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Improving Nurse Leaders' Knowledge and Confidence in Transformational Leadership Skills in the Online Environment

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IMPROVING NURSE LEADERS' KNOWLEDGE AND CONFIDENCE IN TRANSFORMATIONAL LEADERSHIP SKILLS IN THE ONLINE ENVIRONMENT

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Abstract

Leadership is critical to the success of most organizations, and the achievement of an organization's goals is dependent on the leaders' ability to engage, motivate, and influence their teams—often referred to as Transformational Leadership. This is especially true for healthcare organizations wherein the morbidity and mortality of patients may be affected by the quality of leadership. At the start of the COVID-19 pandemic, in-person meetings transitioned to the online format without nurse leaders' formal training. Leaders cited this lack of orientation as impeding their ability to sustain an online transformational leadership presence with their teams. They reported varying degrees of competence in virtual leadership, which were likely to persist without formal training and education. Research shows that leadership practices must adapt to the virtual environment for effective leadership and sustainable performance. However, little research focused on competency-based education teaching nurse leaders to be knowledgeable and confident transformational leaders in the online environment. The purpose of this Doctor of Nursing Practice (DNP) project was to develop, implement, and evaluate online modules to improve nurse leader knowledge and confidence of AONL leadership competencies, specifically, communication and relationship building, in the online environment and within the context of transformational leadership. The target population was formal nurse leaders, including directors, managers, and assistant nurse managers. After the education intervention, study findings revealed increased nurse leaders' knowledge and confidence in transformational leadership, communication, and relationship-building in the online environment.

Keywords: transformational leadership, virtual leadership, online, nurse leaders, COVID-19, competencies, AONL.

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Definition of Terms

**For clarification, definitions of terms are also included in the body of this paper.*

American Nurses Credentialing Center (ANCC): a subsidiary of the American Nurses Association (ANA) and accredits healthcare organizations that promote nursing excellence, programs certify nurses in specialty practice areas.

American Organization for Nursing Leadership: provides nurse leaders with resources for professional development.

Competence: ability to perform and accomplish a task, skill-based and the standard which is measured.

Competency: behavior-based, ability of an individual to execute effective or superior performance in a job.

Knowledge (*knowledge is defined in this paper in relation to transformational leadership theory*): the acquisition of information, concepts, and skills through experience and/or education by an individual that is a valuable resource of organizations.

Magnet Designation: designates organizations worldwide that align strategic nursing goals to improve organizations' outcomes.

Nurse Leaders: formal leaders in the organization who lead teams of nurses and nursing support staff who provide patient care.

Self-efficacy and confidence: self-efficacy is an individual's belief in his or her *ability* to achieve specific performance-related goals and confidence is the belief in one's *likelihood* of succeeding.

Transformational Leadership: Theory of leadership where leaders collaborate with teams using influence and inspiration to create positive change and work towards a vision.

Virtual Environment: an interactive, common, online space that allows users to interact with each other.

Virtual leadership: a form of leadership in which teams are managed online (remote).

Virtual technology: Online applications that facilitate communication with individuals and groups. Applications include email, chat, social networks, instant messaging, video, and phone.

Relationship-building and **relationship-management** are used interchangeably.

Chapter I

Background and Significance

Leadership is critical to the success of most organizations. Achievement of an organization's goals is largely dependent on the leaders' ability to engage and influence their teams (Schuetz, 2016). This is especially true for healthcare organizations wherein the morbidity and mortality of patients may be affected by the quality of leadership. The Agency for Healthcare Research and Quality (AHRQ, 2021) cites cost and quality outcome measures as the benchmarks that healthcare organizations seek to achieve and improve.

In 2000, the IOM report "*To Err is Human*" stated that tens of thousands of Americans die each year, and hundreds of thousands suffer nonfatal injuries due to medical errors that could have been prevented in a high-quality healthcare system (IOM, 2000). Further, the 2010 IOM "*Future of Nursing: Leading Change, Advancing Health"* report emphasized the importance of developing nurse leaders and a leadership style based on inter-disciplinary collaboration, clear communication, and mutual respect. This leadership style is associated with better patient outcomes, fewer medical errors, and greater staff satisfaction (IOM, 2010).

The American Nurses Credentialing Center (ANCC) Magnet® designation is the hallmark of a successful healthcare organization (ANCC, 2020). Studies assessing links between the work environment for nurses and patient safety show that Magnet® designated organizations experience decreased mortality rates, pressure ulcers, falls, and improved safety, quality of care, and increased patient satisfaction (ANCC).

Magnet® designated organizations recruit and retain highly skilled nurses. Research shows these organizations have lower nurse burn-out, vacancy and turnover rates, and increased

nurse satisfaction. Sicker patients benefit the most from positive nursing work environments, and patients experience fewer complications such as central line infections (Barnes et al., 2019).

There are five Magnet® components: structural empowerment, exemplary professional practice, new knowledge innovations, empirical outcomes, and transformational nursing leadership and relationship management (ANCC, 2020). The latter of the Magnet® components was the focus of this Doctor of Nursing Practice (DNP) project.

Problem

Nursing leadership, underpinned by Transformational Leadership Theory (TLT), is the expectation of a Magnet® designated organization (Moon et al., 2019); however, transformational leadership requires skills that must be learned. These skills are frequently acquired on the novice to expert continuum. While leadership education is needed under normal working conditions, it is an underscored requisite in an abnormal working situation, such as the environment created by COVID-19.

The COVID-19 pandemic necessitated multiple changes for people across the United States (U.S.) and the world. One universal change in the U.S. is how we work and how leadership within organizations conducts work-related meetings. While essential workers were required to continue in-person activities during the pandemic, many began working remotely, and the work-related online meeting became the norm for leaders in many organizations. Overnight, leaders within multiple organizations were responsible for their expected leadership activities, but now also for leading their respective organizations in an online environment. Within healthcare organizations, nurse leaders are no exception to the problems of leadership competency and the compounded problem of leadership in the online environment.

At the start of the COVID-19 pandemic, in-person meetings transitioned to the online format without nurse leaders' formal training. Leaders cited this lack of orientation as impeding their ability to sustain an online transformational leadership presence with their teams. They reported varying degrees of competence as virtual leaders, which were likely to persist without formal training and education. Leadership practices must adapt to the virtual environment for effective leadership and sustainable performance (Contreras et al., 2020). An organization's failure to recognize that a different leadership strategy is required for online meetings versus the traditional in-person meetings results in a significant breakdown of team performance, trust, communication, and engagement (Lepsinger & DeRosa, 2010).

Warshawsky and Cramer (2019) suggest that organizations evaluate nurse leader competency continuously. They state that nurse leaders rate themselves as competent between years one to six, reaching proficiency by year seven. Experience and education have the strongest association with competence; therefore, Warshawsky and Cramer recommend that organizations develop strategies to promote nurse leader competency starting early in their careers. Both Lepsinger and DeRosa (2010) and Warshawsky & Cramer support that competency-based education focusing on virtual leadership skills may improve nurse leaders' confidence in competency and, consequently, their relationship with their teams. Without this education, leaders will not have the necessary competency to be effective leaders in the online environment. When organizations support nurse leaders to adapt, change and grow amid changes in healthcare, a positive and healthy work environment is created for their caregivers and patients (Shaughnessy et al., 2018).

