact of actions related to a long-term goal, identify the expected outcome, and quickly adjust interventions and actions to correct any deviation from progress toward that goal. The highlight of this stage is the ability to rapidly identify the foremost influences on a situation and react swiftly and with accuracy. From the proficient phase of skill acquisition, the learner progresses through more experiences until aspect recognition, decision making, and other responses are intuitive rather than deliberate and conscious efforts (Benner, 1982, 1984).

Benner emphasizes that advancement through the stages of skill acquisition is not based on the completion of a pre-defined quantity of hours or years of service. Rather, it is dependent on the quality of exposure to experiences that provide the ability to recognize and respond to

patterns. Therefore, the definition of experience employed in nursing skill acquisition does not refer to the length of time in one's position; but instead to a process that requires active participation and engagement by both the learner and educator to identify important characteristics and findings in a situation and link them to the original theories, policies, and rules learned in didactic settings (Benner, 1984).

The review of literature demonstrates that the presence of formal leadership training opportunities for nurse leaders is lacking and that the profession is experiencing significant turnover and attrition in leadership roles. As many current leaders and educators anticipate retirement in the next two decades, the need for highly skilled nurse leaders at all levels of the healthcare system presents a noteworthy challenge. By incorporating the principles of experiential learning as described by Benner, this author posits that a nursing leader fellowship program can augment traditional didactic education to promote a higher level of skill acquisition in the nurse leader. Over six sessions, the fellowship program will aid leaders in the observation of pivotal moments in management situations through guided scenarios and case studies. During the program, the developing leaders will be asked to identify similar moments in diverse situations and respond accordingly. Through the intense experiences provided through the nurse leader fellowship, the goal is to produce leaders who function at the "Competent" level of proficiency, possess the tools and resources to develop their leadership performance, and can coach others around them.

## **Chapter 4**

### **Planning and Evaluation**

#### **Project Plan**

##### **Overview**

The execution of this DNP project involved three distinct phases. First, an analysis of reported barriers to entry in nursing leadership or senior leadership roles was completed to form the foundation for the program guide. This examination included the selection of barriers to be addressed that lend themselves most easily to experience-based training and that tie to competencies identified in the Report and other fundamental resources. The second phase of the project associated core nursing leadership competencies with these perceived barriers and tied these competencies to skills associated with transformational leadership. The product of the first and second phases is provided in Appendix H. Following the prioritization of competencies needed to overcome barriers, this author synthesized examples of learning experiences and activities directed toward skill acquisition in these important areas and produced a curriculum guide with suggested tools to implement such a program. The sample fellowship program guide is presented in Appendix I.

##### **Setting and Population of Interest**

The intended participants for this nursing fellowship program are nursing leaders and educators who are charged with providing and fostering high-quality nursing leadership for their organizations. The intent of this project was to provide a simple, evidence-based guide for a fellowship program which can be implemented in any healthcare setting where nurses have the potential to be, or currently perform, in leadership positions.

### **Measures, Instruments, and Activities**

The purpose of this DNP project was to develop a nursing leadership education and skill building curriculum guide. Project activities included the selection of ANCC fellowship accreditation criteria to be used in the evaluation of the fellowship program, the analysis of reported barriers for entry into nurse leadership positions, and identification of competencies compiled from the Report and other resources to be incorporated into the program guide. Next, the list of evidence-based competencies was correlated to learning experiences to be included in the program guide to fit into the six-session format. Throughout the implementation phase, the author worked with a Surrogate Stakeholder (SSH), and other potential customers to review proposed content and experiences for each session of the program.

This author has identified appropriate refereed journals for dissemination of the project; these include, the *Journal of Nursing Administration*, *Nursing Administration Quarterly*, *Nursing Management*, and *The Online Journal of Issues in Nursing*. In addition, this author intends to submit abstracts to present the concepts from this DNP project to appropriate national and international scholarly nursing conferences.

### **Timeline and Tasks**

The detailed timeline is presented in Appendix A. The initial project proposal was begun in January 2017 and lead to completion of chapters 1-4 of the DNP Project paper and approval of the completed proposal in summer 2017. Writing of the evidence-based leadership fellowship guide occurred over several months in fall 2017 and spring 2018, with the final paper chapter written in summer 2018. Final defense of the completed DNP Project occurred in summer 2018.

### **Resources and Support**

Resources essential to the successful execution of this project included access to evidence-based leadership principles, tools for development of evidence-based activities, and

documents describing competencies, barriers, and other information available through online databases and refereed journal publications. Textbooks and current business texts have been critical to the development of the guide's content, learning outcomes, and learning activities.

### **Risks and Threats**

Possible risks to the project included the inability to identify specific leadership competencies needed to overcome reported barriers to entry in nursing leadership positions or the inability to refine a list of competencies into a six-session learning program guide. Indeed, the numerous leadership competencies did prove challenging to distill into a priority list to address in a six-session format and required additional time for refinement. Difficulty in identification of learning outcome specific experiences to be included in the fellowship program was also a potential threat to the project. Neither of these potential threats proved to be an influence on the ability to complete the DNP Project.

