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A Pilot Intervention To Engage Nurses To Lead Transformation of The Workplace

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A PILOT INTERVENTION TO ENGAGE NURSES TO LEAD TRANSFORMATION OF THE WORKPLACE

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DEDICATION

This DNP Project is dedicated to my family and friends who supported me through this journey. My mom who called daily with continued support, encouragement, and love; my dad who continually ensured me this would all be worth it in the end; my brother, Andy and his family (Beth, Olivia, and Jake) who continually invited me to family events knowing I may not show. To my friends CoCo, Shuna, Renee, and Mark who unconditionally supported me through my incredible journey from surgery to defense. To my friend Cathy who supported me, cooked for me and showed what true friendship is all about. To my fiancé Johnny who is a Godsend, understands me, and made me laugh even on my worst book report days! Each of them knows more about nursing leadership and the toxic work environment than they ever cared to know.

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ABSTRACT

The often toxic work environment in which nurses practice contributes to decreased well-being, job dissatisfaction, and poor retention rates, while negatively impacting quality and patient safety. Most leadership programs and resources target nurses in formal leadership positions and are exclusive of the bedside nurse. The purpose of this research utilization project was to determine immediate and short-term outcomes of an educational leadership workshop for nurses, including intent to change the work environment and subsequent action to change the work environment. The goal was to develop, deliver, and evaluate an evidence-based educational intervention to empower nurses at all levels of care to improve communication and conflict management in the workplace. A transformational systems approach was used, collaboratives were formed, and academic-practice relationships were built to provide a pilot workshop for 247 RNs in North Carolina (NC). Surveys were used to measure the outcomes of this intervention immediately following and six weeks after the workshop. The majority of participants committed to one or more activities and to change a behavior to improve the workplace. There was a significant weak positive relationship between intent to change the workplace and participants' engagement (r=.22), as well as coping behaviors (r=.33). There was a significant difference in education level (p=.0007) and employment position

(p=.005) regarding intention to change the work environment. Baccalaureate and graduate prepared nurses, and those in staff nurse and manager roles, expressed greater intention to change the work environment, relative to diploma/associate degree nurses and administrators. Follow-up indicated that baccalaureate-prepared nurses and staff nurses were pursuing activities focused on behavioral change and activism, and staff nurses and managers were pursuing interests in research participation. A formative evaluation indicated that the workshop was well-received. This collaborative effort resulted in a sustainable intervention to provide leadership tools and resources for all nurses in NC. Recommendations include establishing reliability and validity of the survey instruments and utilizing evaluation feedback to guide future workshops. This pilot intervention was a united endeavor to empower a diverse group of nurses to actively engage in improvement of their work environments. Findings demonstrated the value of the workshop for future programming.

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LIST OF ABBREVIATIONS

RN ..... Registered Nurse

AACN ..... American Association of Critical Care Nurses

AACN ..... American Association of Colleges of Nursing

AHRQ ..... Agency for Healthcare Research and Quality

ANA ..... American Nurses Association

AONE ..... American Organization of Nurse Executives

AORN ..... Association of periOperative Nurses

CAN ..... Center for American Nurses

DNP ..... Doctor of Nursing Practice

FFNE ..... Foundation of Nursing Excellence

IOM ..... Institute of Medicine

NLN ..... National League for Nursing

NCFON ..... North Carolina Future of Nursing

NCFONAC ..... North Carolina Future of Nursing Action Coalition

NCNA ..... North Carolina Nurses Association

NTN ..... Nurses Transforming Nursing

OSHA ..... Occupational Safety and Health Administration

PPAC ..... Professional Practice Advocacy Coalition

SAS ..... Statistical Analysis System

USA ..... University of South Alabama

VAS..Visual Analog Scale

CHAPTER I

INTRODUCTION

A large number of nurses are desperately unhappy due to the toxic work environment in which they are forced to practice. Factors influencing this atmosphere are oppressed group behaviors, especially lateral violence, a hierarchal system that devalues nursing knowledge and expertise, and a perception among nurses that they are impotent to effect change. Subsequently, nurses are experiencing job dissatisfaction, resulting in poor nurse retention. In addition, the toxic work environment affects quality and patient safety.

The Institute of Medicine (IOM) and other professional organizations proposed that one solution to the problem was leadership training for bedside nurses. Traditionally, nurses have had little educational preparation in leadership and few opportunities in the work environment to gain these skills. The aim of this project was to develop an evidence based intervention to increase leadership skills in bedside nurses. Chapter I includes a discussion of the background and significance of the problem, an elaboration of the factors supporting the problem, the consequences of the problem, an explanation of the proposed solution, and a statement of the purpose of the project.

Background and Significance

The work environment in which nurses practice was depicted as warfare over 30 years ago by Roberts (1983). A significant amount of nursing research substantiated Roberts's original premise, uncovering a violent, disruptive, chaotic, and hostile

environment (Barrett, Korber, & Padula, 2009; Briles, 1994; Embree & White, 2010; Guidroz, Burnfield, Clark, Schwetschenau, & Jex, 2010; Hutchinson, Wilkes, Vickers, & Jackson, 2008; Hutchinson, Vickers, Jackson & Wilkes, 2006; Rogers-Clark, Pearce, and Cameron, 2009; Sheridan-Leos, 2008; Simons & Mawn, 2010). Additional terms used to discuss the problematic workplace included aggression, lateral or horizontal violence, and disruptive behavior (Purpora, Blegen, & Stotts, 2012; Rosenstein & O'Daniel, 2008). Briles (1994) introduced the idea that these collective behaviors created a "toxic" workplace.

A wealth of nursing knowledge exists that documents the breadth and depth of the problematic behaviors within the work environment. Nurse scholars have diligently pursued evidence to understand, define, describe, and investigate the work environment (Barrett, Piatek, Korber, & Padula, 2009; Daiski, 2004; Duffy, 1995; Farrell, 1999; Farrell, 1997, Gardner,1992; Griffin, 2004; Guidroz, Burnfield, Clark, Schwetschenau, & Jex, 2010; Hutchinson, 2009; Hutchinson, Vickers, Jackson, & Wilkes, 2006; McKenna, Smith, Poole, & Coverdale, 2003; Roberts, DeMarco, & Griffin, 2009; Rogers-Clark, Pearce, & Cameron, 2009; Sheridan-Leos, 2008; Stanley, Martin, Michel, Welton, & Nemeth, 2007; Vessey, DeMarco, Gaffney, & Budin, 2009). Nurses reported they experienced or witnessed aggressive behavior, bullying, incivility, verbal abuse, refusal of tasks, insulting or disparaging remarks, spreading malicious rumors or gossip about another, refusing to speak to another or answer questions, failure to speak up in another's defense when she or he was unfairly criticized, sabotage, scapegoating, and professional terrorism. Appendix Table A.1 contains a table displaying evidence in the literature of the characteristics of oppressed group behaviors identified by each author.

Nurses are not the only ones involved in creating the toxic work environment. Rosenstein (2002) first explored the impact of nurse-physician relationships on nurse satisfaction and retention. One third of all nurses queried claimed they knew nurses who left their positions due to disruptive physician behavior. Reported physician behaviors included yelling, using profanity, throwing things, bullying, criticizing in public, belittling, berating, intimidating, using sexual language, failing to respond, failing to follow policies, and failing to complete administrative work (Goettler, Butler, Shackleford, & Rotondo, 2011; Guidroz et al., 2010; The Joint Commission, 2008). Physician and nurse behaviors directly impact the work atmosphere. Managers and administrators who ignore or condone the negative behaviors only perpetuate the toxic work environment (Johnston, Phanhtharath, & Jackson, 2009; Rosenstein, 2011; Rosenstein & O'Daniel, 2008).

Hierarchical structure. In the early 1900's, medicine became the dominant force when care of the sick transitioned from the community to institutions. Along with the transition of care, nursing education became dominated by the medical model and literally moved into the hospital environment (Twaddle & Hessler as cited in Roberts, 1983). Soon after the transition to the hospital, Ducas (1962) noted that nurses were put in the position of the physician's hand maiden "…who did sick room housekeeping and kept the patient quiet" (p. 12). Therefore, nurses were not viewed as a member of the medical team.

Ducas (1962) described the education of nurses as led by physicians. Diploma schools existed to provide a curriculum to equip a graduate to be a competent registered nurse and provide patient care for the hospital. The focus was to develop a high degree of

skill in making patients comfortable. She compared collegiate schools and courses, at the time, noting that the diploma nurse may have been more expert in techniques than the collegiate nurse. Along with the designation of "handmaiden," the nurses' ability to have power and influence was diminished and awarded to the physician.

Torres (1981) mentioned that collegiate nurse educators had long argued that the dominance of oppressive forces had led to the loss of control over nursing education and practice. Regardless of academic preparation, the dominance of nursing practice by medicine and hospital administrators created a source of oppression over the practice and education of nurses. As a result, nurses were forced to be dependent and submissive to a powerful group (Stein, 1967). Stein described this domination as the nurse-physician game. The nurse was expected to be bold, innovative, and make recommendations while appearing passive. The nurse pretended the ideas were those of the physician rather than her own.

Managers and administrators contributed to the problem. Roberts (1983) defined nurse leaders as an elite marginalized group who were promoted based on their allegiance to the status-quo. Cleland (1971) used the example of asking permission from male authorities, physicians, when referencing questions relating to nursing. This male dominated patriarchal system generally managed and controlled the hiring of nursing administrators, hospital administrators, and higher education positions. Roberts (1983) emphasized that only with continued development of nursing theory, research, and a separate identity that nurses would be able to free themselves and the nursing profession from the mechanistic model of medicine.

In fact, Cleland (1971) suggested that the most severe form of dominance was when it becomes the norm. Torres (1981) addressed the widespread acceptance of oppression of nurses and stated "…consistent with the theory of oppression, nurses have been led to believe that it is right or natural for medicine to maintain control of the entire health care enterprise" (p. 10).This longstanding history and acceptance of oppression has contributed to a sense of impotence that has prevailed in the nursing profession. Research conducted by Daiski (2004) provided more current evidence that nurses remain an oppressed group and continue to be dominated by physicians. She commented that nurses were aware that physicians continued to intrude into the business of nursing.

Powerlessness. Disempowerment and hierarchical structures perpetuate oppressed group behaviors intra- and inter-professionally (Daiski, 2004). Garman, Leach, and Spector (2006) elaborated on the disproportionate lack of power that nurses have compared to physicians and administrators in the healthcare system. In addition to a disproportionate lack of power, nurses are burdened with a tremendous level of patient responsibility. In 2009, Buerhaus, Donelan, DesRoches, and Hess reported that less than 23 percent of nurses ranked their opportunities to influence decisions about the workplace organization "excellent" or "very good." Purpora, Blegen, and Stotts (2012) also described the history and acceptance of oppression and the consequential devaluing of nurses in the hierarchy of the healthcare system. Nurses are suffering from a persistent erosion of self-esteem due to this disproportionate lack of power and literally internalize a minimized self-worth.

Job dissatisfaction. Nurses are dissatisfied and leaving their employment in hospitals (Burns, 2009b; Casey, Fink, Krugman, & Propst, 2004; Griffin, 2004;

McKenna, Smith, Poole, & Coverdale, 2003; Stanley, Martin, Michel Welton, & Nemath, 2007; Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). The complexities of issues that impact job satisfaction provide many challenges to nurse researchers. Some factors influencing job dissatisfaction include, but are not limited to, a lack of psychological empowerment, a sense of belonging and social support from co-workers, and stress (Casey et al. 2004; Gardner, 1992; Larabee, et. al 2003; McPhee, Green, Bouthillette, & Suryaprakash, 2011; Oermann & Moffitt, 1997; Winter-Collins & McDaniel, 2000). In a study of RNs intent to stay or leave their employment (n=352), the authors reported that job satisfaction was second only to family responsibilities as a significant predictor of intent to leave (McCarthy, Terrell, & Lehane, 2007).

In order to better understand hospital nurse dissatisfaction and intention to remain employed, Tourangeau, Cummings, Cranley, Ferron, and Harve (2009) conducted a descriptive study using focus group methodology. Participants of the study included 78 nurses attending 13 focus group sessions. Thematic analysis was used to analyze the data. They found nurses consistently reported the strong impact that coworker relationships had on their intention to remain employed. Additional direct effects reported included nurse characteristics, external factors, physical and psychological responses at work, work rewards, patient relationships and job content, and organizational support and practices. In light of job dissatisfaction and the reported impact of coworker relationships on retention, organizational commitment is becoming a focus of nurse executives.

Poor retention. According to the United States Bureau of Labor Statistics (USBLS, 2012), the number of open nursing positions by 2020 will be 1.2 million. Nursing workforce data projected that 36% of full time nursing positions will be vacant

by 2020 due to the nursing shortage (Allen & Aldebron, 2008). The aging workforce is the primary contributor to the impending shortage (AACN, 2012). The average age of the nursing workforce is 43.8 years. One quarter of the 2.7 million nursing workforce is age 50 or older (AACN, 2012; USBLS, 2012). Compounding the shortage is poor retention of nurses due to job dissatisfaction, faculty shortages, and the perception of the unhealthy work environment (Buerhaus, Donelan, Des Roches, & Hess, 2009). Results of the Buerhaus et al. study (n=468) indicated the top five reasons for leaving were: salary and benefits (29%), more career options for women (18%), faculty shortages (30%), undesirable hours (18%), and negative perception of the healthcare environment (14%). With the looming shortage of nurses, it is critical that the influencing factors of nursing turnover be addressed by organizations.

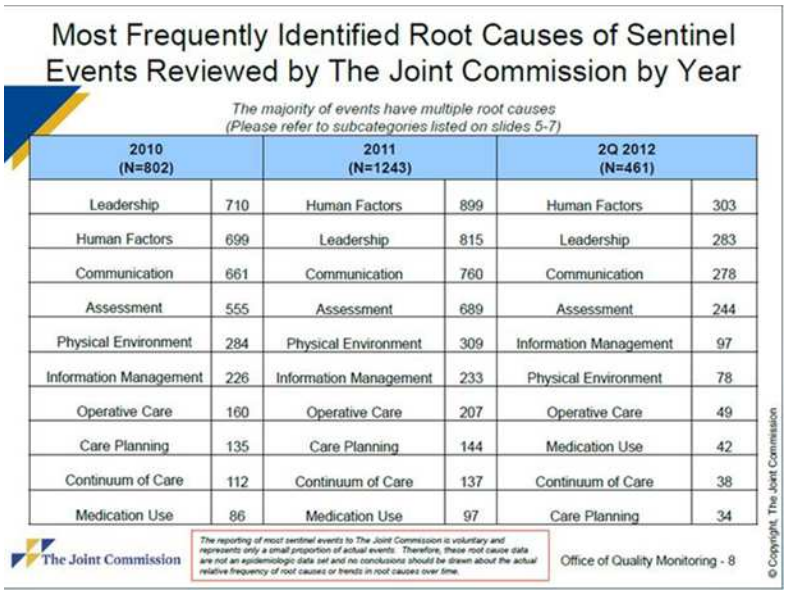
Nurse leaders are faced with the problem of poor nurse retention and turnover. High nursing turnover burdens the organization with high cost (Halfer & Graf, 2006). Jones and Gates (2007) estimated nurse turnover costs to be $22, 000 to greater than $60,000 per nurse. The yearly turnover rate for newly registered clinical nurses ranges from 55% to 61% (Halfer & Graf, 2006).