There was no competency-based education to teach nurse leaders how to be knowledgeable and confident transformational leaders in the online environment. Leadership

education for the online environment, incorporating previously validated transformational leadership and communication and relationship management competencies, was needed.

Purpose

The purpose of this DNP project was to develop, implement, and evaluate online modules to improve knowledge and confidence related to transformational leadership, communication, and relationship management competency in the online environment.

Chapter II

Literature Review

This chapter presents a comprehensive review of the available body of research, applicability to this DNP project's topic, and gaps in the research.

Searches in peer-reviewed publications in academic journal databases included the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Academic Search Premier, Medline, Johanna Briggs, and the Cochrane database. The initial search was limited to ten years (2011-2021). The keywords searched were *nurse leaders, online leadership, e-leadership, American Organization for Nursing Leadership (AONL), virtual leadership, transformational leadership, competence, competency, and online education.* Nursing and non-nursing literature were searched, yielding 3,176 articles. Further refining the searches, combining keywords including *nurse leaders, online leadership, virtual leadership and e-leadership, transformational leadership, competency and competence, confidence, online technology, and online education,* resulted in 32 articles. Quantitative and qualitative research studies were included, and several older references were included for historical perspective. Below are data for *nurse leaders and leadership, online leadership, e-leadership, virtual leadership, transformational leadership, competency, competence and confidence, AONL competencies, online education, online and virtual technology*, *and COVID-19.*

Nurse Leaders and Leadership

Staff nurses often transition to nurse leadership positions with little preparation or idea of what the role entails. Healthcare organizations increasingly realize the necessity of developing nurse leaders to meet the challenges of a dynamic healthcare environment. The American Nurses Association (ANA, 2021) states that nurse leadership involves leading the self, leading others,

and leading the organization. Nurse leaders focus on patient quality of care and safety, regulatory compliance, and human resource management, including recruitment and retention.

The COVID-19 pandemic meant a greater reliance on adaptive learning as nurse leaders learned what worked and what did not and experimented with different actions (Lacey et al., 2020). As we emerge from this crisis and establish a new norm, visionary leadership is not enough to sustain an organization through a crisis. Four essential leadership behaviors have been identified by Nichols et al. (2020) based on 21,000 leadership assessments. The leader behaviors are the ability to synthesize large volumes of information, make decisions quickly, adapt boldly by employing robust two-way communication with teams, build accountability, and engage for impact. The latter was particularly relevant to this DNP project as effective leaders know how to keep their teams engaged and communicate clearly.

Hospital Chief Nursing Officers (CNOs) indicated what strategies they would keep when the pandemic was over. They listed virtualizing communication and innovation as strategies that will stay (Lacey et al., 2020). This supported this DNP project's assertion that a hybrid communication model of online and in-person meetings may be here to stay.

Online Leadership, E-leadership, and Virtual Leadership

There are several definitions of e-leadership and virtual teams in the literature. Avolio et al. (2009) define e-leadership as "*an individual managing a group they do not see in person and lead a team that is part of the online, virtual workplace."* Effective communication strategies are essential to maintain a sense of connectedness with the team (Axtell, 2016). Virtual teams are more challenged with managing conflict, decision-making, and expressing innovative ideas, so the leader must create a social and authentic presence online to build relationships and address the socio-emotional needs of the team. Cowan (2014) identifies eight guiding principles teaching

leaders how to create an online leader presence and build trusting relationships with virtual teams. These leaders report an improved perception of self-competency related to communication and team building.

An exploratory study by Van Wart et al. (2016) examined the impact that the shift to virtual modalities has on changing the context of leadership. Van Wart et al. discuss situational factors, such as the degree and types of virtual technology, leader control versus follower self-management, and support provided for leaders and followers. They found that effective e-leaders use listening skills, positive behaviors, and other practices to improve performance in the online environment (Van Wart et al.).

Clements et al. (2009) propose *Nursing Leadership Knowing* as a leadership theory. They state that the rapidly evolving healthcare environment calls for innovative approaches to nurse leader development, including adopting modern technologies. *Nursing Leadership Knowing* describes leaders as perceptive and authentic; they validate staff concerns and remain open-minded and adaptable.

Transformational Leadership

Transformational Leadership Theory was first conceptualized in 1978 by Burns, who, while studying political leaders, defined transformational leadership as a relationship in which "*leaders and followers raise one another to higher levels of motivation and morality*" (Moon et al., 2019). Bass (1985) further expanded TLT to explain how transformational leadership impacts follower motivation and performance; he defined four transformational leadership elements: Inspirational Motivation, Intellectual Stimulation, Individualized Consideration, and Idealized Influence.

Inspirational Motivation

The most common outcome measure to evaluate an effective leader is their impact on the organization (Bass, 1985). Effective leaders motivate followers to achieve high standards and organizational outcomes, instilling a strong sense of purpose and meaning derived from their work. Consequently, followers believe in their abilities and invest extra effort in their work, thus driving the mission forward. Inspirational leaders create the vision and communicate it in an understandable and relatable way to their followers. They inspire followers and build trust, respect, and loyalty (Bass).

Intellectual Stimulation

The transformational leader challenges assumptions, solicits followers' input, and stimulates creativity and innovation. Transformational leaders see unexpected situations as stimulating opportunities for growth and learning, such as placing challenges before their teams. This intellectual stimulation improves group processes, cohesiveness, collaboration, communication, quality, and decision-making efficiency (Madanchian et al., 2017). Additional anticipated results of intellectual stimulation are improved outcomes and a sense of a shared mission (Arthur & Hardy, 2014). Extrapolating from Arthur and Hardy, transformational leaders facilitate their followers through crises such as the COVID-19 pandemic by being transparent, collaborative, highly communicative, and resilient despite uncertain circumstances.

Individualized Consideration

Individualized consideration is how the transformational leader listens to followers' needs and concerns and mentors their self-development. The transformational leader is empathetic, supportive, and appreciates the contribution of individuals to the team (Bass, 1985). Sharpp (2019) further offers evidence consistent with Bass’s work, opining that it is possible to

effectively coach and mentor team members online to improve individual and group performance.

Idealized Influence

Also known as charisma, idealized influence means the transformational leader is a role-model for ethical behavior. They instill pride and earn the trust and respect of their teams. They create change by setting an example for their teams (Bass,1985).

Nurse-specific transformational leadership is essential for achieving Magnet® designation and is the most effective leadership style in healthcare settings because it contributes to positive change in individuals and organizations (Moon et al., 2019). In a Magnet® designated organization, transformational leaders create a vision and support nurses to lead change. Research by Moon et al. shows that the work environment may contain barriers to the practice of transformational leadership in day-to-day operations. Barriers to transformational leadership include a lack of support from management and a lack of education to help build leadership skills. Magnet® designated organizations prioritize a supportive work environment to enable transformational leadership practice (Moon et al.). Fischer (2017) recommends that organizations promote follower engagement and teamwork and embed the transformational leadership framework into nursing education. Similarly, this DNP project embedded transformational leadership theory into the leadership educational intervention to facilitate competency in the online environment.