### **Financial Plan**

There were minimal costs associated with the planning or execution of this project. The only costs associated with the project involved those related to obtaining information for the Review of the Literature and creating the project evidence-based guide.

### **Evaluation Plan**

The review of the literature provided the basis for formulation of the leadership program guide. Barriers to seeking leadership roles and possible learning activities to mitigate or alleviate these barriers were identified. Surrogate stakeholders were enlisted to provide feedback on the barriers and learning activities designed to address barriers and promote transformational leadership skills. Evaluation of the program will rest presentation of the program to initial groups and receipt of feedback from these groups as to the value and appropriate presentation topics and timing of topics in the six-session format. Content experts have had to opportunity to

provide some feedback on development of the guide and this feedback will be continually sought as the program guide is further developed to full content, and modification applications for use by various nursing leadership groups and leadership educators.

## Chapter 5

### Project Implementation and Evaluation

Despite the call for increased involvement of highly skilled nurse leaders in healthcare improvement and reform by the Institute of Medicine in 2010, the profession of nursing continues to call its high performing clinicians into leadership roles with minimal training and orientation. Nurses report a lack of support for time and resources to attend formal leadership training, and the educational opportunities that are afforded are likely to be hosted outside of a nurse's organization and to require significant travel and financial investment. In light of the need for transformational leadership, and the projected management shortage of over 67,000 nursing leaders by 2020, a more efficient and effective method for educating nurse leaders is required.

The efficacy of nursing residency and fellowship programs for both Registered Nurses and Advanced Practice Clinicians is well documented, and techniques such as case studies, role play, and simulation are recommended to supplement didactic lectures with experiences that correlate to actual leadership experiences. Utilizing Benner's Novice to Expert theory as the conceptual framework, this DNP project's purpose was to create a guide for a six-session evidence-based nurse leader fellowship program designed to deliver effective learning experiences in an inexpensive manner, and which can be applied to multiple types of healthcare and educational settings. The primary challenge in this project has been to distill the many lists of requisite nurse leader competencies into a guide with learning outcomes which can be addressed in six full-day sessions. Each set of authors, and each supporting agency, has identified multiple skills necessary for nurse leaders to deliver competent, transformational, and effective leadership. In many cases, these skills and competencies either overlapped or were very similar. In order to address the mounting number of topics deemed requisite to a comprehensive

experience, this author employed an informal review of the frequency in which each competency was referenced in the review of literature. In addition, the preliminary list of competencies was further compared to the topics included in the American Nurses Credentialing Center (ANCC) Nurse Executive certification examination as described in the test content outline (American Nurses Credentialing Center, 2016), with priority for inclusion in the guide given to those competencies which were referenced most frequently in the literature, and which also appeared on the exam. This DNP Project was not designed to comprehensively address all barriers to entry to nursing leadership, nor to provide learning experiences in all aspects of nursing leadership. Rather, the intent was to address those issues which cross multiple leadership cohorts and leadership settings, and which fit most easily into the learning experiences of case studies, role play, and simulation, as described by Cochran (2017), and as applicable to leadership skill acquisition. The leadership competencies selected for this fellowship program fall into broad categories, lending themselves to the design of the six sessions desired for the program implementation. Due to the complexity of some topics, full day sessions were necessary to cover the competencies discussed in the literature, while others lent themselves more to half day corresponding sessions. Learning outcomes for each session were developed in terms of actions and outcomes to emphasize that the program is not designed solely for knowledge acquisition, but also for application and experiential learning.

In an effort to provide flow to the sessions, the order of topics was arranged to facilitate sequentially more complex sessions building on previous sessions (for example, giving feedback to build on basic communication techniques). In addition, education and activities related to conflict and conflict resolution are deliberately placed later in the series (specifically after communication, feedback, and negotiation), so that some amount of trust had time to develop between participants prior to engaging in these learning experiences.

This design was favored because even in simulated situations, the presence of conflict can be unnerving and stressful, and feeling more comfortable with one's colleagues will promote an environment of safety for these exercises.

### **Project Evaluation**

The goal of this DNP project was to prepare an evidence-based leadership fellowship program guide. The completed project culminated in the development of a robust, evidence-based fellowship guide which includes content, learner outcomes, and examples of learning activities. The surrogate stakeholder and a potential customer both provided feedback as to the content matter and learning experiences in their review of the document and supported the final product content, sequencing, and learning activities.

The unexpected loss of the fellowship criteria Subject Matter Expert early in the final stages of content development proved a difficult challenge due to the lack of an outside expert with whom to evaluate the ANCC development and design criteria. However, the ANCC manual provides clear descriptions to which this author could respond in Appendix J to partially address this deficiency.

Another difficulty was the task of distilling recommended leadership competencies into those which presented themselves as having highest priorities and were able to fit best into six experiential learning sessions. It may have been more beneficial to distill the list of primary competencies prior to determining the length of the fellowship program. Initial presentations of the content guide to potential stakeholders has resulted in positive feedback regarding the subject matter selected for inclusion, and the length of time dedicated to each topic.