Patient safety. Finally, the toxic work environment impacts patient outcomes and safety. Rosenstein (2005) investigated the relationship between intimidating and disruptive behaviors in the workplace and the occurrence of medical errors. He reported that disruptive behavior increases poor patient outcomes. In a root cause analysis of sentinel events conducted by The Joint Commission (TJC), 67% of respondents, including nurses (n=2846), physicians (n=944), administrators (n=40), and others (n=700), agreed that disruptive behaviors were related to reported adverse events

(Rosenstein & O'Daniel, 2008). These findings suggested that negative behaviors are now threatening the safety of patients.

The Joint Commission (2008) issued a Sentinel Event Alert titled *Behaviors that Undermine a Culture of Safety*. The alert discussed system flaws and the impact of disruptive behaviors on patient outcomes. Requirements set forth by TJC addressed new standards for leadership and system-wide interventions to address disruptive behaviors.

In order to better understand sentinel and adverse events, TJC (2012) identified common root cause categories. Although each event may include multiple root causes, the primary cause identified was leadership or communication. Leadership and communication were included in the top three root causes for sentinel and adverse events for the last three years, as noted in Figure 1, and have reigned in the top five categories of identified sentinel events since 2004 (TJC, 2012).



Most Frequently Identified Root Causes of Sentinel Events Reviewed by The Joint Commission by Year

The majority of events have multiple root causes
(Please refer to subcategories listed on slides 5-7)

2010 (N=802)		2011 (N=1243)		2Q 2012 (N=461)	
Leadership	710	Human Factors	899	Human Factors	303
Human Factors	699	Leadership	815	Leadership	283
Communication	661	Communication	760	Communication	278
Assessment	555	Assessment	689	Assessment	244
Physical Environment	284	Physical Environment	309	Information Management	97
Information Management	226	Information Management	233	Physical Environment	78
Operative Care	160	Operative Care	207	Operative Care	49
Care Planning	135	Care Planning	144	Medication Use	42
Continuum of Care	112	Continuum of Care	137	Continuum of Care	38
Medication Use	86	Medication Use	97	Care Planning	34

The Joint Commission

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.

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Figure 1.1 *Most Frequently Identified Root Causes 2010-2012*

For example, communication was identified as the root cause 593 times out of 738 events (80%) where a delay in patient treatment resulted in death or loss of permanent function. Included in this report was information about infection related events (n=147). Seventy-three percent of these sentinel events were related to lack of leadership. The top two root causes for unintended retention of foreign objects were leadership and communication. Of 727 patients, 580 incidents were related to leadership and 469 were related to communication.

Analysis of Current Practice

Nurse scholars and sociologists defined and described the problematic hospital work environment for nurses over 30 years ago. Yet, little has been done to solve the problem until the last decade. Initiatives within the past few years included the Agency for Healthcare Research and Quality (AHRQ) TEAMSTEPPS®; The Joint Commission Leadership Standards; Occupational Safety and Health Administration (OSHA) Workplace Violence; American Nurses Association (ANA) web tools and resources; American Association of Critical Care Nurses (AACN) web tools, references, and speakers bureau; Association of periOperative Nurses (AORN) publications and protocols for patient safety; American Organization of Nurse Executives (AONE) Healthful Practice/Work Environment; and the Center for American Nurses (CAN) guide for writing organizational policy.

AHRQ (2008), in partnership with the United States Department of Defense, collaborated to build a national training and support network to improve patient safety through teamwork and communication called TEAMSTEPPS®: National Implementation Project. Skill development includes communication, leadership,

situation monitoring, and mutual support. TEAMSTEPPS® is evidence-based, incorporates the IOM and assembles champions in regional centers for implementation. The framework encompasses system dynamics, opinion leaders such as Lucien Liepe and the promotion of change at all levels. TEAMSTEPPS® resources are available online and contain train the trainer sessions and organizational readiness assessment. Also provided are coaching and training to organizations, and national conferences. TEAMSTEPPS® is a system intervention to promote patient safety. However, they do not specifically address the work environment. Barriers for implementation of TEAMSTEPPS® may include lack of financial commitment to sustain change initiatives, and lack of individual, department, and unit champions to sustain the project. Hierarchical structures in hospitals are often not conducive to open systems approaches, and the program is costly and may be prohibitive financial to some organizations.

The Joint Commission accredits healthcare organizations that are committed to certain performance standards. As the gatekeeper of accreditation and performance standards nationwide, they have inspired healthcare systems to address in particular the creation of a culture of safety and eliminating disruptive behavior that prevents healthy communication among all staff (Schyve, 2009). TJC published leadership standards specifically addressing communication and conflict management to alleviate disruptive behavior and improve patient safety. Leadership standard LD.02.04.01 addresses the hospital's conflict management processes to protect the quality and safety of patient care. Included in the leadership standard is implementing a process for managing disruptive behavior, utilizing a team approach. In addition to policy addressing disruptive behavior, TJC (2008) recommends safety education for all staff at all levels. TJC published current

evidence linking disruptive behavior to sentinel events, which prompted the addition of leadership standards and recommendations addressing the workplace environment. Although TJC set the stage for utilizing best practice and patient outcomes to impact a change in the workplace environment, it remains at the discretion of individual organizations to develop policies and commit to a change in the workplace culture.

The Occupational Health and Safety Administration (OSHA) assures safe and healthful working conditions through regulation of employers. Workplace violence is addressed in guidelines OSHA 3148-01R 2004, but delineates that the standard only addresses violence from patient to staff. However, OSHA strongly recommends no tolerance policies for all sources of violence in the workplace (OSHA, 2004). Although OSHA publishes guidelines and brochures recommending protection from harassment, emotional, and verbal abuse, there are no specific regulations.

The ANA is the full service professional organization that addresses standards of nursing practice. It is their mission to advance the profession and improve health for all. They promote the rights of nurses in the workplace through endorsement of an established code of ethics and standards of practice, and by lobbying congressional and regulatory agencies. The ANA recognizes that workplace violence is a problem and provides resources to protect nurses. They compile statistics on violence in the workplace and define lateral violence and bullying in nursing. They have published a position statement on workplace violence, declaring that all nursing personnel have the"… right to work in healthy work environments free of abusive behavior…" (ANA, n.d, para 2). Currently, the ANA offers web-based interventions and educational tools such as tip cards, modules, and books to address behaviors in the workplace. Continuing education

modules are available that describe conflict, lateral violence, and abusive power. Access to these resources is limited to ANA members. In addition, even to members, resources can be cost prohibitive. Although advocacy is listed as a function of the organization, the website does not mention national policy initiatives to address the toxic workplace.

The American Association of Critical Care Nurses (AACN) Healthy Work Environment Initiative offers a multitude of web based tools and resources for improving the work environment. The AACN Standards for Establishing and Sustaining a Healthy Work Environment are published on the website, as well as a Work Environment Assessment, which is available to anyone. In addition, the AACN provides a link to external resources that address lateral violence, communication, and conflict. Information regarding speakers, research, and collaborative partners are also available. The majority of the AACN resources are available regardless of membership. However, due to the limited audience and lack of dissemination across specialties, these resources may have not reached all nurses at the point of care. Lack of system dynamics presents a barrier for dissemination of the AACN resources. Although implemented in critical care areas, many of the initiatives have not been incrementally developed across specialties.

AORN has published numerous journal articles regarding disruptive behaviors in the workplace. The published position statement focuses on creating a culture of safety through communication, accountability, and a just culture (AORN, 2011). Resources for the implementation of a just culture are posted on the website and are available only to members. AORN (2012) has developed an educational survey for use in hospital orientation. Incorporated into the survey are questions related to lateral violence and disruptive behaviors either observed or experienced by the orientee. The results are used

for retention efforts. Continuing education journal articles are available on the AORN Journal website; however, many require a membership log-in. The organization has done a great deal of work to improve the work environment to benefit patient outcomes. However, the resources are typically disseminated to perioperative nurses, which limit the implementation outside of this specialty area.

AONE (2011) offers a workplace assessment tool along with references and resources to refer to once the assessment is analyzed. Also available are the Nursing Organizations Alliance principles and elements for a *Healthful Practice Work Environment* (2004) which includes communication, collaboration, accountability, and shared decision making. *Guiding Principles for the Newly Licensed Nurse's Transition to Practice* (2010) is inclusive of a no tolerance policy for lateral violence in the workplace. In addition, the website offers the *ANA/AONE Principles for Collaborative Relationships between Clinical Nurses and Nurse Managers* (n.d.) to improve communication in the workplace environment. Although the resources are valuable, lacking is a systematic approach to disseminating the information outside the nurse executive or manager arena.

The Center for American Nurses (2008) published a position statement on lateral violence and nursing inclusive of a guide to writing organizational policy for no tolerance. Currently ANA (2013) is incorporating CAN initiatives and resources to create healthy work environments. Conflict competency training and workshops on lateral violence and bullying are two of the top programs listed by CAN to improve the workplace for nurses. The resources are available on the internet as a PDF; however, the Center for American Nurses website no longer exists.

Some healthcare systems have included lateral violence education as a part of employee orientation or continuing education programs. Organizations that incorporate such education are supportive of a culture change. However, it is at the desire of healthcare systems to incorporate these programs. In some cases, organizations who have included lateral violence education have implemented no tolerance policies to support the culture of no lateral violence.

All of the aforementioned organizations (i.e. ANA, AORN, AACN) have brought the problem forward and increased national awareness of the toxicity within the work environment. The organizations presented are calling for local or state organizations to implement changes and policy.

Leadership training. Within the practice environment, few formal or informal educational opportunities exist to allow registered nurses to evolve their leadership skills (Cummings, Lee, MacGregor, Davey, Wong, Paul, & Stafford, 2008; Mahoney, 2001; O'Neil, Morjikian, Cherner, Hirschkorn, & West 2008). A number of nursing organizations have identified necessary leadership competencies such as communication, conflict management, collaboration, self-awareness, advocacy, assertiveness, empowerment, collaboration, mentoring, and change agent (AACN, 2005; AONE, 2004; ANA, 2012; NLN, 2012). The call to action from the IOM (2011) is to produce leaders from the bedside to the boardroom; however, upon review of existing initiatives at the national, state, and regional level, it became evident that opportunities for the bedside nurse were few, restrictive, and costly. Many of these resources are aimed at the nurse executive leaving little opportunity for the bedside nurse as presented in Table 1.1.

Table 1.1

Organization, Program or Resources Available, and the Strengths and Weaknesses

Organization	Resources or Programs to Address Behaviors in the Workplace	Strengths conferences	Weaknesses
American Organization of Nurse Executives (AONE, 2004)	Published the leadership competencies for nurse executives for successfully leading organizations.	Evidence-based leadership competencies address behaviors necessary to improve the work environment. Webinars.	Must be a nurse executive and member to receive the full benefits of conferences and webinars. Geared toward nurse executives.
American Association of Colleges of Nursing (AACN, 2013)	Provides executive leadership development program to promote and foster leadership.	Provides evidence-based programs, webinars and experienced leaders as mentors to nurses in executive faculty positions.	Limited to nurses in BSN and above educational executive leadership positions. Must be a member to access information.
Robert Wood Johnson Foundation Policy Fellows (RWJF, 2012)	Offers a fellowship program to develop nurse executives in the area of health policy.	Scholarship & research focused to faculty and executive development.	Selective process limited to nurses with advanced degrees and executive positions.
RWJF Executive Nurse Fellows (RWJF, 2012)	Offers advanced leadership development opportunities to lead healthcare improvements at the national and local levels.	Scholarship & research focused on executive development.	Exclusive of nurses without executive level positions.
Johnson & Johnson and Wharton School (IOM, 2010)	Offers the fellows program in management for r nurse executives to improve their ability to argue for quality improvement. It also aims to improve leadership competencies.	Provides intense leadership training to nurse executives for the purpose of improving quality and leadership capability.	Selective and exclusive of nurses without executive positions and higher degrees.
ANCC Magnet (ANCC, 2013)	Awards recognition to healthcare organizations who "…enculturation of evidence-based criteria that result in a positive work environment for nurses and, by extension, all employees."	Incorporates nurses at all levels to make decisions regarding quality care & nursing practice.	Limits organizations who have limited fiscal, physical, and human resources. Excludes organizations who do not meet all of the criteria..
Institute for Healthcare Improvement & Robert Woods Johnson Foundation (IHI, 2008)	Transforming Care at the Bedside (TCAB) To improve quality and safety, increase nurse retention and improve effectiveness of care. Engages POC nurses in innovation as champions to improve patient outcomes.	Incorporates nurses at the bedside as innovators and champions to improve quality.	Not all organizations are aware of this initiative. Time, commitment and resources prevent organizations from implementation.
USDHHS, AHRQ (AHRQ, 2008)	TEAMSTEPPS© provides tools and techniques to promote team support in the context of patient safety.	Includes nurses at all levels to identify problems. A systems approach to patient safety initiatives. Focus on leadership training sessions.	Requires training and implementation in a train the trainer approach putting strains on fiscal and human resources. Limits organizations using top down approach to leadership.
American Nurses Association (ANA, 2013)	Leadership Institute enhances the leadership abilities of nurses and encourages nurses to utilize leadership potential nursing organizations, and other sectors.	Provides a 5 part educational webinar series on leadership.	Must be a member of ANA. Must apply and pay tuition to participate.
Just Culture (Marx, 2001)	Promotes accountability for performance but does not …"expect individuals to assume accountability for system flaws over which they had no control".	An evidence-based approach to alleviate blaming individuals for system flaws. Includes nurses at all levels in decision-making and system improvement.	Time and commitment of organizations for training and implementation.

Leadership training in North Carolina. Nurse leaders in North Carolina (NC) thought it imperative that registered nurses at the point of care be afforded the opportunity to develop leadership skills to become positive change agents for a healthy workplace. North Carolina offers scarce opportunities for the bedside nurse to further develop and practice leadership skills that were introduced in theory in their undergraduate education. A number of other workforce leadership initiatives have been introduced in NC, but they have operated independently of each other in silos, with the majority through costly continuing education or membership dues (Table 1.2).

Table 1.2

Leadership Opportunities for Nurses in North Carolina.

Organization	Opportunities
North Carolina Nurses Association (NCNA, 2012)	Leadership Institute provides a series of leadership workshops, assists in sharpening leadership skills. This institute was created in response to the IOM, The Future of Nursing, Leading Change, Advancing Health.
North Carolina Nurses Association (NCNA, 2012)	Hallmarks of a Healthy Workplace promote workplaces who utilize leadership skills to create and foster a positive work environment.
NCONL (NCONL, 2012)	Provides leadership, professional development and advocacy for its members.

Upon review of national, state, regional, and local initiatives it became evident that a system-wide coordinated, concerted effort was in order to provide frontline registered nurses in NC opportunities to develop leadership skills. Communication and conflict management were first priority for this project because of the impact on patient

safety and outcomes (TJC, 2012). According to the TJC (2012), over the past three years the three most frequent reasons that sentinel events occurred were problems with communication, leadership, and human factors. In addition, critical to patient outcomes is the opportunity for bedside nurses to commit to the development of communication and conflict management skills and a shared vision for a positive change in the workplace environment.