The ANA defines transformational leadership as the ability of a leader to inspire and stimulate followers, achieve extraordinary outcomes, develop, and empower individuals, and align goals across the span of follower/subordinate to leader, to organization (ANA, 2021).

Recommendations from the IOM's *The Future of Nursing* report (2010) included integrating transformational leadership theory in healthcare organizations.

Competency, Competence, and Self-Confidence

The ANA (2021) defines competency as an expected level of performance that integrates knowledge, skills, abilities, and judgment. Integration of these elements can occur through formal, informal, and reflective learning experiences. Formal learning occurs in structured environments such as classrooms or online education modules, and informal learning is experiential and gained in various settings. Personal self-assessment and analysis of strengths and opportunities for improvement define reflective learning. This DNP project incorporated all three learning modalities into the educational modules for nurse leaders.

Warshawsky and Cramer (2019) suggest using the Benner model (1982) for nurse leader education and development, which focuses on growth through competency stages. Based on research with 650 nurses, several teaching methods are useful for teaching and developing innovation, and generational differences among leaders influence learning and adoption of innovative technologies. White et al. (2015) effectively measure the leaders' perception of competency gaps using a self-assessment survey like this DNP project.

Chang and Lee (2013) found that effective conflict management contributes to healthy overall team performance and improves online participants' learning ability. Chang and Lee demonstrated that it is possible to coach and mentor team members competently in the online environment to improve individual and group performance, including competency.

If managerial competencies are not addressed in nurse leader education, many leaders may feel overwhelmed and unsupported (Van Dyk et al., 2016), contributing to burn-out and turnover. The impact of the nurse leader on patient outcomes cannot be underemphasized. In a

study of 23 nursing units, Warshawsky et al. (2013) found that hospital units with high nurse manager turnover had higher rates of pressure ulcers.

Self-Confidence and Knowledge

Albert Bandura (1997, p. 382) defined confidence as the perception that one is capable of meeting particular expectations. Force (2005) found that confidence was a dominant trait of successful nurse managers. Successful nurse managers must have the competency and skills to create work environments where nurses can provide high-quality patient care (Van Dyk et al., 2016).

The ANA (2021) defines nurse leader knowledge as understanding theories, insights gained from context, practical experiences, and reflective learning experiences. Knowledge gained by nurse leaders can be both formal and experiential but in a rapidly evolving environment such as the COVID-19 pandemic created, even well-prepared nurse leaders may lack the knowledge needed to adapt to changes quickly (ANA).

AONL Leadership Competencies

The AONL asserts that nurse leadership competencies are required to prepare nurse leaders to meet the evolving needs of healthcare delivery and population health. As an advocate for community health, the nurse leader is an agent of change (AONL, 2020). Five competency domains are identified, including Communication and Relationship Building, Knowledge of the Healthcare Environment, Leadership, Professionalism, and Business Skills. This DNP project focused on competency development within the Communication and Relationship Building domain.

Communication, Relationship Building, and Influencing Behaviors Competencies

Competencies were categorized within the domains of communication, relationship building, and influencing behaviors. The focus of nurse leader competency-based education will be on (A) Effective Communication, (B) Relationship Management, and (C) Influencing Behaviors.

The Children's Hospital of Philadelphia (CHP) used AONL leader competencies to develop a comprehensive leadership training program for nurse leaders. Learners identified differentiating between management and leadership, influencing behavior, managing change, and improving communication (Nghe et al., 2020). The training at CHP was not online; however, it demonstrated effective integration of AONL competencies into formal, in-person nurse leader education (Nghe et al.).

Online Education

Online learning takes place over the internet and is also referred to as virtual or e-learning. It can include computer-based learning, audio-visual presentations, e-learning, and mobile (smartphone) learning (Kang & Seomun, 2018).

While the power of in-person connection and face-to-face conversation has been lost in the environment of social distancing, Hickman (2021) claims that the transition to virtual delivery offers opportunities to support leaders to grow and develop. Online education can be used for professional development and training. Still, after a day of Zoom or Teams meetings, the leader may be mentally fatigued and not fully present for an end-of-day online session. Since leadership development programs require leaders to be present and learning, online programs are best delivered in pre-recorded, modular formats. Modular formats allow the leader to shift into

learning mode more easily by choosing a time more convenient for them to participate (Hickman).

Online learning has advantages, disadvantages, and challenges. Pre-pandemic, education-based programs, and meetings such as seminars and conferences entailed driving to the event's location. Depending on the driving distance and time involved, some could not attend these programs. An advantage of the online delivery of programs is the ability to reach a much larger audience allowing more leaders to participate in leadership development with a significantly reduced time commitment. Additionally, leaders can connect with other leaders across the U.S. and the globe in ways they could not before (Hickman, 2021).

A challenge to online learning is participants' tendency to multi-task (engaging in two or more activities) in online educational settings. Multi-tasking is more prevalent in online education than in-person education. Empirical research suggests that cognitive capacity is divided between all tasks and may decrease attention and performance (Lepp et al., 2019). When the student texts or reads emails, it interferes with comprehension, recall, and retention. Hickman (2021) states that online education delivery must keep a brisk pace and continually re-engage learners through interactions, breakouts, discussions, quizzes, or simulations to counter multi-tasking. The average adult has an attention span of 20 minutes. After an extended teaching period, the instructor should allow participants to rest by sharing a story, a picture, or a question (Hickman). This DNP project will also break learning into blocks or modules and incorporate rapid-cycle feedback periodically by polling or quizzes to facilitate comprehension of innovative ideas.

Van Wart et al. (2016) outlines a training program for virtual leaders focusing on team building and relationship management elements that in-person meetings provide. The training for

virtual leaders underscores the need for relationship building in virtual teams. A personal relationship with virtual team members provides several advantages leading to better working relationships (Van Wart et al.). Understanding, familiarity, trust, and motivation are key components of professional relationship management for the online leader. Additionally, as online leaders' competence with virtual technology improves, so do their relationships with their teams (Van Wart et al.).

Online and Virtual Technology

Online and virtual technology research suggests that virtual or online technology includes email, videoconferencing, simulation, Facetime®, texting, instant messaging, chat rooms, blogs, smartphones, and more. Many organizations have transitioned to Zoom®, Skype®, and Microsoft Teams® for video-conferencing meetings (Schuetz, 2016). For online leaders, communication is not in-person, so they cannot easily read non-verbal cues and body language such as facial expression, tone of voice, and posture. Nurse leaders need to integrate and leverage technology to communicate and manage their teams to facilitate a connection with individuals and the team. While Schuetz makes multiple recommendations to bridge the communication gap in online meetings, some of the primary recommendations include distributing and following a meeting agenda, establishing meeting norms, requiring webcams with specific lighting requirements, engaging participants in the discussion and decision-making, and appointing a 'bridge-person' for monitoring chat.