## **Plan for Dissemination of Results**

Dissemination of the fellowship program is planned in at least two phases. Phase one will focus on dissemination of the fellowship program guide as a method to both raise awareness of the scholarly work and need for new leadership education methodologies, and also to solicit feedback on focused and organizational content requested by nursing leaders for full program development and implementation in their specific setting. Phase one methodologies will include the submission of abstracts for presentations to local and national nursing leadership conferences such as the Utah Organization of Nurse Leaders, the American Organization of Nurse Executives, the Nursing Management Congress, and others as identified through online and journal searches in leadership publications. In addition, abstracts for publication will be presented to professional refereed journals including, *Journal of Nursing Administration*, *Nursing Management*, *American Journal of Nursing*, *The Online Journal of Issues in Nursing*, and *Nurse Leader*. Of particular interest, a request has been submitted by the health system partner of this author's employer for a formal presentation of the program guide to the Department of Outreach leadership group to evaluate this program as a potential offering for affiliate healthcare organizations.

Upon delivery of the customized program content, another key component will be the solicitation of participant feedback of each completed module (see example in Appendix K) to provide this author with early project evaluative data on which to build prior to expansion of the program into phase 2.

Phase two of dissemination will commence once the program is expanded to full content and learning activities developed for six full-day program sessions focused for a specific nursing or healthcare facility beyond the demonstration projects in phase 1. Prior to this phase of implementation, the author will vet and select a reliable, valid tool to be administered to

organizations both pre- and post program implementation to demonstrate organizational improvement in leadership competencies surrounding the program, to be used when publicizing the comprehensive program.

While a revisiting of the preliminary dissemination sources will occur, phase two will focus more heavily on academic conferences and journals such as the American Association of Colleges of Nursing Doctor of Nursing Practice and Master's Conferences, the American Nurses Association national conference, *Nursing Education Perspectives*, the *Journal of Nursing Education* and *Nursing Education Today*. In addition, requests will be submitted to present at local, regional, and national Schools of Nursing with graduate leadership programs. The intent of presentation and publication in academic focused venues is to work towards implementing the changes which are needed at the national level to reform the way nursing leaders are prepared, and to provide a more widespread, efficient, and effective way of delivering prepared nurse leaders to our communities.

It is this author's intent to partner with senior faculty leaders as various nursing education institutions to evaluate the possibility of offering this program as a post-master's certificate to be completed between semesters or during semester break for APRN students. It is thought that this effort will to help prepare our clinical experts for leadership roles in areas in which there is insufficient time in clinically intensive programs for them to receive the education and experiences needed to successfully manage other providers, support staff, and independent practices.

### **Future Scholarly Activity and Next Steps**

Future scholarly activity will include the development of a "train the trainer" curriculum, so that other leaders can be prepared to offer this fellowship program in their own organizations and health systems. Also, in order to keep the fellowship program current and applicable, it will

need to be reviewed against both nursing and business literature on a regular basis to ensure that the information and education provided remains relevant. It is the hope of this author that the initial phases of dissemination of this project are the launching pads of significant additional work around the reform of nurse leader education in many levels of the profession. The clear need for transformational leadership at local, system, and national levels is inspiration to take the basic tools explored in this DNP project, and expand them to relevance in multiple levels of nursing education in academic settings, as well as in healthcare systems. It is the intent of this author to use the outcomes of this project and its humble beginnings as the starting blocks for a career in nurse leader education and reform which would continue a path of evolution and change throughout the profession of nursing.

## Appendix A

### Detailed Timeline

April, 2017	Revisions to chapters 1–4 and receipt of feedback from Chair
May, 2017	Consultation with Editor, Revisions, Submit to Chair for Review
June, 2017	Identification and review of tools and resources for Fellowship guide; Final revisions of Chapters 1-4 and submission to Chair
July to August 2017	Submission of Project Proposal to Committee Project Proposal Defense
Spring Semester, 2018	Informal work on identifying barriers, education experiences, discussing with leaders and faculty Identifying leadership and management resources (both nursing and business focus) for references, for barriers, and for ways to overcome
April 2018	Complete list of barriers and competencies to be addressed
May 2018	Begin writing educational experiences/learner outcomes based on core competencies Begin work on Chapter 5 Checklist of compliance with applicable AACN Clinical Fellowship Guidelines
June 2018	Chapter 5 submissions to Chair for review and recommended revisions; preparation of DNP project final draft for review by Chair

July 2018	Final project paper and materials to Chair and committee for scheduled project defense; prepare PowerPoint with committee Chair
July 16, 2018	DNP Project defense
August 3	Submit paperwork, signatures, and other documents to Graduate College