In collaboration with the North Carolina Future of Nursing Action Coalition, North Carolina Nurses Association, nurse executives, and clinical nurse specialists, communication and conflict management were identified and prioritized as the most critical leadership skills to influence patient outcomes and address problematic behaviors within the work environment. Nurses are the patient advocates in the healthcare system. By disseminating recent knowledge to nurses that the toxicity of the workplace is now impacting the safety of their patients, it is my belief that nurses will be motivated to transform the work environment if they are made aware of the negative impact of toxic workplaces on patient safety.

Purpose

The purpose of this project was to determine immediate and short-term outcomes of an educational leadership workshop for nurses, including: (a) intent to change the work environment (immediately post workshop); and, (b) action to change the work environment six weeks later. After a comprehensive review of the literature on communication, conflict management, educational best practices, transformational leadership, and systems thinking, a collaborative educational workshop was developed and delivered to 247 registered nurses licensed in state of North Carolina.

Research Utilization Questions

The research utilization questions that guided this intervention were:

1. What is the relationship between intent to change the work environment and selected demographic variables (age, race, educational level, position, work stress, life stress, engagement, and coping behaviors) immediately following the educational intervention?
2. What is the relationship between communication and conflict management actions six weeks post intervention and selected demographic variables (educational level and position)?

Framework Project Development

The concepts of transformational leadership and systems thinking were utilized as a framework for this project. Exposure to and knowledge of organizational theories gave the Doctor of Nursing Practice (DNP) an advantage to lead changes in practice, policy, and new models of care, as well as improve outcomes through best practice (AACN, 2006). DNP prepared nurses will lead the profession in the ever-changing healthcare environment. Implementing changes by incorporating knowledge of transformational leadership, complexity, and systems thinking is necessary for the DNP to be successful in leading organizational change (AACN, 2006). The knowledge and skill attained from the rigor of the DNP curriculum prepares nurses to lead the transformation of nursing practice and health care delivery (Montgomery & Porter-O'Grady, 2010). The transformation will occur through policy change and political activism, improving the work environment through implementation of evidence based practice models, and

providing quality care through dissemination of nursing research (Hathaway, Stegbauer, & Graff, 2006; AACN Essentials, 2006).

Transformational leadership. Burns (1978, as cited in Bass, 1985) was the first to compare transactional leadership with transformational leadership and found that transformational leaders motivated followers to go above and beyond the expected. Bass (1985) discussed transformational leadership qualities and behaviors necessary for followers to increase productivity and rise above individual needs for the sake of the organization or group. Charismatic, inspirational, intellectually stimulating, and provides individual consideration were the factors that highly correlated with effectiveness and satisfaction with a leader.

Transformational leaders empower their followers to think creatively, collectively, and proactively. The motivation of individuals and groups within an organization by a transformational leader increases productivity, job satisfaction, and organizational performance (Colbert, Kristof-Brown, Bradley, & Barrick, 2008). Empowered followers produce innovative results when transformational leaders provide a high level of psychological empowerment and a safe environment to challenge the status quo (Colbert, Kristof-Brown, Bradley, & Barrick, 2008; Pieterse, Van Knippenburg, Schippers, & Stam, 2009). Mentoring, coaching, and communicating a shared vision are behaviors associated with transformational leadership. These behaviors motivate, inspire, and encourage followers to value their work, contributions to teams, and look beyond their individual interest for the good of the team and of the organization (Munir & Nielson, 2009). The transformational leader must hold internal morals, values, and characteristics associated with transformational leadership to maintain the trust of

followers (Fu, Tsui, Liu, & Li, 2010). Intrinsic motivation allows the leader to want to achieve more personally, for the team, and for the organization (Goleman, 1998). "…followers have keen observational skills, are able to identify leaders' deep-seated values, and are affected by what they sense as much as what they see and hear" (p. 249). Modeling transformational leadership was critical to this project to inspire and motivate nurses to commit to change the work environment.

Systems thinking. Originally, systems theory was developed by a biologist, von Bertalanffy (1968), as a "complex of elements in mutual interaction…" and … "each individual part…depends not only on conditions within the whole, or within superordinate units of which it is a part" (O'Connor, 2008, p. 315). The central principle of systems thinking is the 'whole is greater than the sum of its parts'. Utilizing systems thinking allows a leader to view a system at macro level to identify issues, stakeholders, relationships, culture, and solutions. Systems can be described as open or closed. A closed system has clear boundaries and is subject to disorganization or chaos until it eventually fails. Open systems have semi-permeable membranous boundaries that self-regulate in relationship to their environment. Systems are complex intertwined components that depend on each part for inputs, outputs, and feedback loops to contribute to the whole system for continual interaction (O'Connor, 2008; Upenieks, Akhavan, & Kolterman, 2008). A systems approach was selected for this project to look at the big picture of the toxic work environment and consider the relationships of the interacting factors for a systems change.

Nursing model. The University of South Alabama College of Nursing Model (USA Model) presents elements necessary for a successful system change project. In

addition to the model, guidelines are provided by the authors to critique system change projects. The step-by-step process presented by this model was followed for the evidence review, development, implementation, and evaluation of this systems-based research utilization project. A detailed outline of the application of the model as utilized in this project is presented in Chapter II.

Discussion of Practice Innovation

This project was a state-wide effort in NC to engage nurses at all levels of practice in skill building activities needed to improve the toxic work environment. Creating partnerships that include all stakeholders and aligning state-wide organizations will foster sustainability of a state-wide initiative to change the toxic work environment. In reviewing prior initiatives, the inclusion of all nurses regardless of position or membership was often lacking. In order to address the toxic work environment and positively impact patient outcomes, bedside nurses must be given the opportunity to develop self-awareness of their own behavior, strong communication and conflict management skills, and leadership skills that will allow them to initiate change in their work environment. The purpose of this project was to determine immediate and short-term outcomes of an educational leadership workshop for nurses, including: (a) intent to change the work environment (immediately post workshop); and, (b) action to change the work environment six weeks later.

Conclusion

The number of national initiatives instituted to address health care work environments attest to the priority of the problem and the urgency to solve it. The aforementioned nursing organizations have developed standards, policies, resources, and programs, some of which are free and some costly. The web resources have varying levels of distribution,

dissemination, and access. The target audience may be the nurse executive or the bedside nurse. Ultimately, the knowledge embedded in these initiatives must be applied to individuals within health care systems. This project specifically addresses the nurse at the point of care as the recipient of an evidenced based intervention to empower change in the work environment.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The purpose of this project was to determine immediate and short-term outcomes of an educational leadership workshop for nurses, including: (a) intent to change the work environment (immediately post workshop); and, (b) action to change the work environment six weeks later. This purpose is consistent with the call to action issued by the IOM Future of Nursing document (2010). Chapter II provides a discussion of the theoretical model guiding the project, description of the search process, identification of the relevant literature, analysis of the literature, and statements of best practice drawn from the literature.

The University of South Alabama College Of Nursing Systems Change Model (USA Model) was used to guide the search process and organize the literature analysis because it contained the essential intersecting constructs needed to implement a complex systems level change project (Beene, 2011). At the core of the USA Model is the construct of a systems change project. The surrounding constructs are evidence based practice, quality improvement, direct impact on patient care, outcomes evaluation, system dynamics, and sustainability. The USA Model does not propose relationships. Rather, it identifies the elements necessary to implement a systems change project. Each of these constructs has concepts subsumed under it. Figure 2.1 displays the constructs and concepts in the model.

Figure 2.1. The University of South Alabama College Of Nursing Systems Change Model

From Project Planning and Management: A Guide for CNLs, DNPs, and Nurse Executives (p.86), by J.L. Harris, L. Roussel, S. E. Walters, & C. Dearman, 2011, Sudbury, MA: Jones & Bartlett. Copyright 2011 by Jones & Bartlett Learning, LLC. Reprinted with permission.

Search Process

Because of the complexity of this model, multiple concepts were used in the search process. Articles of interest included those related to communication, conflict management, empowerment, and best educational practice. Also included were articles related to systems thinking and transformational leadership consistent with the USA Model.

A search for appropriate and pertinent articles was performed from the disciplines of nursing, allied health, psychology, business, education, and medicine. Databases searched for nursing, medicine and allied health included CINAHL Plus with Full Text PubMed, Health Reference Center and Health Source: Nursing & Academic Edition Medline, JoAnna Briggs Institute and Cochrane Library. Psychology articles were searched in PSYCHinfo, Psychology & Behavior Sciences Collection, Annual Reviews and ASSIA. The business databases searched included ERIC, Business and Company Resource Premier, and Business Source Premier. Educational databases included in the search were Academic Search Premier. ProQuest and Google Scholar were also included in the search. The following professional organizations' websites were searched for pertinent information related to the concepts of this project:

- American Nurses Association
- American Association of Critical Care Nurses
- American Association of Colleges of Nursing
- National League for Nursing
- Association of Operating Room Nurses
- American Organization of Nurse Executives

- Agency for Healthcare Research and Quality
- Institute for Healthcare Improvement
- Robert Woods Johnson Foundation
- The Joint Commission
- Institute of Medicine

These organizations were included in the search because of their current initiatives to provide resources for the development of leadership skills for nurses. Articles were selected if they were written English and contained concepts consistent with the USA Model. No date restrictions were initially selected due to the history of the problem and the need to capture early work in the area. Commentary and opinion articles related to the concepts were also selected. Although opinion and commentary are not research based, they do provide interesting solutions to the problem. These articles and reports are considered credible due to the experts involved in producing them. A myriad of individual and combined search terms were used for each concept. In addition, there was overlap with articles pertaining to these concepts. Table 2.1 presents key search terms and the number of articles analyzed for review. In addition to the utilization of search engines and databases, a hand search of retrieved articles was used to identify new references that had not been captured in the search.

Table 2.1

Concepts Searched, Key Terms and Number of Articles Critiqued.

Concept Searched	Key Terms	Number Critiqued
Communication	Workplace communication Intraprofessional communication Interprofessional communication Nurse communication Nurse physician communication Communication skill development Communication & disruptive behavior Communication skill education	12
Conflict Management	Conflict management & workplace Conflict management skills Conflict management & disruptive behavior Conflict resolution Conflict resolution strategies Conflict management education	6
Empowerment	Empowerment Engagement Workplace engagement Workplace empowerment	3
Education	Continuing education Adult learning Experiential learning Workshops Conferences Best practice Large audience Dissemination Engagement Leadership education	6
Systems	Systems Theory Systems thinking Collaboration Organizational culture Organizational support Sustainability Stakeholders in decision-making Complex systems	23
Transformational Leadership	Transformational leadership in practice Transformational leadership Employee engagement	26

Analysis of the Literature

Melnyk and Fineout-Overholt's (2011) Rating System for the Hierarchy of Evidence for Intervention / Treatment Questions (Melnyk's levels of evidence) was used to appraise the evidence (Appendix Table B.1). This hierarchy of evidence Level I-VII rating system was used to assign each article a quality of evidence rating. Quantitative studies were appraised for validity, reliability, and applicability. Three questions were used to critique each article (O'Mathuna, Fineout-Overholt, & Johnston, 2011): (a) Are the results of the study valid?, (b) What are the results?, and (c) Will the results assist to guide the implementation of the project? The evidence is organized around the constructs found in the USA Model and is further delineated by concepts of this project. Each table contains the brief reference, level of evidence, study type, methods, sample, and conclusions (Appendix Table C.1, C.2, C.3, C.4, C.5).

Concepts of Communication, Conflict Management and Empowerment

The need for the development of communication, conflict management, and empowerment skills in the healthcare setting was addressed in the IOM Future of Nursing (2010) report and prioritized by TJC Leadership Standards (2009). These documents were reviewed in accordance with the hierarchy of evidence and are considered level VII evidence. Literature pertaining to the concepts of communication, conflict management, and empowerment were searched for evidence of quality improvement measures and recommendations using 1 and 2 of the USA Model. Two of the three level V literature reviews (Brinkert, 2010; Manojlovich, 2010) discussed the concepts of communication in nursing and patient safety. These reviews recommended providing education and training to improve clinical practice and healthcare outcomes. Brinkert (2010) added the need for

direct measures of conflict and communication interventions in order to build on the knowledge of best practices.

In a review of business literature related to communication and conflict management, Conrad and Newberry (2012) concurred with Brinkert (2010) and Manojlovich (2010) that direct measures and education are necessary for communication skill development. They further encouraged academia and business to work together to develop curricula for contemporary practice. One level VI descriptive study by Tabak and Koprak (2007) explored the tactics of conflict management skills used during physician and nurse interactions. A statistically significant negative Pearson correlation ($r = -.25$) ($p = 0.01$) was reported between an integrating/dominance conflict management style and the nurses' level of stress. When nurses take control of the conflict resolution. the nurse's stress level is less. In contrast, an avoidance conflict management style ($r = .31$), ($p = 0.001$) was associated with an increased stress level. These authors agreed that nurse managers should be afforded the opportunity to study conflict resolution, collaboration. and cooperation. Baldwin and Daugherty (2008) concurred with the idea that communication and conflict greatly impact patient safety. In addition to this idea, the authors emphasized the necessity of organizations developing no tolerance for behaviors that jeopardize patient safety.

Four level VI descriptive studies utilized self-reflective exercises such as case studies and story-telling as interventions for improving communication and conflict management (Cathcart, Greenspan, & Quin, 2010; Cleary, Freeman, & Sharrock, 2005; Duddle & Broughton, 2007; White & Featherstone, 2005). Cathcart et al. (2010), in a descriptive study using nurse manager narratives, explored how nurse managers learn

relational communication. They concluded that reflecting and articulating on experiential learning strengthens and embeds knowledge and clinical judgments. White and Featherstone added that listening, in addition to storytelling and reflection, is an essential communication tool. Cleary et al. (2005) conducted a structured clinical leadership program. Using the 30-item Nurse's Self Concept Questionnaire (NSCO) and a pre-post design, the authors discovered that leadership development for all participants was beneficial. They reported a post-intervention increase for 15 items on the NSCO. Five of these items directly measured leadership skill.

Duddle and Broughton (2007) conducted an explanatory case study about how nurses relate and interact with each other. Three themes that emerged were a description of interactions in the workplace as "difficult", nurses negotiate the territory before deciding to manage the conflict or avoid it, and resilience as a coping factor. They concluded that creating positive work environments and appreciation of the factors that cause conflict provides hope for a change in the workplace.

Eddy et al. (2007) investigated the concept of empowerment to better understand communication and conflict management by nurses. This level VI descriptive qualitative study and three quantitative level VI descriptive studies were reviewed. Armstrong and Laschinger (2006) and Boev (2012) discussed the necessity of communication and conflict management skills to increase nurse empowerment, thereby improving patient safety. Sorenson, Iedema, and Severinsson (2008) added to the complexity of communication issues in the workplace. They presented the hierarchical structure of organizations as an impediment to empowerment of nurses. They concluded that nurses

must operationalize nursing leadership knowledge and develop sophisticated communication skills in order to become full partners in healthcare.

Whitworth (2008), in a level VI descriptive study, explored the influence of personality on conflict management skills. There was no statistically significant relationship between conflict resolution style and personality type. This finding gives credence to the principle that conflict resolution skills can be taught and learned.