Muller and Antoni (2020) demonstrated the importance of teaching virtual team leaders how to utilize information and communication technology to enhance virtual team coordination and performance in a multi-level model study design. Research by Muller and Antoni indicates that a virtual team's performance depends on competence with virtual technology and

established a positive correlation between the two. Organizations need to provide technology training for use with virtual teams. As virtual leaders' competence with virtual technology improves, so do their relationships and sense of connectedness with their teams. Coordination, collaboration, and the team's performance depend on the effective use of virtual technology (Muller & Antoni).

Gaps in the Literature

This review discovered gaps in the literature, including a lack of studies and competency self-assessment instruments that effectively measure nurse leaders' leadership competencies.

Kantanen et al. (2015) developed an instrument for measuring nurse managers' leadership and management competencies (NMLMC) using a self-assessment web-based survey-type instrument. However, their instrument has not been evaluated in an online environment. At the time of this literature review, there was no research measuring nurse leaders' confidence in competency in an online environment. Additionally, no study incorporates AONL leadership competencies into formal education, teaching nurse leaders how to be transformational leaders in the online environment. Moreover, this literature review showed no broader statistics indicating how many people utilize virtual technology and how many directly result from the COVID-19 pandemic.

Summary

A literature summary revealed sufficient evidence to support the DNP project hypothesis that AONL competency-based education may improve nurse leaders' knowledge and confidence in transformational leadership skills in the online environment. This evidence was translated into practice through this DNP project.

Research suggests that an organization's ability to achieve its goals and improve patient outcomes depends on having skilled leadership (Schuetz, 2016). Magnet® designated organizations that create positive nurse environments experience better outcomes and decreased nurse turnover (ANCC, 2020). A vital component of Magnet® theory is transformational leadership which is a leadership style that positively impacts follower motivation and performance. Using effective communication strategies (Avolio et al., 2009), visionary leaders inspire their followers to invest extra in their work, thereby improving patient care and safety (Barnes et al., 2019).

The COVID-19 pandemic forced a rapid transition from in-person meetings to online meetings without nurse leader training, impeding the ability to sustain a transformational leadership presence online with their teams. An organization's failure to recognize that a different strategy may be required for online meetings versus in-person meetings often results in a significant breakdown of trust, communication, and engagement by the team (Lepsinger & DeRosa, 2010). It is in the best interests of organizations and their patients to support leader competency development (Van Dyk et al., 2016).

The ANA (2018) defines competency as an expected level of performance integrating knowledge, skills, abilities, and judgment. Warshawsky and Cramer (2019) assert that competency-based education focusing on online leadership skills may improve nurse leaders' confidence in leadership competency. Manager competencies are not usually included in nursing education (Van Dyk et al., 2016). However, when nurse leaders receive AONL competency-based education focusing on communication and relationship management competencies, they are more confident as they apply learned knowledge in the daily management of their units and teams (Nghe et al., 2020).

Online learning can be used for professional leadership development but requires a different approach than in-person learning (Hickman, 2021). To counter multi-tasking and distractions while presenting online education, it is necessary to keep a brisk pace and continually re-engage learners using various techniques (Hickman). Education in the form of short modules is ideal for successful learning. Teaching nurse leaders AONL communication and relationship management competencies help them create an authentic online presence to connect with their online teams, and foster collaboration, decision-making, team building, and trust (Cowan, 2014). It is assumed that teaching leaders in an online environment to utilize virtual technologies will make communication easier and promote engagement.

Confidence is a dominant trait of successful nurse managers (Force, 2005) who must have the competency and skills needed to create work environments where nurses can provide high-quality patient care (Van Dyk et al., 2016). Confidence means that an individual believes they can do something well. Given the importance of the nurse leader in the organization's success, they must receive competency-based education to gain knowledge to improve performance and gain confidence.

There remained gaps in the literature, including a lack of studies and competency self-assessment instruments that effectively measure nurse leaders' leadership competencies. Additionally, little is known about the utilization of virtual technology and how much directly resulted from the COVID-19 pandemic.

This DNP project aimed to develop, implement, and evaluate online modules on best practices for transformational leadership, communication, and relationship-building in the online environment.

Chapter III

Theoretical Underpinnings

This chapter will describe Transformational Leadership Theory and how AONL competency-based education for virtual leadership aligns with this theory. Lewin's three-step change theory will be described as related to this project. Transformational leadership and change theory merge as transformational change leadership, a process through which the leaders move from traditional leadership to virtual leadership practice.

Theoretical Framework

Transformational Leadership theory identifies transformational leaders' key characteristics and competencies (Burns, 1978). Transformational leaders empower their teams to do what is best for the organization. They are respected role models, and they listen to all viewpoints to facilitate cooperation. They create and motivate the team towards a vision and function as change agents by setting an example.

According to Benners' *Novice to Expert and Skills Acquisition Theory* (1982), transformational leaders develop competency through education and experience. Benner acknowledges the differences between nurse leaders' self-perception of developing competency along the continuum from novice to expert. Transformational leaders know the value of maintaining an authentic presence. Jean Watson's *Theory of Human Caring* (1997) says that authentic presence, caring, and trust are foundational for a leader-follower relationship.