## **Appendix B**

### **American Nurses Association: Scope and Standards for Nursing Administration**

#### Standards of Practice

1. Assessment
2. Identification of Problems, Issues, and Trends
3. Outcomes Identifications
4. Planning
5. Implementation
  - 5a. Coordination
  - 5b. Promotion of Health, Education, and a Safe Environment
6. Evaluation

#### Standards of Professional Performance

7. Ethics
8. Culturally Congruent Practice
9. Communication
10. Collaboration
11. Leadership
12. Education
13. Evidence-based Practice and Research
14. Quality of Practice
15. Resource Utilization
16. Environmental Health

(American Nurses Association, 2016)

## Appendix C

### American Nurses Association: Leadership Competencies

- Adaptability
- Initiative
- Integrity
- Learning Capacity
- Self-Awareness
- Effective Communication
- Conflict Management
- Diversity
- Employee Development
- Collaborative Relationships
- Business Acumen
- Change Management
- Decision Making
- Influence
- Problem Solving
- Systems Thinking
- Vision and Strategy
- Project Management

(American Nurses Association [ANA], 2013)

## Appendix D

### American Organization of Nurse Executives: Nurse Executive Competencies

- Effective communication skills
- Relationship Management
- Influencing Behaviors
- Diversity
- Community Involvement
- Medical/Staff Relationships
- Academic Relationships
- Clinical Practice Knowledge
- Delivery Models/Work Design
- HealthCare Economics and Policy
- Governance
- Evidence-based practice/Outcome measurement and research
- Patient Safety
- Performance Improvement/Metrics
- Risk Management
- Foundational Thinking Skills
- Systems Thinking
- Succession Planning
- Change Management
- Accountability
- Ethics
- Advocacy
- Financial Management
- Human Resource Management
- Strategic Management
- Information Management and Technology

(American Organization of Nurse Executives, 2015)

## **Appendix E**

### **Oncology Nursing Society: Leadership Competencies**

- General accountability, including clear communication of expectations;
- Financial skills, including several sub-categories of business acumen;
- Effective communication and conflict resolution;
- Outcomes-based decision making;
- Strategic planning
- A global system approach.

(Day et al., 2014)

## **Appendix F**

### **Leadership Practice Circle Themes**

- Emotional Intelligence
- Understanding vision and its application
- Business acumen and financial skills
- Communication styles and skills
- Motivation and mobilization of teams

(Taylor-Ford & Abell, 2015)

## **Appendix G**

### **Leadership for Resilience Program Content Areas**

- Emotional Intelligence
- Collaborative Leadership
- Teamwork
- Systems Change

(Wallis & Kennedy, 2013)

## **Appendix H**

### **Summary of Barriers and Selected Competencies**

#### **Barriers to entry to leadership**

- Lack of training (including lack of time and funding)
- Fear of failure/Lack of Confidence
- Fear of conflict
- Fear of making decisions for others
- Fear of holding others accountable
- Fear of criticism
- Lack of exposure to principles of business and finance

#### **Core Competencies**

- Systems Thinking
- Effective Communication
- Conflict Management/Resolution
- Outcomes-Based decision making
- Giving and Receiving Feedback
- Negotiation
- Business and financial basics
- Teamwork and Collaboration

## Appendix I

### Nurse Leader Fellowship Program Guide and Learning Outcomes

Session	Topic/Learner Outcomes	Method	References
1A	<p>Introduction:</p> <ol style="list-style-type: none"> <li>1. Who are we, Why are we here:               <ol style="list-style-type: none"> <li>a. Introductions and brief background for instructors and participants                   <ol style="list-style-type: none"> <li>i. For instructor; need to focus on qualifications that meet ANCC fellowship requirements</li> <li>ii. For participants, background will allow instructor to adjust content based on need, and also to provide and solicit examples that will be relevant to personal settings</li> </ol> </li> <li>b. Ground rules – focus on safety. Due to the nature of many of the experiences and topics, it will be important for participants to have interpersonal safety to share personal experiences, as well as thoughts and opinions</li> </ol> </li> <li>2. The Why behind the What               <ol style="list-style-type: none"> <li>a. Review important points from the IOM Report, traditional methods of leadership education, and the need as outlined in the literature for new methodology</li> <li>b. Discussion regarding barriers to entry to nursing leadership as identified in the literature. Compare to experience of participants.</li> </ol> </li> <li>3. Review of the fellowship topics/methods               <ol style="list-style-type: none"> <li>a. Provide brief overview of Benner’s theory</li> <li>b. Review course agenda and discuss project methodology (including The Report) for</li> </ol> </li> </ol>	<p>Instructor-led dialogue            Didactic instruction            Learning Style Assessment            Learning Needs Assessment              Personal Reflection (Journal)</p>	<p>(American Nurses Association, 2016); (Benner, 1984); (Cochran, 2017); (Day, et al., 2013); (Institute of Medicine [IOM], 2011); (Kelly, Wicker, &amp; Gerkin, 2014)</p>