The majority of the aforementioned literature consists of level VI & VII evidence. However, it is imperative to find a resolution to the negative work environment. Knowledge development in this area is in its infancy and evidence from descriptive studies and nurse experts is valuable and a reasonable place to start. The literature supports the implementation of an educational intervention that addresses communication and conflict management for nurses. The evidence further supports that such an educational intervention will empower nurses to change the way in which they communicate and manage conflict. Additionally, educational interventions that include experiential learning, story-telling, and self-reflection for the development of these skills helps the nurse to operationalize knowledge gained from the education experience.

Concept of Best Educational Practice

The USA Model construct 3 included a search for educational best practice. Although the majority of evidence for the concept of educational best practice is level VI and VII, these authors provide expert guidance on the best methods of delivering leadership education. Two level VI articles of single descriptive studies (Sandau & Halm, 2011; Shekleton, Preston, & Good, 2010) offered education in a workshop format. Sandau and Halm implemented a one day, eight hour workshop for nurse preceptors in

the hospital setting. The workshops had a positive influence on increasing knowledge, skills, and attitudes of preceptors and orientees. Shekleton, Preston, and Good offered a three day, eight hours per day workshop for CRNAs. The intent of the workshops was for the development of leadership skills. Shekleton added the importance of incorporating adult learning theory in the delivery of workshops.

Two level VII articles (Price, 2010; Swearingen, 2009) and one book (Knowles, 2005) of expert opinion discussed adult learning and the impact of a workshop format. Best educational practice for adult learning is participation in active learning. Workshop format facilitates adult learners sharing and drawing on life experience and knowledge (Knowles, 2005). Price (2010) concurred with Knowles' idea of active learning, collaborative learning, and workshop formats to deliver education. The author recommended case studies and target skills as a strategy to focus the workshop. Engagement occurs through the use of reasoning and emotions and actions that are brought together for discussion and analysis. Workshops can be used to refine, clarify, or enhance the skills and knowledge participants already have. Leaders are required to design and support activities rather than deliver information. Other benefits are that workshops provide insight into a focused area of work and the ways in which reflection, reason, and action can be combined. Workshops are more focused on the development of knowledge, encouraging inquiry, and development of skills, than disseminating large amounts of information (Knowles, 2005 & Price, 2010). Price added that barriers cited include participants may not discover or achieve goals of the workshop and that the leader has to be comfortable with a less structured, more participatory environment.

Swearingen (2009) added to the recommendations of Price and Knowles, noting that formal training for nursing leadership positions is scant or frankly absent in many institutions. The author called for innovative leaders to attract and retain nurses to ensure quality care for patients. The author recommended building a leadership development curriculum that begins at the point of care nurse and builds upward. In addition, Swearingen cautioned that the information must be relevant to day-to-day work in order to engage nurses in the process, suggesting conflict management, team building, communication, assertiveness, ethics, and patient satisfaction as relevant content. Three eight hour classes were recommended over 3 months as a format for the workshop sessions.

In contrast, Eddy et al. (2007), in a level VI single descriptive study, recommended the development of a graduate level leadership curriculum targeted for clinical practice nurses. The authors argued that a graduate leadership curriculum is needed for the future of nursing leadership. This recommendation gives credibility to the notion that there is a gap in leadership skill development in nursing education.

The evidence strongly supports educational offerings through workshops. The literature supports workshops as a viable approach to disseminate knowledge and develop skills. In addition, active learning in three eight hour workshops incorporating relevant work issues engages learners in how to address the negative work environment. Three eight hour workshops provide the learner an opportunity to process what was learned in order to build upon knowledge prior to the next offering.

Concepts of Systems Thinking and Transformational Leadership

Literature pertaining to the concepts of systems thinking and transformational leadership were searched for evidence of system dynamics and leadership following construct 4 of the USA Model. The call for nurse leaders is not a new phenomenon. Porter-O'Grady (2001) called for a paradigm shift in nursing leadership. The author refers to the healthcare environment in which nurses practice as an institution and dramatically depicts the workplace as lacking forward thinking and innovation. In 2003, Porter-O'Grady called for a new skill set for nurse leaders to model transformation in the work setting by repositioning the bedside nurse from the bottom of the organizational pyramid to the center. Currently, few initiatives empower bedside nurses to develop leadership skills.

In concert with Porter-O'Grady, a substantial amount of level V, VI, and VII evidence supports the need for systems thinking and transformational leadership. Two level V systematic reviews (Cummings et al., 2008; Pearson et al., 2007) provided a foundation for the future development of nurse leaders and interventions to improve the workplace. Both articles identified the essential leadership characteristics for nursing leadership development. Pearson et al. (2007) identified attributes of leaders that impact a healthy change in the workplace environment: (a) interdisciplinary collaboration, (b) education of the leader, (c) emotional intelligence to include the ability to engage and motivate, communicate, and manage conflict, (d) understanding of organizational climate and structure, (e) continued professional development related to leadership, (f) expertise in staff professional development and mentorship, and (g) qualities and behaviors of the leader. Cummings et al. (2008) added to the identification of attributes and qualities of

transformational leaders and provided some evidence of the effectiveness of developing leadership competencies through educational interventions and modeling.

Nine level VI descriptive studies explored the effects of transformational leadership on the nursing workforce (Bowles & Bowles, 2000; Corrigan, 2001, MacPhee et al. 2011; Nielson et al., 2008; O'Brien, Polit, & Fitzpatrick, 2011; O'Neil et al. 2008; Patrick et al., 20011; Pieterse et al., 2010; Weberg, 2010). These authors used a transformational model to explore or develop leadership skills in the workplace. Evidence about the effectiveness of leadership skill development based on a review of the literature Corrigan et al. (2001) suggested that transformational leadership is the best model to meet the needs of healthcare professionals. In fact, in a study of the use of inspiring leadership and employee well-being, Nielson, Randall, Yarker, and Brenner (2008) found that the use of a transformational leadership style by nurse leaders improved psychological well-being of nurses. In a separate review of evidence on transformational leadership, Weberg (2010) discovered that transformational leadership is significantly correlated to increased satisfaction and well-being of nurses and a decrease in burn out and stress levels.

Bowles and Bowles (2000) surveyed nurses on a transformational unit and compared it with a conventional unit. The authors found nurses rated transformational leaders more highly than conventional leaders. Similarly, O'Neil et al. (2008) found a clear preference for transformational leadership by all nurses surveyed regardless of level of practice. In addition, McPhee et al. (2011) discovered that using empowerment and self-reflection, consistent with transformational leadership, resulted in nurse leader reports of increased self-confidence and positive leadership style changes. In a related

study by Pieterse et al. (2010), transformational leadership was positively associated with innovation when empowerment was high. Patrick et al. (2011) further developed a Clinical Leadership Survey and conducted a confirmatory factor analysis to test the construct validity of an instrument based on transformational leadership. The authors concluded that structural empowerment mediated the relationship between nurse executive leadership and clinical leadership.

According to O' Brien et al. (2011), leaders completing leadership courses scored significantly higher on innovation scale scores and had implemented significantly more innovative projects. This evidence substantiates that when nurses are offered leadership education they become more engaged.

Eight level VII articles of expert opinion related to transformational leadership were reviewed for validation of transformational leadership traits and behaviors (Bass, 1985; Cain, 2005; Doody & Doody, 2012; Grossman, 2007; Jackson, Clements, Averill & Zimbro, 2009; Kleinman, 2004(a); Kleinman, 2004(b); Porter-O'Grady & Malloch, 2009). Historically, transformational leadership was defined by Burns (1978) and depicted as transcendent. In1985, Bass first described the characteristic of a transformational leader as one who uses "charisma, individualized consideration, and intellectual stimulation to inspire employees to make extraordinary efforts" (p. 26).

Nurse scholars built upon the work of Bass in the application of transformational leadership to nursing practice. Cain (2005) proposed active advocacy from a transformational model for nurses at the bedside. Many nurse scholars expounded on transformational leadership, delineating skills necessary for effective leadership (Cain, 2005; Doody & Doody, 2012; Jackson, et al., 2009; Kleinman, 2004(a); Kleinman,

2004(b); Porter O'Grady & Malloch, 2009). They noted transformational skills as trustworthy, modeling honest communication, sharing information, giving and receiving feedback, passion, energy, commitment, and personal conviction.

Based on prior evidence, Grossman (2007) conducted a study to develop transformational leadership and developed a management competency checklist to assist critical care nurses. Additional leadership themes emerged: risk taking, professionalism, networking, negotiating, team building, communicating effectively to the healthcare team, problem solving, having a vision for the future, and knowledge of organizations and policies. The focus groups included in the study identified the following skills necessary for leaders: creative thinking, assertiveness, political awareness and astuteness and empowerment of each other. Porter-O'Grady and Malloch (2009) added innovation and navigation as necessary skills in a complex world.

Eight level VI descriptive studies on transformational leadership and system application was reviewed for system dynamics in accordance with construct 4 of the USA Model (Brabant, Tremblay, Viens, & LeFrancois , 2007; Fealy et al. 2011; Gumusluoglu & Ilsev, 2009; Leach, 2005; Richer, Ritchie, & Marchionni, 2009; Serrano & Reichard, 2011; Upneieks, Akhavan, & Kotlerman, 2008; Zurmehly, Martin, & Fitzpatrick, 2009). The primary themes of the application of a systems approach echo individual traits and behaviors of transformational leadership. Some of the common themes include engagement and a participatory approach to improve the work environment. Engagement and empowerment of individuals and groups to develop innovative approaches are significant factors that influence successful innovative projects (Brabant, Tremblay, Viens, & LeFrancois, 2007; Fealy et al., 2011). Richer, Ritchie, and Marchionni, (2009)

added that psychological empowerment is essential to employee creativity. In addition, organizations that provided opportunities and support for creativity as well as formal and informal power had higher satisfaction and retention rates (Gumusluoglu & Ilsev, 2009; Leach, 2005; Serrano & Reichard, 2011; Zurmehly, Martin, & Fitzpatrick, 2009). It is evident that positive relationships within an organization empowers and engages employees to improve the delivery of patient care.

Further substantiating empowerment and engagement of employees, Upneieks, Akhavan, and Kotlerman (2008) utilized a systems approach by engaging the bedside nurse in workflow projects. The authors found that these projects served to reduce non-productive activities, increased the amount of time at the bedside, and reduced turnover rates. Using a transformational approach and systems intervention, nurses enhanced value added care and reduced waste.

A review of level VII expert opinion evidence validated the necessity of a transformational approach to systems thinking. Innovative leaders facilitate system integration and apply collaborative work models, producing positive patient outcomes. Such leaders improve the effectiveness of the organization. The skills of an innovative transformational leader include knowledge, collaboration, and an ability to see the big picture within the context of the work environment, and mentoring and coaching (O'Connor, 2008; Porter-O'Grady & Malloch, 2009).

The evidence supports that systems thinking and transformational leadership are associated with empowering and engaging nurses. The evidence further validates that when employees are empowered, they engage in innovative projects to improve the efficacy of the organization and produce positive patient outcomes.

Concepts of Collaboration, Partnerships, and Sustainability

Literature pertaining to the concepts of collaboration, partnerships, and sustainability was searched for evidence of sustainability of system projects in accordance with construct 5 of the USA Model. In 2009, TJC released a white paper that discussed that it is the shared responsibility and accountability of professionals to ensure safety and quality of care. In order to successfully lead, TJC added collaboration to the list of leadership competencies (Schyve, 2009).

Two level VI descriptive studies discussed the importance of relationships and cultural exchange among partners in collaboration. Buys and Bursnall (2007) discovered that relationships are crucial to the initiation of partnerships. Collaboration and negotiations play a key role in the implementation of projects. These partnerships can provide a shift in thinking, stimulate innovation and possibly change public policy. Halabi, Carlsson, and Bergbom (2011) designed a model for international nursing collaboration. The model incorporates planned meetings for sharing experience and reflection among partners. The authors recommend all nurses participating be prepared and experienced, organizational support, and document transformational experiences. This pilot highlighted the significance of collaboration as a relationship.

Two level VII expert opinion articles discussed that collaboration involves effective communication, a culture of respect, and relationship building (Brown, White, & Leibbrandt, 2006; Kinnaman & Bleich, 2004). In 2004, Kinnaman and Bleich described collaboration as a communication process to facilitate advanced problem solving and innovation. The lack of quantitative evidence addressing collaboration was outlined by the authors as a consequence of the complexity of healthcare. In addition, the

authors included a model of interdisciplinary behavior that emphasizes toleration, coordination, cooperation, and collaboration. The model requires ongoing respectful negotiations for relationship building. Utilizing these interdisciplinary behaviors can lead to quality partnerships and support sustainability. Brown, White and Leibbrandt (2006) concurred with Kinnaman and Bleich that sustaining collaboration in partnerships improves interorganizational outcomes.

The evidence supports collaboration and partnerships to sustain projects. The evidence further supports that ongoing partnerships and relationships improve the effectiveness of organizations.

Concept of Organizational Culture

The concept of organizational culture was searched for evidence of the IOM aims and organizational culture in relation to construct 6 of the USA Model. Seven Level VI articles explored the role of culture in healthcare organizations (Amo, 2006; Curtis, Sheerin, & de Vries, 2011; Deppoliti, 2008; Duffield, Roche, Blay, & Stasa, 2010; DuPree, Anderson, McEvoy, & Brodman, 2011). Dupree et al. (2011) discussed the unfortunate history of tolerance of incivility in healthcare organizations and addressed the urgent need for a culture change that affects patient safety. Without full support of the interdisciplinary team, inclusive of administrators, a culture of safety cannot be implemented. A safety culture is built on trust and transparency among team members. A culture of change can be supported through the use of surveys on workplace intimidation to identify areas needing change.

Curtis, Sherrin, and deVries (2011) specifically recommended the development of leadership skills for nurses to lead and impact a change in organizational culture.

Deppoliti (2008) suggested that this development is a process over time in the establishment of a professional identity. She further suggested that organizations support the empowerment and voice of nursing. In addition, Duffield et al. (2010) found that transformational nursing leaders, when supported by the organization and nurse executives, can improve staff satisfaction and retention of nurses. Amo (2006) added that if organizations want innovation at all levels, then lower ranked employees need a mechanism to have a voice in change.

Three level VII expert opinion articles relevant to organizational culture were reviewed (McCauley & Irwin, 2006; Pipe, Cisar, Caruso & Wellik, 2007). The expert opinions of the authors validated and supported the aforementioned empirical findings presented in the summary of level VI literature. McCauley and Irwin (2006) emphatically stated that the transformation of the workplace environment is "…not negotiable to achieve nurse retention, job satisfaction, or improved outcomes for patients and their families" (p. 542).The constant theme in all three articles is the need for proficient communication, relentless pursuit and fostering of collaboration, and the empowerment of nurses at all levels of practice. McCauley and Irwin (2006) reported that one-third of nurses experience difficulty speaking up when something is wrong. All authors concurred that organizational support is a critical ingredient necessary to impact a positive sustainable change in the workplace environment.