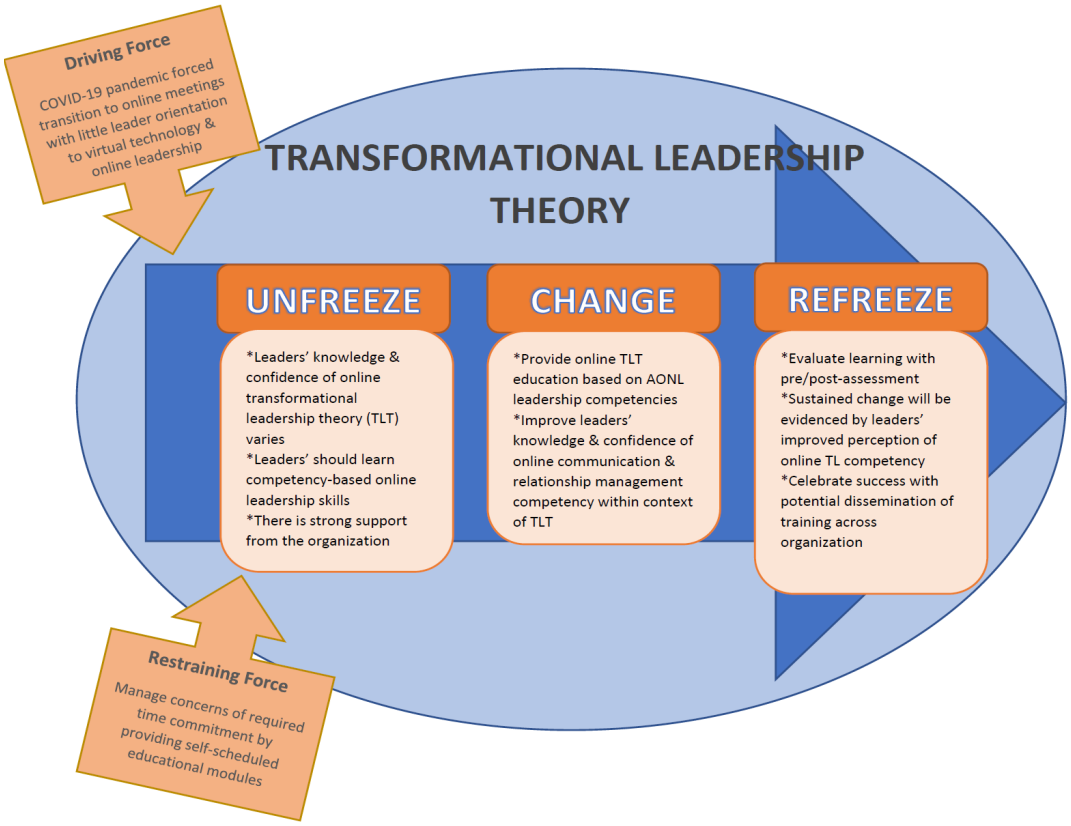
Lewins' Change Theory

Lewins' three-step change theory (1947) made the change viable for the organizations and provided a foundation for sustained change in online leadership style. The driving force that

created the need for nurse leader virtual leadership education was the Covid-19 pandemic which forced a transition to virtual communication such as Microsoft Teams® and Zoom®.

An anticipated barrier (Lewin's restraining force) was that nurse leaders had competing commitments and viewed this education as one more task. Unfreezing to overcome potential resistance involved sending an introductory email to leaders explaining the project's purpose and outlining the advantages of using transformational leadership skills in the online environment to better connect with their teams. Leaders learned how virtual communication could build trust, improve group and individual performance, and enhance team collaboration and overall employee engagement. The refreezing stage was evidenced by an improvement in nurse leaders' perception of online transformational leadership, communication, and relationship-building competency in the online environment.

Figure 1: Theoretical Framework



Chapter IV

Project Methods

This chapter describes the methodology and procedures for this DNP project, including the population of interest and sample, design and setting, outcome variables and measurement instrument, data analysis, participant procedures, DNP student activities and timeline, team and stakeholders, resources, and financial plan, and potential barriers and limitations.

Population of Interest and Sample

The population of interest was nurse leaders, including directors, managers, and assistant nurse managers. Nurse leaders from six organizations participated. The sample consisted of those interested in transformational leadership, communication, and relationship management and who completed all program components. Any participant not completing the entire module's components was excluded from the final analysis. Also excluded from this project were charge nurses, clinical educators, and nurse practitioners. Sample recruitment included email invitations with addresses acquired from Chief Nursing Officers (CNOs).

According to an a priori power analysis, 67 participants were needed to have 80% power, with a moderately small, estimated effect size of 0.35, to find differences in the project's assessments (if such differences were demonstrated). If the effect size turned out to be somewhat larger (e.g., 0.5), significant change may have been noted with only 34 participants, with 80% power to demonstrate pre- and post-differences. Therefore, between 40 and 75 participants were desired for this DNP project, which allowed for some attrition.

Demographic information from the sample was collected, including age, gender, years as a nurse, years in any formal leadership position (total of current and past), primary workplace,

employment status, highest level of nurse education, highest level of non-nursing education, and clinical specialty.

Design and Setting

A pre-and post-evaluative design was used for this project. Participants completed a pre-assessment of their knowledge and confidence of transformational leadership, communication, and relationship management. The participant then viewed the education intervention (online modules), and the post-assessment data was collected. Given that the intervention was delivered online, the setting was anywhere the participant chose, provided they had computer and internet access. The study remained open for four weeks, and a weekly reminder invitation email was sent to leaders.

Outcome Variables and Measurement Instrument

This project included two outcome variables: knowledge and confidence in achieving the AONL transformational leadership, communication, and relationship management competencies in the online environment. The measurement instrument for this project was an adaptation of the actual AONL competencies such that knowledge of and confidence in achieving both was assessed pre-and post-intervention; having a knowledge and confidence subscale with each of the competencies included in each subscale.

Data Analysis

Data from the adapted measurement instrument was converted from ordinal to interval to facilitate using parametric statistics. Participants' scores were obtained by adding the rank assigned to each response (1-5) such that the higher the score, the more knowledge and confidence. There were three subscales—communication, relationship-management, and managing behaviors. Each subscale contained seven response items for a total of 21 response items for knowledge and 21

response items for confidence. Total scores would range from 1 - 105 for the 21-item knowledge subscales and 1 – 105 for the 21-item confidence subscales. A global score, inclusive of both variables (knowledge and confidence), would range from 2 – 210.

Descriptive statistics were used for demographic data and presented as frequencies and percentages. Knowledge and confidence scores were compared utilizing a paired *t*-test, and percent change for the individual knowledge and confidence items was calculated using the standard formula of (Y1-Y2)/Y1*100.

Face validity was sought from two nurse leaders familiar with the ANOL competencies, and content validity was assumed from the previously published ANOL competency document. Reliability and validity for the AONL Nurse Executive Competencies are established by periodic job analysis/role delineation studies. These competencies are based on *A National Practice Analysis Study of the Nurse Executive* (2014).

Participant Procedures

The participants in this project completed the following:

- Reviewed consent form and agreed to participate.
- Completed demographic information form.
- Completed pre-assessment.
- Reviewed assigned readings.
- Viewed educational modules (the intervention).
- Completed post-assessment within one week of viewing the module.

DNP Student Activities and Approximate Timeline

Project activities consisted of:

- UNLV IRB approval--Summer/Fall 2021

- Development of the competency assessment (adaptation of the AONL document) -- Summer/Fall 2021
- Development of the module--Summer/Fall 2021
- Upload all project content to Survey Monkey© application—Fall 2021
- Email invitation to participate— Fall 2021
- Data Analysis—Jan/Feb 2022
- Verified research--Feb 2022
- Prepared final report—March 2022
- Defend DNP project—March 2022

Team and Stakeholders

This project's team comprised the DNP student, DNP project chair, and DNP project committee. The stakeholders also included CNOs, nurse leaders, and, indirectly, institutional administration and patients.

Resources and Financial Plan

Resources included cooperation from administration, access to experts to ascertain validity, Survey Monkey, committee member account, and the UNLV health science librarian. There was no cost other than the time invested by students.

Potential Barriers and Limitations

While the CNOs at several Magnet®-designated organizations strongly recommended this education to their nurse leaders, the potential barrier was getting people to participate from all six organizations. Some may have felt they did not need education or had other competing demands for their time. In anticipation of the latter, the one-hour module could be paused, saved, and resumed at another time to allow greater flexibility for the participants.