	<p>identifying major topics to be covered.</p> <ul style="list-style-type: none"> <li>c. Examine competencies selected for course inclusion and the process for selection. Gather feedback from participant group as to which topics they would like to explore more deeply</li> <li>d. Discuss literature supporting methods of experiential learning</li> </ul> <p>4. Discuss Principles of Adult Learning</p> <ul style="list-style-type: none"> <li>a. Brief review of Knowles’ principles and how they tie to Benner</li> </ul> <p>5. Learning Needs Assessment</p> <ul style="list-style-type: none"> <li>a. Simple assessment of learning styles (i.e. visual, auditory, kinesthetic)</li> </ul> <p>6. The importance and technique of personal journaling for this fellowship program will be reviewed. While some time will be provided for journaling in each session, the participants are encouraged to journal after they have been able to step away from the intensity of the session for a time.</p> <p>Upon completion of this session, the learner will be able to:</p> <ul style="list-style-type: none"> <li>• Recognize the need and importance of the fellowship</li> <li>• State key personal learning outcomes for the fellowship</li> <li>• Identify personal learning style</li> <li>• Compose initial entry to personal journal</li> </ul>		
1B	<p>Systems Thinking &amp; Collaboration:</p> <p>1. Healthcare systems</p> <ul style="list-style-type: none"> <li>a. Micro vs Macro: What is a system? There are many ways to define a system, and leaders need to understand the system</li> </ul>	<p>Instructor-led discussion Case Study Stakeholder Map</p> <p>Personal Reflection (Journal)</p>	<p>(American Nurses Association , 2016); (Marshall, 2011);</p>

	<p>in which they lead, the systems in which their system is a part, and systems in which they interact. This may include collaborative and competitive systems.</p> <p>2. Focus: internal vs. external vs. system</p> <p>a. Depending on the position (hierarchy) of the leader, the focus of the role may shift. Discussion here includes the difference between centralized and de-centralized leadership and operations, as well as internal vs. external focus vs. system focus. Exemplars will be used from various organizations and drawn from participant settings.</p> <p>3. Stakeholders and Collaboration</p> <p>a. Drawing from group discussion, participants will identify internal, external, and system stakeholders through development of a stakeholder map. Using this map, participants will then complete a case study designed to demonstrate the outcome of when a key stakeholder is not identified early in a significant change process for a system level change.</p> <p>Upon completion of this session, the learner will be able to:</p> <ul style="list-style-type: none"> <li>• Discuss the different levels of healthcare systems</li> <li>• Identify the healthcare system in which they lead</li> <li>• Analyze key stakeholders in the learner’s system</li> <li>• Examine methods by which to build collaboration with stakeholders</li> </ul>		(Mensik, 2014)
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2	<p>Healthcare business &amp; finance</p> <ol style="list-style-type: none"> <li>1. Speaking the language: This portion of the session is designed to introduce beginning learners to key terminology used in budgeting, and to ensure common understanding among participants who have some previous exposure to budget and finance. Basic calculations for each finance principle will be reviewed and practice exercises will be provided, with dialogue regarding the importance and usage of each in working through a budget.             <ol style="list-style-type: none"> <li>a. Revenue, Expense</li> <li>b. Margin, Margin Percentage</li> <li>c. Variance</li> <li>d. Workload Unit</li> <li>e. FTE, Exempt, Non-exempt</li> </ol> </li> <li>2. Revenue Cycle: This portion of the session will focus on the many sources of revenue in healthcare, including explaining terminology, the complexities of each -model, and the impact of current governmental programs (i.e. ACA, reform, <del>ete</del>) is having of healthcare finance. A case study will be used to work through these issues in small groups following dialogue on current issues in revenue cycle.             <ol style="list-style-type: none"> <li>a. Fee-for-service</li> <li>b. Bundled payment</li> <li>c. CPT, ICD-10</li> <li>d. Charge, payment, contractual adjustment</li> </ol> </li> <li>3. Managing a budget: Primarily through hands on activity, small groups will participate in building, monitoring, and variance reporting on a small clinical operating budget using principles covered earlier in the day.             <ol style="list-style-type: none"> <li>a. Building</li> <li>b. Analysis</li> <li>c. Forecasting</li> </ol> </li> </ol>	<p>Instructor-led discussion Revenue Cycle case study Budget preparation group work</p> <p>Personal Reflection (Journal)</p>	<p>(Dunham-Taylor &amp; Pinczuk, 2015); (Rundio, 2016)</p>
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	<p>d. Reporting</p> <p>By the end of the session, the learner will be able to:</p> <ul style="list-style-type: none"> <li>• Explain key terms related to budget and finance</li> <li>• Compare and Contrast principle sources of clinical revenue</li> <li>• Construct a sample budget,</li> <li>• Evaluate factors which may affect the budget</li> <li>• Prepare a sample variance report</li> </ul>		
3	<p>Effective Communication</p> <ol style="list-style-type: none"> <li>1. Basic Principles: In this portion of the session, through instructor-led dialogue, PowerPoint® slides, demonstration/examples, and participant shared experiences, illustrate items a-c. In addition, a professional communication tool developed in the author's DNP program will be shared to cover tie together items a-d. <ol style="list-style-type: none"> <li>a. Verbal/non-verbal: Mehrabian's model</li> <li>b. Tips for success</li> <li>c. Pitfalls to avoid</li> <li>d. Communicating respect</li> </ol> </li> <li>2. Styles: A basic communication style assessment will be conducted, and participants will lead a discussion of strengths and opportunities for each style. Discussion will surround the importance of understanding the differences and similarities of each style, and how understanding the styles of others can contribute to more effective and satisfying communication.</li> <li>3. Active listening and reflective communication: Principles of both techniques will be identified and modeled. Participants will be invited to reframe unsuccessful dialogues to exemplify these principles to illustrate</li> </ol>	<p>Blindfold table exercise  Instructor led-discussion  Communication style assessment  Umbrella tool  Shared meaning exercise</p> <p>5 Whys  Exploration exercise</p> <p>Personal Reflection (Journal)</p>	<p>(American Nurses Association , 2016);  (Marquardt , 2014);  (Patterson, Grenny, McMillan, &amp; Switzler, 2012)</p>