Synthesis of the Literature

A substantial amount of evidence exists documenting the toxic work environment of nurses. Based on the literature, nurses lack the leadership, communication and conflict management skills needed to promote change in their work environment. Compounding the problem, nurses historically are not empowered and are impeded by the hierarchical structure that exists in the healthcare arena. The magnitude of the problem requires action even if the existing evidence about potential interventions is primarily descriptive in nature. In order to implement a sustainable change, the evidence retrieved clearly supports an innovative collaborative systems intervention to improve communication and conflict management in the workplace. The application of the USA Model in relation to this project is described in Table 2.2.

Table 2.2

Concepts and Application of the USA Model for Project Implementation

Concepts Of The USA Model	Application Of The USA Model
Evidence-based Practice, Incorporates IOM Aims, Models, Levels, Guidelines, Critical Appraisal	• Utilized the USA Model to guide the project. • Incorporated the IOM Future of Nursing call to action for nursing leadership. • Searched the evidence to support the intervention. • Organized, analyzed and synthesized the evidence using Melnyk & Fineout-Overholt's (2011) Rating System for the Hierarchy of Evidence.
Quality Improvement: Measureable Outcomes, Evaluative Structures	• Utilized adult learning model for the educational intervention. • Developed measurable outcomes and evaluative survey of the intervention.
Outcomes Evaluation, Methods, Measures, Strategies	• Developed the Nurse Survey and Nurse Survey Follow-up to measure and evaluate the effectiveness of the intervention.
System Dynamics, Leadership, Change Agents, Opinion Leaders, Champions, Level of Change	• Collaborated with transformational leaders across the state. • Provided consultation to state organizations about current evidence. • Aligned NC state-wide organizations to foster sustainability. • Included stakeholders: state organizations, nursing leaders, nurse educators, nurse executives, nurses across the state of NC • Collected commitment from workshop participants as champions for change. • Organized a committee for future leadership initiatives in NC.
Sustainability, Champions, Outcome Impact, Accountability	• Received buy-in from nurses, nurse executives, and state nursing organizations. • Awarded grant funding from state and private industry stakeholders to provide the educational intervention. • Disseminated information to all nurses across the state about the toxic work environment and the call for leadership. • Offered opportunity for nurses at all levels of practice to become involved in changing the work environment.
Direct Impact on Patient Care, IOM Aims, Project Impact, Ethics, Culture	• Directly impacted patient safety by participant's commitment to improve communication and conflict management. • Commitments from participants to change communication and conflict behaviors in the workplace. • Aligned leadership forces within NC to prioritize resources to support a change in culture of a toxic work environment. • Incorporated IOM aims for nursing leadership development.

An essential element of a systems project is the involvement of all stakeholders. The lack of inclusion of the point of care nurse is blatantly evident in the nursing literature. The majority of initiatives are geared for the executive elite. Further review of the literature supports the need for, and efficacy of, educational interventions. In order to engage and empower nurses to lead a transformational change, organizational support is essential. Education about the consequences of disruptive behavior on patient safety and nurses' well-being is strongly supported. It is demonstrated in the literature that organizations that support and engage the point of care nurse are more efficient, productive, and innovative.

The implementation of a collaborative systems intervention involved the active support and approval of state organizations, nursing leaders, nurse educators, nurse executives, and nurses across the state of NC. The recent call to action by the IOM for nurses at all levels to develop leadership skills prompted the NC Future of Nursing Leadership Taskforce to disseminate resources to all nurses in the state

Chapter III describes the plan for an innovative system change project to engage nurses to commit to a positive change in their work environment. A detailed description of the design of the project, workshop, and concepts presented in chapter II are outlined. The methods of presentation, data collection, measureable outcomes and instruments are included.

CHAPTER III

PROJECT DESCRIPTION

The synthesis of recent and historic evidence related to interventions for a toxic work environment for nurses led to the development of a systems change project. This project involved a workshop focused on skill acquisition in leadership with special emphasis on communication and conflict management. The ultimate goal was to empower nurses to initiate change in their work environments.

This author engaged like-minded nurse stakeholders, and built upon existing networks and collaboratives in NC. In addition, this author was invited to attend a North Carolina Future of Nursing Leadership Taskforce (Taskforce) meeting and presented a literature review of the aforementioned topics in an evidence table, with a recommendation to the Taskforce for a collaborative systems change project. The resultant collaborative educational intervention was a combined effort of state nursing organizations led by the Taskforce. Group evaluation of the evidence presented led to a consensus that an educational workshop was in order. The focus of the workshop was to increase nurses' conscious awareness of the impact of a negative work environment, provide resources for self-reflection and encourage collaboration among all stakeholders. Chapter III contains a detailed description of the design, implementation and evaluation of the workshop presented based on a comprehensive review of relevant literature (described in Chapter II).

Planning for Systems Change

Extensive planning and preparation was required to develop and implement the pilot workshop. The first step in planning was bringing together organizations and entities that shared common goals.

Taskforce Activities

State nursing organizations involved in leadership development include the Foundation for Nursing Excellence (FFNE) and NCNA, who initiated efforts to address the recommendations from the IOM (2011). The FFNE created the North Carolina Future of Nursing Action Coalition (NCFONAC) as a "call to action to transform nursing as a major component of improving the health and the delivery of healthcare of North Carolinians" (FFNE, 2012). One of the goals of the Coalition is to prepare, enable, and expand opportunities for nurses to lead change in health care and to engage in diffuse collaborative improvement efforts (FFNE, 2012). The Leadership Taskforce was formed as an extension of the Coalition and included nurse executives, educators, and researchers as champions or advocates for leading change. It is essential for sustainable change to include bedside nurses as champions to lead change from the bedside (Step 6 of the USA Model also applies to a culture change project).

Implementing a statewide system change requires strategic planning. Applying Steps 4 and 5 of the USA Model, this author consulted with a member Taskforce, Dr. Colleen Burgess, to identify potential opportunities and stakeholders. Dr. Burgess extended an invitation to this author to attend the next Taskforce meeting to discuss the topic of leadership development for the bedside nurse who functions in a toxic work environment. During this meeting, Taskforce members concurred that the topic of leading

in a toxic workplace was a priority and suggested conducting a review of current evidence and state initiatives, and then to present a recommendation at the next meeting.

After the first meeting, this author was invited to participate as a member of the Taskforce and was charged with the responsibility of a literature review, a review of current state initiatives, and recommendations for providing leadership skill development to nurses in North Carolina. In addition, this author was assigned as the project coordinator. To avoid replication and fragmentation of efforts and in alignment with Step 1 of the USA Model, this author presented the literature review, evidence table, and a proposal for a collaborative workshop. The purpose of the proposed workshop was to provide an opportunity to disseminate current evidence and provide resources to solicit inquiry and leadership skill development to all interested nurses in NC. The target audience for the workshop was the bedside nurse and nurse managers, inclusive of all nurses, stakeholders and champions.

Academic-Practice Partnerships

This project was a multi-step process that began with the networking and collaboration of nurse leaders, nurse executives, and organizations across the state of NC. Steps 4 and 5 of the USA Model were applied by forming an academic-practice relationship. The relationship included nurse educators, administrators, researchers, and clinical nurse specialists across the second largest healthcare system in the United States. This concerted dynamic effort resulted in the first of three state-wide workshops to provide leadership tools and resources to enable and empower bedside RNs to create a sustainable change in the workplace environment.

This author applied Steps 4 and 5 of the USA Model by including nursing stakeholders at all levels to participate in the event. Furthermore, the workshop was fully supported by senior nurse executives from several healthcare systems throughout NC.

Workshop Planning

Steps 1, 2 and 3 of the USA Model were applied by involving all stakeholders at all levels. Best practices in nursing leadership development begin with collaboration with transformational nurse leaders to empower the individual nurse. Transformational leadership served as the theoretical framework based on evidence of successful leadership interventions. Transformation of the workplace involves the engagement of individuals and groups inclusive of all stakeholders. As the project coordinator, this author recruited several transformational leaders to conduct the workshop. The project coordinator collaborated with practice partners to provide the use of a theatre-style auditorium as a venue for the workshop and to provide contact hours, registration, and the formative evaluation processes. The Taskforce pooled resources such as content experts, private industry partners, educational facilities, and healthcare partners as champions. Survey tools, the Nurse Survey and the Nurse Survey Follow-up were developed by this author for this research utilization project and were approved by the University of South Carolina Institutional Review Board. A formative program evaluation was developed by the project coordinator and the expert facilitator. Surveys are discussed later in chapter III..

Funding

As a collaborative effort, a Taskforce member suggested that the committee apply to NCNA for a special projects grant for financial support to implement the workshop.

This author coauthored the grant application with Dr. Burgess, a member of the NCNA Professional Practice Advocacy Coalition (PPAC), and applied to NCNA for funding. The purpose of the grant was to facilitate a diffuse collaborative effort between the Taskforce, PPAC, and Nurses Transforming Nursing (NTN) to disseminate leadership skill development workshops for RNs in NC. The aforementioned organizations are aligned with the goals of the Taskforce.

Registration gifts, the toolkit, ice-breaker activities such as raffles and prizes, sponsored lunch, refreshments, continuing education credits, and a comfortable setting were planned to express an appreciation for the participants. Funding was secured for the implementation of a transformational workshop from NCNA ($5,000), Sigma Theta Tau-Upsilon Mu Chapter ($250), and Pearson Publishing ($400). The physical facilities and contact hours were provided by practice partners, Carolinas Medical Center-Northeast. The grant monies and workshop were administrated by this author. The Special Projects Grant is presented in Appendix D.

Recruitment and Setting

Nurses were recruited via e-mail flyers and word of mouth (Appendix E). All Taskforce members disseminated the flyer in their respective facilities to registered nurses. Nurse leaders and executives across the state disseminated information and encouraged nurses to participate in the workshop.

The workshop was conducted on October 29, 2012 with 247 nurses in attendance. A commons area contained table settings for 300 to facilitate networking and sharing. Registration tables were available for participants to sign-in for attendance and receive the workshop toolkit and the Nurse Survey. The tables were arranged by alphabet for an

efficient and timely registration. The facility was fully equipped with audiovisual technology, internet access, and microphones.

The following sections of Chapter III contain a description of the workshop content that was delivered as a result of this collaborative planning and the methods used to evaluate workshop outcomes.

Workshop Content

Evidence suggested the use of self-reflective practice to increase self -awareness. Education was provided to workshop participants about the use of a transformational model, discussing the importance of individual awareness and congruence of thoughts, feelings, values, and actions to motivate a transformational change. The facilitator of the workshop presented an interactive and experiential problem solving activity through large group sharing and discussions to align the workshop activities, using a systems approach. A self-directed learning toolkit containing motivational thoughts, detailed references, and websites dedicated to leadership skill development was distributed to all participants. The toolkit provided resources to inspire further inquiry and leadership skill development.

The workshop agenda was six hours and participants earned six contact hours. A senior nurse executive from Carolinas Healthcare System opened the workshop with a presentation of the importance of the IOM Future of Nursing and the potential impact on nursing leadership. Dona Caine-Frances, Chair of the NCNA Professional Practice and Advocacy Coalition, presented the Nurses Transforming Nursing initiative and Dr. Colleen Burgess conducted the following sessions for the remainder of the day. The agenda is displayed in Appendix F. The workshop was an interactive, experiential, educational workshop format based on the evidence from best educational practices

(USA Model Steps 1, 2, 3). Experiential educational strategies included the completion of a free online self-assessment tool, *The Keirsey Temperament Sorter II* (http://keirsey.com/sorter/register.aspx.2012) by participants to encourage self-reflection and identification of their personality traits. No data were collected from this instrument; it was for participant information only. A table of toxic workplace behaviors derived from the literature was provided in the toolkit (Appendix G). The table served as a tool to help nurses recognize behaviors that contribute to the unhealthy workplace and to consider changing to improve the environment. Participants used the results of the personality profile to engage in communication skill building through discussion with peers in dyads to share insights gleaned from this activity.

The facilitator modeled risk taking through self-disclosure and encouraged participants to share experiences with bullying in the workplace through discussions in dyads and large groups. Planning a transformational intervention for groups must include the development of a safe environment for nurses to share experiences and insights. The project coordinator and expert facilitator worked closely in the planning of the workshop to create an environment to validate and celebrate nurses. The creation of a safe and caring environment for participants was paramount to this project intervention. Networking and the facilitation of a collegial environment for nurses at all levels of education and practice promoted camaraderie and a collective consciousness.

In addition, the facilitator modeled humor, self-reflection, and fallibility in didactic portions of presentations to set the stage for self-disclosure. Large group discussion of shared experiences with bullying provided a venue for self-disclosure

among “friends”. Participants were also encouraged to share their defensive behaviors and self-reflective insights in large group and dyad activities.

Didactic content relative to effective communication, conflict management, and disruptive behaviors was presented first through lecture. Engagement was provoked through videos, facilitator story-telling, and providing the toolkit of references and resources. Assertive communication was presented through a transformational model. The importance of congruence of thoughts, feelings, and behaviors was stressed and values clarification activities provided a strategy to introduce transformational leadership.

A crucial aspect of transformation is the development of individual authenticity through alignment of values, thoughts, feelings, and behaviors to impact a change. As an additional intervention strategy, the nurse expert facilitator prompted participants during the workshop to explore their professional values. A homework assignment was employed to encourage ongoing self-reflection. In preparation for the next workshop, each participant was asked to write their “professional epitaph” highlighting the values they would like to be remembered for by their peers. Survey tools were also designed and implemented as an intervention to prompt self-reflection and ongoing professional development for participants. The Nurse Survey was created as a means of self-exploration of the issues of communication and conflict management skills at work. The Nurse Survey tool held a two-fold purpose as an intervention and an evaluative measurement tool for this research utilization project. The Nurse Survey Follow-Up tool also provided a six week evaluation of commitment and a reminder to participants to fulfill their self-commitment. The surveys are explained in detail later in this chapter.

Program Evaluation

The purpose of program evaluation was to apply Steps 4 and 5 of the USA model by soliciting input from all stakeholders and champions. In addition, the research utilization questions framed the critique of the formative program evaluation and the Nurse Survey.

Research Utilization Questions

The research utilization questions that guided this pilot workshop were:

1. What is the relationship between intent to change the work environment and selected demographic variables (age, race, educational level, position, work stress, life stress, engagement, and coping behaviors) immediately following the educational intervention?
2. What is the relationship between communication and conflict management actions six weeks post intervention and selected demographic variables (educational level and position)?

Description of Surveys used to Answer Research Utilization Questions

Surveys to measure the research utilization questions for this project were developed by this author and included a demographic survey and two tools to evaluate the impact of the workshop. The surveys measured the participants' intentions and actions to change the work environment. The instruments were based on the literature and designed to prompt additional information from the participants about intra/interpersonal and team communication and conflict management in the workplace. The Participant Demographic Survey and the Nurse Survey were designed for written administration and were completed the day of the workshop. The Nurse Survey Follow-up was created for

online administration six weeks post workshop using the Class Climate software program.

Participant demographic survey. Items included on the Participant Demographic Survey (Appendix H) included age, gender, county of residence, education, race, nursing education and preparation, current employment status and position, shift position by hours and time of day, and work and life stress items ranked on a 10 point Likert scale with 1= no stress and 10 = extreme stress.

Nurse survey. The Nurse Survey (Appendix I) contained five sections examining concepts relevant to communication and conflict management at work .