Chapter V

Results

This chapter presents the results of this DNP project, for which the purpose was to develop, implement, and evaluate online modules to improve knowledge and confidence related to transformational leadership, communication, and relationship management competency in the online environment. Results describing the project's sample demographics and the outcome variables related to knowledge and confidence total and subscale scores are included. The chapter concludes with a narrative evaluation of the project.

Sample

Nineteen participants completed the pre-assessment, but due to some confusion about the instructions, only 10 completed the post-assessment, thereby reducing the sample size ($N = 10$). Participants' age ranged from 38 – 65 years, with a mean of 52.1 ± 10.75 years. 90% of participants were female, employed full-time, and worked in the inpatient setting. The highest level of education was evenly divided between BSN (50%) and MSN (50%). Years as a nurse ranged from 10 years to 43 years, with a mean of 25.7 ± 11.83; years in leadership ranged from 1 year to 21 years, with a mean of 8.9 ± 7.79 (Table 1). No significant correlations were found related to age, years of experience, or years in leadership to the pre-or post-assessment scores.

Table 1: Participants' Demographic Characteristics (*N*= 10)

Characteristic		Frequency	Percentage
Gender			
	Female	9	90
	Male	1	10
Age			
	18-29	0	0
	30-49	5	50
	50-64	4	40
	65+	1	10
Years as a Nurse			
	≤10	1	10
	11-20	3	30
	21-30	3	30
	31-40	2	20
	41+	1	10
Years in Leadership			
	<1-5	4	40
	6-10	2	20
	11-20	3	30
	21-30	1	10
Primary Workplace			
	In-patient (hospital or facility)	9	90
	Out-Patient	1	10
Employment Status			
	Full-time	9	90
	Part-time	1	10
Highest Level of Nursing Education			
	BSN	5	50
	MSN	5	50
Highest Level of NON-Nursing Education			
	BS	3	30
	AAS (social work)	1	10
Clinical Specialty			
	Post-Acute	1	10
	Obstetrics	1	10
	Cardiology	1	10
	N/A	7	70

Outcome Variables

The outcome variables for this project included knowledge and confidence, and the instrument for both included three subscales. Statistical differences pre-and post-intervention were noted in the total scores for both variables and in the subscale scores for all but two confident scales (Figure 2, 3, and Tables 2 - 4). An item analysis of the questions on the two measurement instruments and a project evaluation are also presented.

Figure 2: Total Knowledge Scores Pre and Post the Intervention

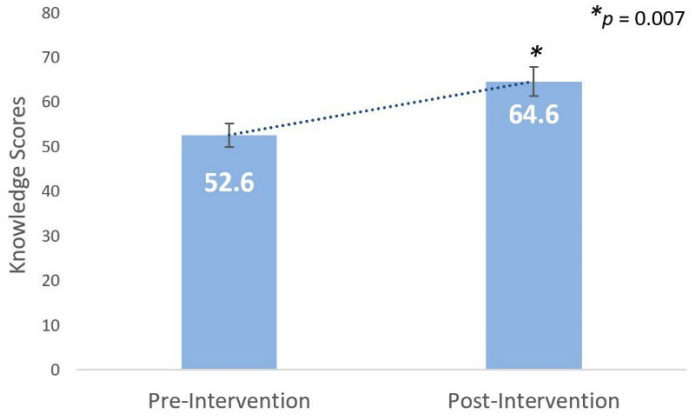


Figure 3: Total Confidence Scores Pre and Post the Intervention

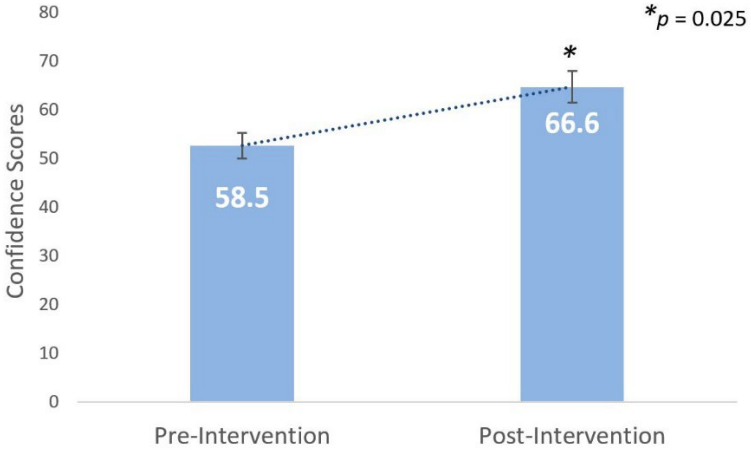


Table 2: Pre-Post Mean Comparisons: Paired Samples Statistics

N	Variable	Pre Mean±SD	Post Mean±SD	*p* value
10	Knowledge Total Score	52.60 ± 14.43	64.60 ±10.25	0.0007
8	Confidence Total Score	58.50 ±15.05	66.62 ±11.92	0.0455
10	Knowledge Subscale 1	16.4 ±4.75	20.9 ±11.43	0.002
10	Knowledge Subscale 2	18.6 ±5.23	22.1 ±3.87	0.023
10	Knowledge Subscale 3	17.6 ±5.21	21.6 ±3.37	0.019
8	Confidence Subscale 1	17.3 ±5.26	21.87 ±4.38	0.004
8	Confidence Subscale 2	20.5 ±6.0	22.5 ±4.37	NS
8	Confidence Subscale 3	21.0 ±5.45	22.25 ±4.06	NS

Subscales Legend: #1: Communication #2: Relationship-Management #3: Influencing Behaviors

Table 3: Knowledge Item Analysis

How would you rate your *KNOWLEDGE* of the following AONL competencies in the ONLINE environment?

Competencies (online)	Pre	Post	Percent Change
Effective Communication			
1) Ability to fully utilize ALL features of Teams® technology	2.40	2.90	20.83
2) Make oral presentations to diverse audiences about nursing	2.50	3.00	20.00
3) Make oral presentations to diverse audiences about healthcare	2.10	3.00	42.85
4) Make oral presentations to diverse audiences about organizational issues	2.10	3.00	42.85
5) Produce written materials for diverse audiences about nursing, healthcare, and organizational issues.	2.30	3.00	30.43
6) Facilitate group discussions	2.20	2.90	31.81
7) Demonstrate skill in interpersonal communication	2.80	3.10	10.71
Effective Communication Total	**16.40**	**20.90**	**27.43**
Relationship Management			
1) Build collaborative relationships	2.90	3.10	6.89
2) Exhibit effective conflict resolution skills	2.50	3.00	20.00
3) Create a trusting environment by following through on promises and concerns	2.90	3.2	10.30
4) Create a trusting environment by establishing mechanisms to follow up on commitments	2.80	3.20	14.28
5) Create a trusting environment by balancing concerns of individuals with organizational goals and objectives	2.30	3.10	34.78
6) Create a trusting environment by engaging staff and others in decision making	2.60	3.20	23.07
7) Create a trusting environment by communicating in a way as to maintain credibility and relationships	2.60	3.3	26.92
Relationship Management Total	**18.60**	**22.10**	**18.81**
Influencing Behaviors			
1) Assert views in non-threatening, non-judgmental ways	2.70	3.10	14.81
2) Create a shared vision	2.50	3.20	28.00
3) Facilitate consensus building	2.40	3.00	25.00
4) Inspire desired behaviors and manage undesired behaviors	2.00	3.00	50.00
5) Achieve outcomes through engagement of stakeholders	2.40	3.00	25.00
6) Promote decisions that are patient-centered	2.80	3.20	14.29
7) Apply situational leadership skills	2.80	3.10	10.71
Influencing Behaviors Total	**17.60**	**21.60**	**22.73**
OVERALL TOTAL SCORE	**52.60**	**64.60**	**22.81**

Table 4: Confident Item Analysis

How *CONFIDENT* are you in achieving the following AONL competencies in an ONLINE environment?