	<p>their impact. In addition, these topics will be utilized to introduce the ideas of performance management, providing feedback, and conflict management (sessions 4 and 5).</p> <p>4. Ensuring shared meaning: Through an interactive exercise, the ease of misunderstanding one another will be illustrated. This will lead to a dialogue with participants regarding the effects that even a misunderstanding of one word or phrase can have on a conversation, relationship, or business transaction. The groups will also discuss how to recover from such a misstep to get back on track.</p> <p>5. Leading through questions: Through a humorous video, and instructor-led dialogue, the group will explore the power of leading without being the “one” with all the answers. The group will examine the creativity and engagement that can be stimulated by encouraging those whom we lead to seek and provide answers and solutions to challenges. This will also include exploration of the significance of not stopping at the most apparent “answer” to our questions.</p> <p>Upon completion of the session, the learner will be able to:</p> <ul style="list-style-type: none"> <li>• Discuss methods to build a foundation of effective communication</li> <li>• Describe various communication styles and tips for success with each</li> <li>• Demonstrate active listening techniques</li> <li>• Model the learner’s “umbrella” structure</li> <li>• Examine potential areas of misunderstanding based on terminology between umbrellas</li> <li>• Formulate three phrases for use in explorative conversations</li> </ul>		
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<p>4A</p>	<p>Giving &amp; Receiving Feedback (Performance Feedback)</p> <ol style="list-style-type: none"> <li>1. Feedback vs Criticism: Discussion as to the difference between the two, the importance of not only understanding one's intent, but in communicating that intent clearly and regularly. How to recognize when either the intent or the understanding is shifting towards criticism and how to return to a place of safety.</li> <li>2. Strategies for success (HALT-P). Identifying the circumstances that will promote successful feedback (even good feedback), and times to avoid a feedback conversation. This includes knowing when even positive feedback should not be public. How to initiate a feedback conversation, including discussion surrounding the question, "Can you ever give your supervisor feedback?".</li> <li>3. Clear expectations: Dialogue regarding what clarity looks and feels like. How can you make feedback and expectations clear when you are not at liberty to divulge certain pieces of information. What about the feedback sandwich?</li> <li>4. Phrasing/verbiage tools: Group brainstorming for useful words and phrases to provide positive and constructive feedback. Each participant will be invited to write their own (private) feedback for a situation where they feel they could have performed better, and for a situation in which they performed well and would have liked to have received stronger positive feedback.</li> </ol> <p>Upon completion of the session, the learner will be able to:</p> <ul style="list-style-type: none"> <li>• Explain differences between feedback and criticism and tools to maintain focus</li> </ul>	<p>Reflection on blindfold exercise  Instructor-led discussion  Table exercise  Writing your own feedback    Personal Reflection (Journal)</p>	<p>(Marquis &amp; Huston, 2015);  (Neal Jr., 2014);  (Patterson, Grenny, McMillan, &amp; Switzler, 2012)</p>
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	<ul style="list-style-type: none"> <li>• Construct examples of clear performance expectations</li> <li>• Formulate written feedback on both a performance improvement and performance recognition scenario</li> </ul>		
4B	<p>Negotiation: session will begin and end with a variation on the same negotiation exercise, in a “before-and-after” scenario. The “before” scenario will be without receiving the tools or knowing the goals of negotiation.</p> <ol style="list-style-type: none"> <li>1. Goals: Participants will discuss the various goals/outcomes of negotiation, and the importance of clearly stating these goals at the outset of a negotiation situation. In addition, the need for both parties involved in a negotiation to be clear on this information will be questioned, in terms of motive and intent. This will include topics such as “need to be right”, “shared purpose”, “need the relationship”, etc.</li> <li>2. Methods (compromise, collaborate, win-win, win-lose): Following the discussion of motive and intent of negotiations, participants will review the various methodologies to help guide a negotiation towards the desired outcome.</li> <li>3. Strategies: Drawing from familiar situations, participants will discuss pros and cons of various negotiation strategies as they relate to reaching stated and unstated outcomes.</li> <li>4. BATNA: Best alternative to negotiated agreement. Discussion of how to proceed if negotiations “fail”, but a solution is required. Also includes how to prepare in advance for this outcome.</li> </ol> <p>Upon completion of this session, the learner will be able to:</p>	<p>Instructor-led discussion Case study Negotiation exercise (before and after)  Personal reflection (journal)</p>	<p>(Harvard Law School Program on Negotiation , 2017); (Marquis &amp; Huston, 2015); (Schlie &amp; Young, 2007)</p>