Section I – Satisfaction with Communication and Conflict Management at Work. Section I measured the participant's opinion of their satisfaction at work with their peers in eight items focusing on communication, conflict management and peer communication. The questions asked about their own communication and conflict, perception of their peers communication and conflict management with them, perception of their managers communication and conflict management with them, and perception of their work team's effort in communication and conflict management. The responses were measured on a 4-point Likert Scale including, 1= Not at all satisfied, 2= Somewhat satisfied, 3= Satisfied, and 4 =Very Satisfied with a total possible score of 8-32. Responses were added to obtain a total score to be used for data analysis.

Section II – Engagement in Communication and Conflict Management Skill Development. Section II contained seven items to determine the frequency of the participant's prior engagement in common communication and conflict management skill development activities, including professional development, counseling, in-services,

reading, committees work, and mentoring. The responses were measured on a 4-point Likert Scale including, 1= Never, 2= Rarely, 3= Often, and 4 =Very Often with a total possible score of 7-28. Responses were added to obtain a total score to be used for data analysis.

Section III – Coping Behaviors. Section III contained four items measuring the participant's coping behaviors related to frustrations at work. Options included: discuss work related frustrations with friends, discuss work related frustrations with a friend at work, access internet resources to deal with communication and conflict and read about communication and conflict in the workplace. The responses were measured on a 4-point Likert Scale including, 1= Never, 2= Rarely, 3= Often, and 4 =Very Often with a total possible score of 4-20. Responses were added to obtain a total score to be used for data analysis.

Section IV – Intention to Work on Communication and Conflict Management Skills. Section IV consisted of 10 items related to the participant's intention and engagement in activities to develop and improve communication and conflict management skills. The options included were (a) learn more about effective communication in the workplace, (b) attend the next thriving workshop in January 2013 at CMC-NE, (c) read a book or article recommended in the workshop toolkit, (d) surf some of the websites provided in the toolkit, (e) commit to change one of my behaviors that do not contribute to healthy and effective communication and conflict management, (f) participate in NCNA Nurses Transforming Nursing, (g) join NCNA to become more active in my profession, (h) participate actively in Sigma Theta Tau to develop or participate in further research about transforming the workplace, (i) find a professional

mentor to develop communication skills, and (j) commit to mentor a nurse. The responses were measured using 1 = Yes, 2 = No, and 3= Don't Know, with a total possible score of 10-30. Responses were added to obtain a total score to be used for data analysis.

Lastly, two semi-structured questions were provided for participants to offer feedback about the future development of leadership skills to help impact a change in the work environment and anything else the participant might want to share about communication and conflict management.

Nurse survey follow-up. The Nurse Survey Follow-up (Appendix J) instrument was developed to examine the relationship between the participant's intent to change the work environment and the participant's actions over the past six weeks to improve communication and conflict management. The follow-up survey contained 13 items, with 10 of the items listing engagement activities from the initial Nurse Survey tool completed at the workshop. In addition, three items were added to the follow-up survey soliciting a yes or no response to variables related to stress as a potential barrier for not completing their individual commitment to change.

Procedure for Data Collection

1. The Nurse Survey tool along with the demographic tool was given to each workshop participant at registration.
2. This author read the study protocol at the very beginning of the workshop and encouraged participation. Informed consent was obtained through a disclaimer contained in the study protocol and was reviewed by the facilitator at the beginning of the workshop prior to collecting survey forms. (Appendix K)

3. Participants completed the Nurse Survey and Participant Demographics at the end of the workshop and submitted completed surveys in a drop box.
4. The Nurse Survey Follow Up was distributed via email six weeks post workshop to determine if participants followed through with a commitment to engage in activities to change behaviors. Email reminders to complete the Nurse Survey Follow-up were sent daily via Class Climate software.

Analysis of Surveys

Descriptive statistics were used to analyze survey responses. A biostatistician from the University of South Carolina College of Nursing entered the data from the Nurse Survey and Nurse Survey Follow-up into an Excel spreadsheet, and the data were analyzed using the Statistical Analysis System (SAS 9.3). Measures of central tendency and dispersion were obtained for continuous variables and frequency distribution tables were generated for categorical variables. Inferential statistics included Pearson correlation (between two continuous variables), T-test (for continuous and categorical variables with two levels), analysis of variance (ANOVA; for continuous and categorical variables with more than two levels), and Chi-square (for two categorical variables). As a pilot project, this author was interested in exploring if any of the selected individual factors impact the degree to which a participant intended to change the work environment.

Group factors that may impact participants' intention to change the work environment were also considered. A one way Analysis of Variance (ANOVA) was used to compare the differences in means between the following groups; race, educational level and employment position and the intention to change the work environment.

Variables measured at the nominal and ordinal level were measured using chi square statistic. These variables were; (a) learn more about effective communication in the workplace, (b) attend the next thriving workshop in January 2013 at CMC-NE, (c) read a book or article recommended in the workshop toolkit, (d) surf some of the websites provided in the toolkit, (e) commit to change one of my behaviors that do not contribute to healthy and effective communication and conflict management, (f) participate in NCNA Nurses Transforming Nursing, (g) join NCNA to become more active in my profession, (h) participate actively in Sigma Theta Tau to develop or participate in further research about transforming the workplace, (i) find a professional mentor to develop communication skills, and (j) commit to mentor a nurse. Chi-Square was used to examine the relationship between communication and conflict management activities and education level and position as selected demographic variables to determine the most frequently selected activity for future programming.

Formative Program Evaluation

A formative program evaluation was conducted to solicit information from participants concerning the future educational needs of nurses (Appendix L). The program evaluation was divided into four sections: program activities, course components, instructors, and general comments, and used a 5-point Likert-type scale ranging from very dissatisfied to very satisfied. The program activities included questions related to the program outcomes. The course components included questions related to teaching strategies, teaching aids, and the learning environment. The participants were also asked to rate the instructors' effectiveness. In addition there was a

section for general comments to gather any additional information the participants wanted to include in the evaluation.

The formative evaluation was distributed to participants, within a week of the workshop, via email utilizing Survey Monkey. Contact hours were awarded at the completion of the online survey. The practice partners who provided contact hours administered the program evaluation and submitted the results to the program coordinator and program facilitator.

Protection of Human Subjects

Protection of participants was managed per the project protocol. The project proposal was submitted to the University of South Carolina Institutional Review Board and was approved through an expedited review. Participation in the educational workshop and completion of the survey instruments were voluntary with no consequence for deciding not to participate. Contact hours were provided for participation in the workshop whether or not the participant chose to complete the surveys. Informed consent was addressed through a disclaimer contained in the protocol and was reviewed by the facilitator at the beginning of the workshop prior to collecting survey forms.

Measures to protect the human subject data included the development of a code book of each participant's name and contact information and kept in a separate location from the survey. The code book information contained the contact information from the participant for a one-time six week follow-up survey. The Nurse Survey and Nurse Survey Follow-up were not linked. The surveys were assigned a number and the number was tracked in the code book containing contact information. At no time were the surveys and codebook stored in the same location. Participants' information and surveys were

secured and protected in the investigators office in a locked cabinet at the completion of the study. Only the investigator and statistician had access to the participant's information. No names were solicited or included on any forms, and all data were reported in aggregate form. The surveys and participant information were destroyed at the completion of the study. The statistician and investigator maintained exclusive access to the data from the Nurse Survey Follow-up.

Summary

Project development and planning involved awareness of the traditional organizational culture in nursing and hierarchical structure of the workplace (USA Model 4, 6). This author and Taskforce members worked collaboratively to engage and involve stakeholders within healthcare organizations in positions of power. Nurse educators, leaders and executives worked to synchronize, approve, and support project activities in an effort to improve the work environment. A six hour workshop was delivered to 247 RNs. Participants completed surveys at the end of the workshop and six weeks following the workshop, as well as a formative evaluation of the workshop that was emailed to attendees within a week after the workshop.

The results of the educational workshop are reported in Chapter IV. The report of the results includes a description of the workshop participants and analyses of the data by research utilization question.

CHAPTER IV

EDUCATIONAL WORKSHOP OUTCOMES

A six hour educational workshop focusing on changing the nursing work environment was held on October 29, 2013 in the Southwest region of North Carolina (NC). All participants were registered nurses with a variety of educational preparation, work experience, and employment positions. The Nurse Survey was administered to 215 participants following the educational workshop focusing on communication and conflict management that would promote intention to change the work environment. The purpose of this project was to determine immediate and short-term outcomes of an educational leadership workshop for nurses, including: (a) intent to change the work environment (immediately post workshop), and (b) action to change the work environment (six weeks later).

The Nurse Survey contained five sections, (a) satisfaction at work with communication and conflict management, (b) current engagement activities to improve communication and conflict management, (c) coping behaviors related to the work environment, and (d) intention to engage in activities to improve the work environment in the 3 months following the workshop, and (e) two semi-structured questions were provided for participants to offer feedback about the future development of leadership skills to help impact a change in the work environment and anything else the participant might want to share about communication and conflict management.

Six weeks following the workshop, participants completed a second survey that asked them to report any actions taken to improve the work environment. In addition, a formative program evaluation was administered within a week of the workshop to measure the quality and effectiveness of the workshop.

The results of the data analyses are presented in the following sections of Chapter IV.

Description of Workshop Participants

Before conducting the major analyses, all demographic variables were analyzed using measures of central tendency. The mean age of the participants was 44.6 (sd =10.9) with a median age of 46 and a range of 21 to 65 years. According to AACN (2012), the average age of the nursing workforce is 44.5 years, indicating that the current sample is representative of nurses across the United States. The majority were female (n = 199), representing 93% of the sample. Seven percent of the sample (n = 15) were male. Males represent 6.2% of the nursing workforce. The proportion of this sample represents the nursing population in the United States.

Variables measured at the nominal level included marital status, race, education, employment status, employment position, and shift worked. Seventy-nine percent (79%) of participants were married. Eighty-five percent (85%) reported white, 12% black, 1% Hispanic, with 3% other. In comparison, 16.8% of the nursing workforce is a minority, indicating the current sample is representative of the nursing population (USDHHS, 2010).

Baccalaureate prepared nurses represented the largest group to participate in the survey (n = 84 or 39%). The IOM (2011) reported that 50% of nurses hold a baccalaureate degree; however, the North Carolina Board of Nursing (2013) reported

33,087 (34%) nurses who are baccalaureate prepared. Ninety-two percent (92%) of participants were employed full-time; 28% were employed as staff nurses and the majority of participants (62%) worked eight hour day shifts. Appendix Table M.1. illustrates the Participant Demographic Survey data for age, gender, race, education, position, and shift.

Work stress and life stress were measured using a 10 point visual analog scale (VAS) with 1 meaning no stress and 10 meaning extreme stress. Lasage and Berjot (2011) reported that ranking stress above 7.2 on a VAS indicated high stress. The majority (57%) of participants ranked their work stress 7-10, indicating a high level, which is representative of health care professionals (Hannigan, Edwards, & Burnard, 2004). There were fewer participants (44%) reporting high levels of life stress compared to work stress (57%). However, results indicated 44% had moderate life stress and 43% high life stress. Appendix Table M.2. illustrates the frequency, percent, mean, median and standard deviation of work and life stress using a VAS.

Nurses across NC were invited to attend the workshop. Out of the 100 counties in NC, participants came from 21 different counties. The majority of participants in attendance resided in the Southwest region where the workshop was held.

Nurse Survey Questions

The Nurse Survey questions were divided into five sections. The following results describe how participants responded to the questions by survey section.

Communication and Conflict Management

Participants were queried regarding their satisfaction with their own, peers', their manager's, and their work team's communication and conflict management behaviors in

the workplace. Appendix Table M.3. illustrates the frequency and percent of responses to these survey items.

The results indicated the majority of participants were satisfied or very satisfied with their own communication (82%), with their peers' (69%), and with their manager's (70%) communication with them. The participants' satisfaction with communication with the team with which they work was reported as less than fifty percent (48%). In addition, the results indicated participants were satisfied or very satisfied with their own conflict management (67%), with their peers' (61%), and with their manager's (72%) conflict management with them. The majority (53%) of participants reported not satisfied at all or somewhat satisfied with the efforts of the team with which they work to collectively improve conflict management within the workplace.

Activities to Improve Communication and Conflict Management Skills

Participants were asked about communication and conflict management-focused activities in which they currently engage. Appendix Table M.4. illustrates the frequency and percent of responses to current engagement in activities to improve communication and conflict management.

The majority of participants (57%) reported engaging in professional development activities related to communication and conflict management. The most frequently reported activities included dedicated time to mentor others (73%), reading journal articles related to communication and conflict management (47 %), and participating in counseling (35%). Only 32% reported participating with a non-preceptor nurse mentor.

Coping Behaviors

Participants were asked about their use of several common coping behaviors. Appendix Table M.5. illustrates the frequency and percent of responses to questions related to work environment coping behaviors.

The most commonly reported coping behaviors of participants were to discuss frustrations with the work environment with a friend or loved one (73%) or a peer (58%). It is important to note that 44% of participants reported reading often or very often about communication and conflict in the workplace. It appears that nurses do frequently engage in conversation and access resources to cope with frustrations at work.

Intention to Engage in Activities to Improve the Work Environment

To determine if participants would engage in activities in the 3 months following the workshop, they were asked to indicate their intention to engage in activities provided to them. Participants were given the opportunity to choose more than one response. Appendix Table M.6. illustrates the frequency and percent of responses to intention to engage in activities in the 3 months following the workshop.

The overwhelming majority (94%) of participants committed to change a behavior that is not conducive to a healthy work environment. Eighty-two percent were willing to learn more about communication and conflict management and 76% were willing to surf the internet for resources. Participants were least interested in participating in Sigma Theta Tau or further research about transforming the workplace (24%). In addition, some participants were undecided as noted in Table M.6.

Analysis of Research Utilization Questions

Research Utilization Questions

This author used a survey design to examine the relationship between providing an educational workshop and the nurse's intention and actions in improving communication and conflict management to influence a change in the work environment. Two research utilization questions guided this project.

Research utilization question 1. What is the relationship between intent to change the work environment and selected demographic variables (age, race, educational level, position, work stress, life stress, engagement, and coping behaviors) immediately following the educational intervention? The Nurse Survey was completed by 215 participants and the results were used to answer research utilization question 1.

Pearson correlation was used to examine the relationship between age, work stress, life stress, engagement in communication and conflict management activities, and intention to change the work environment. No significant correlations were found between age, work stress, life stress and intention to change the work environment. There was a statistically significant weak positive linear relationship between engagement in communication and conflict management activities and intent to change the work environment, (r=.22). In addition, the results revealed a significant weak positive linear relationship (r=.33) between coping behaviors and intent to change the work environment.

While these correlations are weak, they are in the direction supported by the literature that when nurses are engaged they are more likely to actively participate in

innovative projects and change. Engagement and empowerment of individuals are critical factors in successful change (Brabant et al., 2007; O'Brien et al., 2011).

A one way ANOVA was used to examine the relationship between intention to change the work environment and the selected demographic variables of race, education, employment position. Appendix Table M.7 shows the results of a one-way ANOVA, with race as the between-group factor. This analysis revealed there is no significant difference among races relative to intention to change the work environment, $F(1, 211) = 2.92$; $p = .888$.