Competencies (online)	Pre	Post	Percent Change
Effective Communication			
1) Ability to fully utilize ALL features of Teams® technology	1.88	3.00	59.57
2) Make oral presentations to diverse audiences about nursing	2.50	3.13	20.00
3) Make oral presentations to diverse audiences about healthcare	2.50	3.00	30.51
4) Make oral presentations to diverse audiences about organizational issues	2.38	3.13	13.82
5) Produce written materials for diverse audiences about nursing, healthcare, and organizational issues.	2.75	3.13	30.00
6) Facilitate group discussions	2.50	3.25	
7) Demonstrate skill in interpersonal communication	2.88	3.25	12.85
Effective Communication Total	**17.35**	**21.88**	**27.21**
Relationship Management			
1) Build collaborative relationships	3.00	3.25	8.33
2) Exhibit effective conflict resolution skills	2.63	3.00	14.07
3) Create a trusting environment by following through on promises and concerns	3.13	3.25	3.83
4) Create a trusting environment by establishing mechanisms to follow up on commitments	3.13	3.25	3.83
5) Create a trusting environment by balancing concerns of individuals with organizational goals and objectives	2.88	3.13	8.68
6) Create a trusting environment by engaging staff and others in decision making	2.75	3.38	22.91
7) Create a trusting environment by communicating in a way as to maintain credibility and relationships	3.00	3.25	8.33
Relationship Management Total	**20.52**	**22.50**	**9.70**
Influencing Behaviors			
1) Assert views in non-threatening, non-judgmental ways	2.88	3.25	12.85
2) Create a shared vision	2.50	3.25	30.00
3) Facilitate consensus building	2.38	3.00	26.05
4) Inspire desired behaviors and manage undesired behaviors	2.50	3.00	20.00
5) Achieve outcomes through engagement of stakeholders	2.50	3.13	25.20
6) Promote decisions that are patient-centered	3.00	3.38	12.67
7) Apply situational leadership skills	2.88	3.25	12.85
Influencing Behaviors Total	**18.64**	**22.26**	**19.36**
OVERALL TOTAL SCORE	**56.51**	**66.64**	**17.92**

Project Evaluation

Participant feedback was overwhelmingly positive. Several leaders reported feeling more knowledgeable about facilitating meetings and speaking on nursing and healthcare topics, which is reflected in the scores. Participants also expressed gratitude for the orientation to the many features and functionality of Microsoft Teams®' and requested a copy of the modules for future reference. This positive feedback also was reflected in the confidence scores as the area of greatest improvement (59.57%). Additionally, participants shared that the length of the program was reasonable and the ability to pause and resume, a convenient feature.

Chapter VI

Discussion and Conclusion

This chapter presents a discussion of the results of this project related to the outcome variables and how these results related to the literature and other issues impacting this project. Included also are limitations and barriers, sustainability, dissemination, and conclusion.

Results Related to Outcome Variables

This project's greatest improvements related to the knowledge variable were making oral presentations, creating a trusting environment, inspiring desirable behaviors, and managing undesirable behaviors. Nurse leaders facilitate many meetings, and the significant improvement in their ability to make oral presentations online enhances their professional presence as a leader, not just with their teams but with the interdisciplinary team, including physicians. Inspiring desirable behaviors and managing undesirable behaviors is a key component of transformational leadership; therefore, increased competence in this domain builds trust, credibility, and respect with their teams.

The greatest improvement related to the confidence variable was utilizing all features of Teams®, creating a shared vision, and building trust, both of which are key pillars of transformational leadership theory. This improvement is significant because nurse leaders are agents of change, and to effect that change, they must possess the knowledge and confidence to lead others. They must strategically adapt to the shift in care delivery from the hospital to the community and lead efforts to improve outcomes in all settings in collaboration with others.

Results Relating to the Literature

The initial literature review provided sufficient evidence to support the project's hypothesis that AONL competency-based education would improve nurse leaders' knowledge

and confidence in transformational leadership skills in the online environment. As this DNP project demonstrated, competency-based education focusing on online leadership skills improves nurse leaders' confidence in leadership competency (Warshawsky and Cramer, 2019). Confidence is a dominant trait of successful nurse managers (Force, 2005). This project utilized short, online modules for the education intervention which facilitated successful learning for leader development (Hickman, 2021).

There was little research about transformational leadership competency in the online environment, and this was the gap this project sought to address. Teaching nurse leaders AONL communication and relationship management competencies enable them to create an authentic online presence to connect with their teams, and foster collaboration, decision-making, team building, and trust (Cowan, 2014). When nurse leaders receive AONL competency-based education focusing on communication and relationship management, they gain confidence as they apply this learned knowledge in the daily management of their teams (Nghe et al., 2020).

Since the original literature review was performed, further studies have been related to online/virtual and transformational leadership amidst the COVID-19 pandemic and research about nurse leader competency and resiliency. However, this author could find no research incorporating AONL leader competencies into leader education within the transformational leadership framework and adapted to the online environment. An organization's failure to recognize that a different leadership strategy may be required for online meetings versus in-person meetings, often results in a significant breakdown of trust, communication, and engagement by the team (Lepsinger & DeRosa, 2010). It is in the best interests of organizations and their patients to support leader competency development to build their confidence as leaders (Van Dyk et al., 2016), which was the aim of this project.

Limitations and Barriers

Promoting the DNP project was met with little opposition. The ability to pause and resume the modules was both a convenience and a limitation because participants were required to be self-motivated to complete the entire program. The number of respondents who completed the post-assessment was less than those who completed the pre-assessment. A possible contributing factor may have been an early winter COVID-19 hospital surge. This created additional demands on leaders as their attention was diverted to pandemic management. The surge also resulted in unprecedented critical staff shortages, meaning leaders were pulled to staffing and had less time for administrative work and education. For unknown reasons, two participants did not complete the confidence post-assessment. The resulting sample size of eight was likely the reason there was no statistically significant improvement for two confidence subscales.

Sustainability

Leaders will continue to use Microsoft Teams® for meetings, which allows them to hone their online leadership skills and build knowledge and confidence through the continued use of virtual technology. Additionally, there is strong organizational support for adapting the modules to an interactive online format and offering them to ancillary leaders also. New leaders may benefit from this education during their first six months to help them learn how to lead. This project may also provide the potential for future research in leadership development.