	<ul style="list-style-type: none"> <li>• Describe goals and methods useful in negotiation</li> <li>• Identify strategies for successful negotiation</li> <li>• Demonstrate negotiation skills in practice</li> </ul>		
5	<p>Conflict Management:</p> <ol style="list-style-type: none"> <li>1. What/When/Why: Discussion to reach a shared definition of conflict and the most common causes of conflict. Question for the group: are there certain times and/or situations that are more likely to lead to conflict than others?</li> <li>2. Escalation: Guided discussion of the stages of conflict evolution, and the triggers for each stage. Description from familiar situations (non-work related) which promote the escalation of conflict, and possible interventions to prevent escalation.</li> <li>3. Fight/Flight/Freeze: Through a self-reflective exercise, participants will identify bio-physical reactions which occur when presented with someone with whom they regularly experience conflict, thought processes which occur, and other responses <ol style="list-style-type: none"> <li>a. This will be followed by a brief discussion of the sympathetic nervous system, and how to stop and reverse the amygdala hijack</li> </ol> </li> <li>4. De-escalation <ol style="list-style-type: none"> <li>a. What's the story? In each conflict situation, each party comes to the table telling themselves a different story (Patterson, et al). Participants will discuss where these stories come from, and how they lead to conflict. Additionally, the group will dialogue regarding techniques to bring these stories out into the open, achieve clarity, and</li> </ol> </li> </ol>	<p>The Nemesis exercise  Instructor-led discussion  Case-study  Table exercise (“change this phrase”)  Simulation (afternoon)  Personal Reflection (Journal)</p>	<p>(American Nurses Association , 2016); (Marquis &amp; Huston, 2015); (Patterson, Grenny, McMillan, &amp; Switzler, 2012)</p>

	<p>come to common understanding at each stage of conflict escalation, to avoid further intensification of the conflict.</p> <p>5. Too late – now what? Once parties have reached a full-blown conflict situation, significant measures must be taken to resolve the conflict. Participants will engage in dialogue regarding tools to first bring themselves to a point where discourse with the other party can take place, and then for ways to reframe the points of contention to find places of agreement to begin to build commonality. Tips for reconciliation will also be reviewed: including methods for apology and healing of relationship.</p> <p>6. Conflict resolution (between others): instructor-led dialogue regarding situations when it is and is not appropriate for a leader to intervene in interpersonal conflict (i.e., versus when to insist that the two parties resolve themselves, versus when to involve human resources).</p> <ul style="list-style-type: none"> <li>a. Communication tools: when appropriate to intervene, what are the words and phrases to maintain a neutral stance and ensure both parties feel they are being heard</li> <li>b. Process first: guide discussions to focus on process and not personality or persons – first establish that a process exists, that all persons are trained on the process, and that the tools and resources are present to accurately complete the process</li> <li>c. Options/negotiation: discuss the importance of finding out the desired outcomes of each party and what options and</li> </ul>		
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	<p style="text-align: center;">negotiations are available to reach resolution to the issues.</p> <p>7. Performance Management considerations: Building on previous sessions on performance management and communication, discuss how conflict and tension can arise in performance improvement conversations, and how tension and conflict can be mitigated using techniques and tools introduced in this, and previous sessions. Practice these skills in simulated performance improvement conversations.</p> <p>Upon completion of this session, the learner will be able to:</p> <ul style="list-style-type: none"> <li>• Verbalize the signs of conflict and potential triggers</li> <li>• Appraise a conflict situation for staging and intervention</li> <li>• Practice tools for de-escalation of conflict prone situations</li> <li>• Test conflict management methods in a simulated experience</li> </ul>		
6A	<p>Legal &amp; Ethical Considerations: This session will include a high-level review of the ANA Nursing Code of Ethics, and key components of the documents and principles listed below as they pertain to nursing leadership roles. Of specific focus are topics related interviewing, hiring, performance management, operations, and environment of care. De-identified exemplars from actual cases will be utilized in group led discussions and case studies to facilitate learning.</p> <ol style="list-style-type: none"> <li>1. HIPAA</li> <li>2. ADA/Civil Rights Act</li> <li>3. FLSA</li> <li>4. FMLA</li> <li>5. OSHA</li> <li>6. Code of Ethics</li> </ol>	<p>Instructor-led discussion  Group-led discussion  Interviewing/hiring activity  Roundtable discussion</p>	<p>(American Nurses Association , 2016);  (Marshall, 2011);  (Marquis &amp; Huston, 2015);</p>