Appendix Table M.8 shows the result of a one-way ANOVA, with education level as the between-group factor. This analysis revealed significant difference among education level relative to intention to change the work environment, $F(2,210) = 7.51$; $p = .0007$. Graduate and baccalaureate degree nurses had a significantly higher intent to change the work environment than the diploma/AD nurses. It appears that the IOM (2011) recommendation to increase the number of baccalaureate nurses would have an impact on changing the work environment.

Appendix Table M.9 shows the result of a one-way ANOVA, with employment position as the between-group factor. This analysis revealed a significant difference among employment position and intention to change the work environment $F(3, 208) = 4.41$; $P = .005$. The results revealed staff nurses and managers had more intention to change the work environment than administrators.

Research utilization question 2. What is the relationship between communication and conflict management actions six weeks post intervention and selected

demographic variables (educational level and position)? The Nurse Survey Follow-up was completed by 182 participants.

Chi-Square was used to examine the relationship between communication and conflict management activities and education level and position as selected demographic variables. Appendix Table M.10 indicates the frequency distribution of communication and conflict management actions by education. The Chi-Square results indicated that there is an association between *Participate in NCNA Nurses Transforming Nursing* (p=0.0001) and level of education. However, the results did not reveal any association between other communication and conflict management variables with level of education. Fifty-three percent (53%) of baccalaureate degree nurses indicated the communication and conflict management action to *Participate in NCNA Nurses Transforming Nursing* as compared to diploma/AD nurses (47%) and nurses who hold a graduate degree (20%).

Appendix Table M.11 indicates the frequency distribution of communication and conflict management by employment position. The Chi-Square results indicated that there is an association between *Join NCNA to become more active in my profession* (p=0.0029), *Participate actively in Sigma Theta Tau to develop or participate in further research* (p=0.0003) with employment position. However, the results did not reveal any association between other communication and conflict management variables with position. Eighty five percent of staff nurses indicated the communication and conflict management action to *Join NCNA to become more active in my profession* as compared to managers (69%) and administrators (53%).

Formative Program Evaluation

A formative program evaluation was conducted in compliance with requirements for continuing education credits to evaluate the quality and effectiveness of the workshop. Formative evaluations are typical of continuing education and were used to gather feedback from participants regarding program outcomes, teaching strategies, and speakers. The formative program evaluation was intended to evaluate the quality and effectiveness of the workshop from the perspective of the participants. In addition, the Taskforce utilized the information to develop future programs for leadership skill development. The program evaluation was measured on a 5-point Likert Scale ranging from very dissatisfied to very satisfied. The results of the program evaluation regarding program activities indicated the participants were satisfied or very satisfied with outcome activities. The average response ranged from 4.16 to 4.37. Participants reported satisfaction with the course components of teaching strategies, teaching aids, and the learning environment. The average responses ranged from 4.3 to 4.27. The participants were asked to rate the instructors and reported satisfaction, with a range of 4.53-4.58.

Participant comments added clarity about whether the participants were satisfied and areas for improvement. In addition, the general comments provided feedback and insight for future programs offered by the Taskforce in the spring. Comments regarding the areas for improvement were related to providing a venue more conducive to peer-to-peer interaction and group work and improving the audio. Positive trends from the comments included responses indicating that the participants were engaged, the workshop was motivational, and the speakers were excellent.

Summary

The demographic data from the educational workshop revealed that the sample was representative of the nursing population in the United States based on the demographic variables. The analysis showed a few significant findings that are consistent with the evidence related to nurses who are engaged in the workplace are more empowered to change.. The Nurse Survey that was administered following the workshop revealed that nurses who are actively engaged have more intention to change the work environment. In addition, the outcomes revealed baccalaureate prepared nurses were more interested in changing the working environment than nurses at other educational levels, as were the staff nurses and nurse managers. The Nurse Survey Follow-up outcomes revealed that baccalaureate degree nurses chose the communication and conflict management action to *Participate in NCNA Nurses Transforming Nursing.* The results also indicated that more staff nurses would *Join NCNA to become more active in my profession* as compared to managers and administrators. The formative program evaluation revealed that the participants were satisfied with the workshop activities, teaching strategies, and instructors.

Chapter V will include the implications for nursing practice, policy, and research along with recommendations, and plans for the future.

CHAPTER V

DISCUSSION

A synopsis of this research utilization pilot project includes the systems approach, model utilized, sample, research utilization questions, limitations, recommendations and future plans.

Synopsis

Traditionally, an elitist, hierarchal approach to manage individuals in the healthcare environment was used by nursing leadership, medicine and hospital administration. The specific exclusion of the bedside nurse from decision-making perpetuates and maintains the status quo. A united inclusive effort to change the work environment is crucial to impact a systematic change in the environment.

Systems Approach

An evidence-based transformational systems approach was utilized for this pilot research utilization project. A collaborative was formed in the state of NC that supported this educational workshop. This initiative supported an educational workshop for nurses at all educational levels to develop self-awareness, communication, and conflict management skills, with the goal of empowering them to initiate positive change in their workplaces. The formation of an academic-practice relationship was crucial to the success of the project. This collaborative effort resulted in a sustainable intervention to provide leadership tools and resources for all nurses in North Carolina.

Funding

Funding was obtained through buy-in from state nursing organizations to offer the workshop to 300 RNs in North Carolina. The workshop format was based on best educational practice; therefore, the interactive sessions engaged nurses at all levels of practice in a single setting. The benefit of this systems intervention resulted in substantial workshop attendance.

Model

The USA Model provided a conceptual framework to guide this systems change project. The model identified concepts crucial for a successful systems change project. While, the model helped to organize the literature search it did pose some problems. First, the concepts were not fully defined. Second, there was no proposed relationship or hierarchical structure among the concepts making it difficult to utilize the model in an effective way. Lastly, the replication of concepts and lack of definitions leads to some confusion and individual interpretation. The USA Model has great potential for system change projects and addresses an area of great concern in the healthcare system. Further development of the USA Model is warranted.

Results

Demographics of Participants

Nurses (n =247) from southwest NC attended this educational workshop and 215 of the participants actually completed and submitted the Nurse Survey at the end of the workshop day. Nurses that attended the workshop closely reflect the nursing workforce in NC as well as the national nursing workforce data in age, gender and race (AACN, 2012; North Carolina Board of Nursing, 2013; USDHHS, 2010). Baccalaureate prepared nurses

represented the largest group to participate in the survey (n = 84 or 39%). The IOM (2011) reported that 50% of nurses hold a baccalaureate degree in the United State. The NCBON (2013) reports that 30% of nurses in NC hold a BSN, which is lower than the national percent. It appears NC has a challenge to prepare nurses at the BSN level to meet the IOM recommendation to increase the number of BSN nurses to 80% by 2020.

Work and life stress. Participants reported a fairly high level of work stress. Even though the participants reported high levels of stress they reported high levels of satisfaction with their work environment. Apparently the high stress level is not enough to create an unacceptable work environment for the participants. Collectively the experience of stress reported at work and at home by participants is consistent with the literature. This level of stress is concerning because work stress is a contributing factor to high workforce turnover and patient safety.

Communication and conflict management. Participants reported a high level of satisfaction with their own communication and conflict management, as well as satisfaction with their peers and managers. It is not surprising participants were more satisfied with their own communication and conflict management than with their peers and managers.

In stark contrast to the literature on communication and conflict management, the participants reported high levels of satisfaction with communication and conflict management in the workplace. The focus of the workshop was to improve communication and conflict management, yet the perception of satisfaction is relatively high. A possible reason for the high satisfaction with the work environment is what the participants perceive as normal communication and conflict in the work place is not

acceptable outside of the work environment. Considering the longstanding history of violence in the workplace, evidence supported that poor communication is a threat to patient safety and contributes to job dissatisfaction and nurse turnover rates (CAN, 2008). Another possible explanation for this phenomenon was provided by Cleland (1971) and Torres (1981) as oppressed group behavior. The authors suggested that the most severe form of dominance is evident was it becomes the norm. Nurses become accustomed to the level of miscommunication and conflict in the workplace and do not perceive it as a problem.

Dupree et al., (2011) reported the results of the *AHRQ Patient Safety Culture Survey 2011*. Results showed that 134 reports of Code of Professionalism violations were submitted between 2005 and 2010. In 2010 the number of reports had doubled since 2005. Of the 134 reports submitted, 72% were submitted by nurses. The authors called for the development of a multidisciplinary Code of Professionalism based on the 2005, 2008, and 2011 reports of intimidation in the workplace.

Activities to improve communication and conflict management skills. The majority of participants reported that they engaged in activities related to communication and conflict management prior to the workshop. This may be a result of recent TJC (2012) and IOM (2011) recommendations for patient safety initiatives. A high priority to improve communication and conflict in the workplace has led health care institutions to offer a wealth of professional development and in-services focusing on communication and conflict management. There was a statistically significant weak positive linear relationship between engagement in communication and conflict management activities and intent to change the work environment ($r = .22$).

While these correlations are weak, they are in the direction supported by the literature that when nurses are engaged they are more likely to actively participate in innovative projects and change. Engagement and empowerment of individuals are critical factors in successful change (Brabant et al., 2007; O'Brien et al., 2011).

Coping. The participants reported taking actions to cope with the work environment through discussing frustrations with the work environment with a friend or loved one or a peer, accessing internet resources and reading about communication and conflict in the workplace. Coping behaviors of nurses could be adequate to cope with the levels of stress they reported. The results suggested that nurses are actively coping with frustrations; however, they do not report being frustrated. The Nurse Survey allowed participants to choose more than one coping behavior; therefore, the Nurse Survey would need revision for coping to be fully understood.

Commitment to engage in activities to improve the work environment. An astounding number of respondents (94%) committed to change a behavior to improve the work environment after attending the workshop. Surprisingly, the participants reported high levels of stress and high satisfaction levels but in contrast were willing to change a behavior. Perhaps the high level of intent to change indicates that those individuals who first attended the workshop are more amenable to change. In addition, a reason for participants' willingness to change a behavior is that choosing this action is socially acceptable. The results are consistent with a study by McPhee et al. (2011) that providing opportunities for self-reflection and empowerment may create intentions to change behavior. Although this is one study, the workshop design is supported by the findings in the literature.

Research Utilization Questions

Research utilization question 1. What is the relationship between intent to change the work environment and selected demographic variables (age, race, educational level, position, work stress, life stress, engagement, and coping behaviors) following the educational intervention?

A Pearson correlation was used to examine the relationship between age, work stress, life stress and intention to change the work environment, and engagement in communication and conflict management activities. While the results indicated there was no correlation between age, work stress, life stress and intention to change the work environment, there was a statistically significant weak positive linear relationship between engagement in communication and conflict management activities and intent to change the work environment (r=.22). Even though the correlation was weak, the literature supported the findings. Empowered and engaged nurses are the change agents necessary to lead a transformation of the work environment (Porter-O'Grady & Malloch, 2011). Brabant et al. (2007) discussed the importance of engagement as a factor in innovation and change.

The results of a one-way ANOVA, with education level as the between-group factor, revealed a significant difference among relative education level and intention to change the work environment (p=.0007). BSN prepared nurses tend to be more interested in changing the work environment, which once again highlights the challenge in NC to increase the number of BSN prepared nurses. The IOM (2011) recommendation to increase the number of baccalaureate nurses might have an impact on changing the work environment.

The result of a one-way ANOVA with employment position by group as the between-group factor revealed a significant difference among employment position and intention to change the work environment (p=.005). The results indicated that staff nurses and managers had more intention to change the work environment than administrators. These results are supported by Sorenson et al. (2008) suggesting that the hierarchy is an impediment to empowerment of nurses. If senior nurse managers are oppressed by the hierarchy they are not empowered to make a change in the work environment. Dupree et al. (2011) suggested that nurse managers and staff nurses are more directly involved in patient care and may be more astute to the need for creating a culture of safety. These authors posited that conflict is potentially possible between administrators and bedside nurses in relation to change. Administrators may be reluctant or uncomfortable with changing the long standing history of the work environment. Unfortunately, the Nurse Survey did not define the term administrator, leading to ambiguity and a lack of clear categories defining their employment position. A recommendation for the future is to revise the survey.

Research utilization question 2. What is the relationship between communication and conflict management actions and selected demographic variables (educational level and position)? Data collected from the Nurse Follow-Up Survey was used to answer the research question. The Chi- Square statistic was used to examine the relationship between communication and conflict management activities and education level and position as selected demographic variables. Results indicated that there was an association between *Participate in NCNA Nurses Transforming Nursing* (p=0.0001) and the BSN level of education. However, the results did not reveal any association between

other communication and conflict management variables with level of education. Fifty-three percent of baccalaureate degree nurses indicated the communication and conflict management action to *Participate in NCNA Nurses Transforming Nursing* as compared to diploma/AD nurses (47%) and nurses who hold a graduate degree (20%). The results point again to the BSN prepared nurse tending to be more interested in change and involved in activism and transformational activities.

The results of the Chi-Square indicated that there was an association between, the intent to *Join NCNA to become more active in my profession* (p=0.0029), *Participate actively in Sigma Theta Tau to develop or to participate in further research* (p=0.0003) with employment position. Eighty five percent of staff nurses indicated the action they intended to complete related to communication and conflict management was to *Join NCNA to become more active in my profession*, compared to managers (69%) and administrators (53%). These results are extremely encouraging and support the thesis of the NCFON Taskforce and collaborative partners of this project. It is our thesis that if all nurses, including bedside nurses, are provided education, reflection, time and direction they will engage in activities to change the toxic nurses work environment. Unfortunately the survey combined two activities into one action. It is difficult to determine if the participants selected to *Participate actively in Sigma Theta Tau to develop further research* or *articipate in further research.*

Formative program evaluation. A formative program evaluation was conducted in compliance with requirements for continuing education credits to evaluate the quality and effectiveness of the workshop. The program evaluation was measured on a 5 point Likert Scale ranging from very dissatisfied to very satisfied. The results of the program

evaluation regarding program activities indicated the participants were satisfied or very satisfied with outcome activities. The average response ranged from 4.16 to 4.37. The formative evaluation indicated that the workshop was engaging, professional, motivating and enjoyed by participants. The active participation during the workshop and collaborative learning activities demonstrated engagement in the topic.

Limitations

The Nurse Survey and Nurse Survey Follow-up were developed specifically for this project. The first limitation of the project was the reliance on self-reported data. Self-reported data could have been heavily influenced by the subject. Participants tend to respond in socially desirable ways (Donaldson, 2002). This author became aware that a high number of nurse managers were required to attend the workshop and perhaps reported what they perceived the institution wanted them to report.

The second limitation of this project was the inability to compare individual responses from the initial Nurse Survey and the Nurse Survey Follow-up. If the data were paired, it would have allowed this author to make pre and post comparisons. In addition, the surveys lacked reliability and validity to effectively measure variables of interest. Lastly, one study does not provide sufficient data to draw conclusions.

Recommendations

Recommendations for future projects include developing and establishing reliability and validity of the instruments for future use as NC moves forward with transforming the work environment. Another recommendation is to explore the use of better methods to improve the validity of this self-report instrument. A recommendation to improve the accuracy of the Nurse Survey would be to better define the category

"employment position". Additional recommendations for the Nurse Survey and Nurse Survey Follow-Up include revising the variable in section four outlining activities by separating participation in STT and /or nursing research into two separate variables. The use of a codebook would improve the method of data collection by coding and matching all instruments. This would facilitate data collection and pre and post survey analyses.