Dissemination

Senior leaders, including CNOs expressed interest in offering this education to all nurse leaders at fifty-two hospitals. An opportunity for improvement would be converting the modules to an interactive format since participants shared that this format facilitates better learning (learn

by doing). The project will be presented as a poster at the 2022 Western Institute of Nursing (WIN) conference and an article submitted to several nursing journals (JONA and Nurse Leader).

Conclusion

This project hypothesized and demonstrated that AONL competency-based education for nurse leaders would successfully improve their knowledge and confidence in transformational leadership in the online environment. The change between most pre-and post-assessment subscale response items was significant, demonstrating that the educational intervention was effective in this sample.

The global pandemic has changed how leaders communicate with their teams, each other, and the healthcare and local communities; virtual meetings are here to stay. As organizations focus on post-pandemic recovery and reducing the cost of care while improving quality, there will be more changes in how nurse leaders practice and navigate this changing landscape. To survive and thrive in the post-pandemic environment, organizations must support nurse leader development and equip them with the training and tools to lead, innovate, and inspire their teams as knowledgeable and confident leaders.

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Curriculum Vitae

Tanya Haight

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Professional Summary

Executive Director recognized for leveraging strong team leadership and development to drive forward progress. Highly organized, detail-oriented leader skilled in directing high-performing teams to develop solutions and solve operational and technical problems. Success implementing systems across multiple operations with superior organizational and communication skills.

Skills

- Transformational leader within Shared Governance culture
- Operations management, acute care & ambulatory settings
- Quality control & regulatory compliance
- Performance & process improvement (Lean Six Sigma, PDSA)
- Strategic planning & business development for service lines
- Annual budget planning, capital spending, productivity management
- Community outreach & marketing
- Contract management

Work History

Executive Director 07/2020 to Current

Surgery, Cardiovascular & Oncology Services – Los Angeles, CA

- Responsible for Surgery, Endoscopic, Cardiovascular & Oncology Services inpatient and ambulatory. 300 direct reports including two Directors, four Nurse Managers
- Align department vision, goals, objectives with company strategy to achieve consistently high results
- Co-created performance dashboard for surgeries to improve patient-reported outcomes (PROS), OR efficiency.
- Meet with Service Line Medical Directors quarterly to review performance, create action plans for metrics not meeting established targets.
- Partner with affiliated ambulatory surgery centers to decant ambulatory surgeries from hospital OR to surgery centers, backfill with complex surgeries.

Director 02/2017 to 07/2020

Telemetry & Palliative Care Services – Los Angeles, CA

- 500 direct reports: six nurse managers, three nurse practitioners, nurse navigators.
- Developed formal navigator role.
- Leader Development: Developed and taught two-hour in-person class for 100 nurse leaders titled, "Operational Excellence for Nurse Leaders". Topics included budgeting, productivity, hospital throughput, scheduling, staffing, and regulatory compliance.
- Improved inpatient & community palliative care referral process & ED-based referrals, resulting in significant decrease in ICU days for cancer patients at end of life & increased palliative care referrals for pancreatic cancer patients, from 20% to 40% in one year.

Nurse Manager 01/2015 to 06/2017

Oncology – Los Angeles, CA

- Established 28-bed oncology unit in 2015 to meet need for oncology services in surrounding community.
- Managed inpatient oncology unit and 11 chair ambulatory infusion center.
- In 2016, developed ACR CT-accredited Lung Cancer Screening program. As of 2021, it is largest LCS program in Southern California, screening 550 patients/year.
- Responsibility for maintaining Comprehensive Cancer Program accreditation (ACoS, CoC)
- Led quality improvement initiatives resulting in 100% reduction of central line infections, hospital-acquired pressure injuries, patient falls, and catheter-associated urinary tract infections.

Nurse Manager 02/2013 to 05/2015

Tele/Pulmonary & Progressive Care Units – Los Angeles, CA

- Responsible for oversight of 200 FTEs, daily operations, finance, productivity, high-quality patient care delivery, regulatory compliance, patient satisfaction.

Clinical Educator 09/2008 to 09/2012

PHCMC – Los Angeles, CA

- Clinical educator for oncology, med/surg, orthopedics, telemetry.
- Worked with department heads, staff & faculty to develop engaging curriculum and advance instruction for nursing programs.
- Taught annual clinical competencies, didactic & simulation.
- Developed certification classes for Orthopedics (NAON), Oncology (OCN), telemetry (PCCN). Taught classes to RNs from six Los Angeles hospitals.

- Introduced orthopedic nurse certification (NAON) to this hospital, increasing certification rate from 0% to 45% in 18 months.
- Created course syllabus, communicated course standards, and learning objectives to students.

Education

Doctor of Nursing Practice (DNP): Nurse Executive — Expected in 05/2022
University of Nevada, Las Vegas

MSN: Leadership & Healthcare Management — 03/2017
Western Governors University - Salt Lake City, UT

Bachelor of Science: Nursing Leadership — 04/2012
California State University - Dominguez Hills - Carson, CA

Nursing Diploma — 12/2003
Grant MacEwan University - Edmonton, Alberta, Canada

Affiliations

- AONL (American Organization for Nursing Leadership)
- ONS (Oncology Nursing Society)
- ACNL (Association of California Nurse Leaders)
- INS (Infusion Nurse Society)

Accomplishments

2021: Leadership Excellence, Covid-19 pandemic
2019: Nurse Nightingale Award for Leadership
2016: Core Value Annual Award for Excellence
2015: Leadership award
2013: Educator of the Year
2013: Mission Spirit Award
2008: Employee of the Month, Oncology

Certifications

- OCN 2008 to present
- CCRN 2012- 2016

- PCCN 2012- 2016
- NAON 2008- 2012
- CMSRN 2006-2012

*Note: did not renew certifications when no longer nurse leader for those specialties.

Academic/Research Achievements

- 2018 ONS Congress (Poster presentation): *Oncology (OCN) Nurses: Does it Make a Difference to Patient Care & Outcomes?*
- 2016 ANCC Magnet Congress, Orlando (Poster presentation): *Improving Patients Perception of Medication Education at the Bedside*
- 2016 ONS Congress, San Antonio (Podium presentation) and Published in Oncology Nurse Advisory: *Improving Patients Perception of Medication Education at the Bedside*
- 2011 International Conference of Human Caring, San Antonio (Poster presentation): *Interventions to Address Compassion Fatigue and Burn Out in Oncology Nurses*
- 2011 ONS Congress, Boston (Poster presentation): *Interventions to Address Compassion Fatigue and Burn Out in Oncology Nurses*
- 2010 ONS Congress, San Diego (Poster presentation): *Preventing Falls in Oncology Patients*
- 2010 NAON Congress (Poster presentation) and published in Virginia Henderson Global Nursing: *Development of a Patient Education Handout for Total Joint Replacement Patients*
- 2009 ONS Congress, San Antonio (Poster presentation): *Enhancing Safe Chemotherapy Administration*