	<p>After completion of this session, the learner will be able to:</p> <ul style="list-style-type: none"> <li>• Give examples of “protected class” as outlined by the ADA and Civil Rights Act</li> <li>• Discuss overtime rules and their application</li> <li>• Describe situations in which an employee may qualify for FMLA</li> <li>• Evaluate potential ethical situations presented to healthcare leaders</li> </ul>		
6B	<p>Wrap-up, Address questions submitted prior to session 6A, Discuss Next-steps, Complete course evaluation</p>		

## **Appendix J**

### **Evaluation of Applicable American Nurses Credentialing Center:**

#### **RN Fellowship Accreditation Criteria**

One goal of this Fellowship Program Guide is to align the Program components with criteria of the ANCC RN Fellowship Application Criteria in Development & Design where applicable, so that if the ANCC develops a Leadership Fellowship Accreditation Program, this program would be ready to pursue accreditation with minimal adaptation. The following is a summary of applicable Development & Design criteria, and documentation of how this Leadership Fellowship Program meets those criteria (American Nurses Credentialing Center [ANCC], 2016, pp. 18-19).

Development and Design (DD)

#### **PROGRAM FACULTY**

DD1. Individuals who are selected to develop, implement, and maintain the program have documented expertise in adult education, program development, or content expertise in subject matter, or a combination thereof.

Response: This author has over 17 years providing nursing and healthcare professions education, including both program and curriculum development. In addition, the author has over 15 years of progressive leadership experience demonstrating content expertise in leadership and management.

DD2. Individuals delivering course content in the program have documented content expertise and the ability to present content effectively.

Response: This author has developed content based on literature review, current healthcare and business leadership publications and over 15 years of professional leadership and management experience.

DD3. Individuals validating competencies of residents/fellows have been appropriately trained and evaluated

Response: This author has spent over 17 years evaluating the performance of employees, and participants in educational programs. Performance evaluations of this author can be produced at the time of accreditation evaluation.

#### PROGRAM CONTENT

DD4. The program incorporates a process to develop or revise the program content based on data gathered through needs assessments.

Response: In Phase 1 of program dissemination, the author may revise program content after presentation of the full program based on program evaluations, or may revise the program prior to program presentation based a needs assessment based on the request of the organization's leadership. In Phase 2 of program dissemination, content will be adjusted prior to presentation of the program based on the needs of the academic program.

DD5. Curriculum chosen for the program is evidence-based, current, and appropriate for the scope and standards of practice in the specialty area.

Response: In the review of literature, sources were only included if published since 2012, unless they were seminal works related to content. References used for content development were drawn from peer-reviewed articles, and respected publications in both the healthcare and business settings. The Scope and Standards for Nurse Administrators published by the American Nurses Association provided the foundation in this subject area, as did peer-reviewed journal articles for leadership competencies.

DD6. (Selected) The curriculum includes content that supports the ability of a fellow to:

- Apply quality improvement principles,
- Function effectively within nursing and interprofessional teams (teamwork and collaboration)
- Incorporate evidence-based practice
- Apply basic safety design principles

Response: The fellowship program is built on current evidence published in peer reviewed journal articles, textbooks, and reputable publications, and is focused on continuous quality improvement. Educational threads throughout the sessions are teamwork, collaboration, fostering safe environments for communication, feedback, leadership, and management.

DD7. Competencies developed for and evaluated in the program are appropriate for the scope and standards of practice in the applicable specialty areas and must be referenced.

Response: Scope and Standards of practice are based on the Scope and Standards of Practice for Nurse Administrators published by the American Nurses Association, and Competencies are compiled from peer referenced journals, text books, publications of the American Nurses Association, American Organization of Nurse Executives, and the American Nurses Credential Center.

DD8. Standard processes are used to evaluate whether fellows can demonstrate required competencies.

Response: In class return demonstration activities with evaluation rubrics will be used in each session to evaluate learner comprehension, synthesis, and performance.

## Appendix K

### Participant Evaluation of Fellowship Program (example)

<b>Nursing Leader Fellowship Program Evaluation by Participant</b> Please evaluate each question on a 1 to 5 scale and respond to the open-ended questions.				
1. <b>Session 1A</b> provided me with a clear understanding of the purpose and design of the fellowship program				
1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly Agree
2. The instructor provided the background for the topics to be covered in the program, and the learning methods we will be using				
1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly Agree
3. I understand which learning styles to which I tend to respond to best				
1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly Agree
4. The instructor explained the use of a personal journal and its importance in this fellowship				
1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly Agree
5. What session/topic most interests you in this fellowship program?				
6. Which topic would you like to see covered that is not in the agenda?				
Other comments:				

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## Curriculum Vitae

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- ◆ American Organization of Nurse Executives
- ◆ Utah Organization of Nurse Leaders