Final recommendations are to utilize the feedback from the formative evaluation and provide a different venue for the next workshop, locating a facility that does not employ nurses and one that is more conducive to group work. Participants were actively engaged in sharing survival stories throughout the workshop. It would be beneficial to allot more time in subsequent workshops for collaborative sharing and learning in small groups.

Outcomes of the Research Utilization Project

Based on the evidence found through analysis of the relevant literature, the expectation of providing an educational workshop was that if nurses were educated about the effects of negative behaviors on patient outcomes, they would commit to make personal changes that could have a positive impact in their workplaces. The results of the project support this evidence. When nurses were engaged and empowered through the workshop, they were committed to initiate changes to improve their work environments.

The outcome results of the research utilization project are encouraging. The Nurse Survey results indicated that the overwhelming majority (94%) of participants committed to change a behavior that is not conducive to a healthy work environment. Eighty-two percent were willing to learn more about communication and conflict management and 76% were willing to surf the internet for resources. Participants were least interested in

participating in Sigma Theta Tau or further research about transforming the workplace (24%).

Analyses of the six-week Nurse Survey Follow-Up were encouraging but did not reflect the initial intention or actions. Although 94% reported they would commit to change a behavior in the Nurse Survey, the six week Nurse Survey Follow-Up indicated that changing a behavior was the least frequently reported activity. This may be due to the difficulty involved in changing an ingrained behavior. However, 53% of baccalaureate degree nurses, 47% of Diploma/AD nurses and 20% of the nurses who hold a graduate degree indicated they would participate in *NCNA Nurses Transforming Nursing*. It is interesting to note that 85% of staff nurses indicated the intention to *Join NCNA to become more active in my profession* as compared to managers (69%) and administrators (53%). Considering the majority of participants committed to an action to improve the workplace, a positive outcome is this newly established network of nurses may provide fertile ground for the development of future champions.

The North Carolina Nurses Association reported new membership from the workshop and nurses were recruited to volunteer for the Nurses Transforming Nursing initiative through NCNA. The Taskforce created a distribution list of workshop participants, from staff nurses to administrators, who are interested in ongoing commitment to leadership development and championing change in the work environment. Representatives from counties outside of those represented at the workshop requested replication of the workshop in their region.

Challenges

This pilot workshop was fully supported by nurse executives, educators from several healthcare systems and facilities across NC. The topic of the toxicity of the work environment presented the biggest challenge in obtaining approval from one of the nurse educators granting contact hours. The facility wanted to control the content and format of the presentation and did not want mention of workplace conflict. Subsequently, two nurse administrators from a large tertiary care facility withdrew their support for providing contact hours. However, the other nurse executives remained in full support and continued to recruit and encourage participation in the series of workshops. In addition, contact hours were offered through another provider and a venue was found in order to facilitate the series of workshops. As a result of the workshop, nurse leaders from NCONL scheduled a repeat of the workshop to reach nurses in the northwest part of NC. Northwest Area Health Education Center (NWAHEC) provided lunch and contact hours. Information was gleaned from participant feedback from the workshop and was incorporated into future offerings.

Future Plans

The impact of this research utilization project has been felt across the state of NC. An outline of projected activities and future plans is presented.

- Explore factors that influenced attendance at the workshop and ways to develop additional strategies to engage nurses that did not attend.
- Review evaluations and recommendations for quality improvement for future offerings across the state. The Taskforce is planning to repeat the series of

three workshops in the eastern and western sections of NC to reach nurses in these areas of the State.

- Create a statewide position statement and campaign to address the toxic work environment. As a result of the workshop a Beyond Bullying Taskforce was formed through the NCNA PPAC.
- Present the findings for the first intervention at the NCNA Annual Convention.

Implications for Practice

Creating a collegial and respectful environment for nurses is imperative for the transformation of a safe work environment. It is essential to provide time for nurses to self-reflect, collaborate and share their experiences. Evidence from the positive outcomes of this research utilization project supports the assumption that nurses are willing to participate in the transformation process. The nursing shortage, job dissatisfaction, and retention of nurses remain a significant problem. These problems are affecting patient outcomes; therefore, it is recommended that transformational leaders utilize this innovative approach to empower nurses. Inclusion of bedside nurses in decision-making and leadership development empowers them to change behaviors for the health of the workplace. Exclusion of bedside nurses only perpetuates the problem.

Best educational practice calls for the incorporation of experiential and interactive approaches to learning. Inclusion of nurses at all levels at the workshop created a venue for collaborative as well as individual leadership skill building. More educational opportunities are needed that educate bedside nurses, managers, and administrators simultaneously for leadership skill development. These efforts will build a foundation for

collaboration, empowerment, engagement, and commitment to change for all nurses who participate.

The long history of a toxic work environment calls for transformational leaders to step up, collaborate and empower nurses to lead the change. Collaboration with all nursing stakeholders is a key factor in building relationships and sustainability of educational initiatives to create change. In addition, a systems approach to change was inclusive of nurses at all levels. The collective expertise and knowledge of nurses at all levels is crucial to impact a change. This project focused on engaging and empowering nurses to make a commitment to change the work environment. Therefore, it was critical that all nursing stakeholders were involved in the planning and implementation of the workshop. This collaborative effort was successful in pooling state efforts and resources to support one pilot project. In addition, the use of the USA Model could be used in the practice setting to make system changes in many aspects of practice.

Implications for Policy

The replication of this pilot workshop would benefit nurses at all levels to answer the calls to action by the IOM for nurses to step up and lead a transformation in the healthcare environment. This pilot workshop serves as an example of evidence-based education to engage and empower nurses to realize their power and potential to change complex systems. The workshop also focused on self-awareness, communication, and conflict management skills that are foundational skills to impact a change. Despite the confounding factors that create the toxic work environment, nurses can utilize this project to develop policy changes within the practice setting. Nurses can lead policy development in the realm of no tolerance for behaviors that negatively impact patient

outcomes or the well-being of nurses. It is imperative that nurses overcome the shadow of the hierarchical structure, powerlessness, and empower each other to lead change through policy development using a systems approach.

Implications for Research

There are gaps in the literature for nursing research that utilizes a transformational approach and systems model to address the call to action for nurses to lead change. The formation of academic-practice partnerships is needed to design system projects that can measure successful transformational strategies for implementing change in the practice environment. Recommendations for future research include the examination of the factors that influence the transformation of the work environment. The factors that influence the safety of the work environment need further exploration. Nursing research for the future includes exploring factors that influence nurses' intent and actual commitment to change the work environment. In addition, a focus of the research could be at the unit level to measure actual outcomes of interventions to change the workplace.

Summary

This DNP project was a first step in an initiative to help nurses make changes in their work environment. This collaborative effort resulted in a sustainable intervention to provide leadership tools and resources for all nurses in NC. This pilot intervention was a united endeavor to empower a diverse group of nurses to actively engage in improvement of their work environments. Findings demonstrated the value of the workshop for future programming.

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APPENDIX A. EVIDENCE OF THE TOXIC WORK ENVIRONMENT

Table A1. *Evidence of the Toxic Work Environment*

Characteristics of a toxic work environment	Decreased Staff Morale	Violent	Disruptive	Chaotic	Hostile	Toxic	Aggressive behavior	Bullying	Incivility	Refusing to perform tasks / refusal to	Spreading malicious rumors or	Verbal abuse	Failure to speak up in another's	Taking credit for others work	Sabotage	Scapegoating	Lack of psychological empowerment	Lack of a sense of belonging		Unresolved conflict	Withholding information	Decrease in productivity	Assigned demeaning work above or	Intimidation
Berry, Gillespie, Gates, & Shafer 2012	✓							✓			✓								✓			✓	✓	
Briles, 1994		✓		✓		✓											✓							
Daiski, 2004										✓				✓										
Embree & White, 2010					✓			✓			✓	✓			✓									✓
Farrell, 1999							✓																	
Gardner,1992																				✓				
Griffin, 2004												✓		✓		✓					✓			
Guidroz, et. al, 2010					✓		✓	✓	✓	✓	✓	✓		✓	✓	✓					✓			
Hutchinson, Vickers, Wilkes, & Jackson, 2010	✓	✓	✓				✓				✓	✓	✓					✓						
Hutchinson, Wilkes, Vickers, & Jackson, 2008										✓	✓										✓		✓	
Johnson, Phanhtharath, Jackson, 2009							✓	✓				✓			✓					✓				
Purpora, Blegen, & Stotts, 2012							✓	✓			✓	✓						✓			✓		✓	✓
Roberts, DeMarco, and Griffin, 2009								✓				✓						✓						
Rogers-Clark, Pearce, and Cameron, 2009			✓					✓			✓													
Sheridan-Leos, 2008					✓			✓				✓				✓					✓			
Simons & Mawn, 2010					✓			✓			✓	✓					✓	✓	✓					
Stanley, et. al, 2007																		✓	✓		✓			
Vessey, DeMarco, Gaffney, & Budin, 2009								✓										✓	✓					
Walrafen, Brewer, & Mulvenon, 2012										✓		✓			✓	✓								

APPENDIX B: LEVELS OF EVIDENCE

Table B.1. *Melnyk's Levels of Evidence*

Rating System for the Hierarchy of Evidence
Level I: Evidence from a systematic review or meta-analysis of all relevant RCTs
Level II: Evidence obtained from well-designed RCTs
Level III: Evidence obtained from well-designed controlled trials without randomization
Level IV: Evidence from well-designed case-control and cohort studies
Level V: Evidence from systematic reviews of descriptive and qualitative studies
Level VI: Evidence from single descriptive or qualitative studies
Level VII: Evidence from the opinion of authorities and / or reports of expert committees

Melnyk, B., and Fineout-Overholt, E. (2011). Rating System for the Hierarchy of Evidence for Intervention / Treatment Questions. *Evidence-Based Practice in Nursing & Healthcare, 2nd Edition.* Philadelphia: Lippincott, Williams, & Wilkins

APPENDIX C: EVIDENCE TABLES

Table C.1. *Evidence Table for the Concepts of Communication, Conflict Management and Empowerment: USA Model: Construct 1 and Construct 2*

Brief Reference	**Level of Evidence**	**Study Type/Methods**	**Sample**	**Conclusions**
Brinkert, R. (2010).	Level V	*Review of the literature*	NA	Conflict resolution interventions needed for the purpose of improving patient outcomes and decreasing cost of turnover.
Conrad, D., & Newberry, R. (2012).	Level V	*Review of the literature*	NA	Academia & organizations should provide the education on communication that is needed for organization members for the organization to be successful.
Manojlovich, M. (2010).	Level V	*Review of the literature*	25 studies critiqued from multiple databases	Interdisciplinary education of nurses & physicians creates an environment to make sense of the reasons for conflict. It is important for each discipline to understand & respect each other's point of view.
Armstrong, K., & Laschinger, H. (2006).	Level VI	*Descriptive* Predictive, non-experimental design. Surveys & questionnaires.	79 staff nurses, 40 returned 51% response rate.	Relationships exist between work environment and empowerment and patient safety. Supports suggestions that workplace environment impacts patient safety. Organizations can improve patient outcomes by creating an empowerment culture for nursing practice.
Baldwin, D. & Daugherty, S. (2008)	Level VI	*Random sampling descriptive* Large, national multi-specialty survey of medical residents experiences. A 15% random sample selected for study.	6106 Medical residents	Communication & conflict management are critical to patient outcomes. Organizations must support no tolerance for conflicts where patient care is compromised.

Boev, C. (2012).	Level VI	*Descriptive* Nurses completed Practice Environment Scale of Nursing Work Index (PES-NWI). Patients completed a patient satisfaction survey.	Four patient care units. 621 nurses. 1532 patients completed satisfaction surveys.	The nurse's perception of the work environment impacts patient satisfaction. Supports advancing leadership skills of nurse managers to improve patient satisfaction.
Cathcart, E., Greenspan, M., & Quin, M. (2010).	Level VI	*Descriptive qualitative* Using Benner's methodology of practice articulation, nurse managers wrote narratives about their practice. New nurse managers to experienced nurse managers.	32 nurse managers ranging from new to >10 yrs. experience.	Experiential learning strengthened clinical leadership skills.
Cleary,M., Freeman, A., & Sharrock, L.(2005).	Level VI	*Descriptive quantitative* The Nurses' Self-Concept Questionnaire used for pre and post leadership program.	Clinical nurses (n=12)	Leadership development for all participants was beneficial. Skills were carried over to the workplace through the sharing of information. The format was an effective way for clinical nurses to participate in leadership development.
Duddle, M. & Broughton, M. (2007, March).	Level VI	*Descriptive case study* Case study design to explore RNs way of interaction in the workplace and factors influencing interactions.	Multiple case study design from multiple sources on 3 hospital units.	Nurses who have an appreciation of the factors that cause conflict and negative interactions between nurses create positive changes in the work environment. Once one has an appreciation of the factors, a change in the workplace can occur and nurses can develop skills appropriately to deal with conflict and negotiation.
Eddy, L., et al. (2007).	Level VI	*Descriptive qualitative* Focus groups employed to identify themes r/t highly competent leadership skill. Data from focus groups resulted in strategies to incorporate the themes into leadership education programs for nurses. Included nurses from all levels of leadership positions.	23 Nurse leaders across variety of healthcare settings	Focus groups (nurse leaders) responses indicate the need for an evidence-based leadership curriculum at the graduate level; practice focused for the future nurse leader.

Sorenson, R., Iedema, R., & Severinsson, E. (2008).	Level VI	*Descriptive qualitative* Ethnographic study Interviews & focus groups with nurses, managers, and senior managers in an ICU.	3 focus groups with less experienced (12), intermediate experienced (8), and experienced (9) nurses. Interviews with managers (4), senior nurse managers (1).	Nursing profession needs to move beyond clinical models to become skilled team members and professional advocates for nurses to become full partners in health care. Need to operationalize nursing knowledge if nurses are to enact and embed a leadership role.
Tabak, N. & Koprak, O. (2007).	Level VI	*Descriptive* The influence of conflict, stress and job satisfaction and what tactics nurses use to resolve conflict. Four questionnaires regarding conflict techniques with MDs.	A convenience sample of (117) nurses (Israel)	Nurses and physicians must be aware of their conflict management skills. Improve training for nurses and MDs to better resolve conflict.
White, S. & Featherstone, B. (2005).	Level VI	*Ethnographic case study* Observation rounds, shadowing of nurses, interviews & dialogue with nursing staff.	8 cases chosen for this study.	The use of reflection, story-telling & listening improves communication.
Whitworth, B. (2008).	Level VI	*Descriptive quantitative* Myers Briggs & Thomas Kilmann Mode Instruments were used for the purpose of determining a relationship between conflict resolution & personality type.	Three healthcare facilities in the south. 97 female RNs.	Conflict resolution skills of a nurse manager have a direct effect on how conflict is facilitated. Interpersonal conflict among nurses is a significant issue, however no relationship shown between personality and conflict resolution methods.
Institute of Medicine (2010).	Level VII	*Expert opinion*	NA	All nurses must step up and transform the healthcare environment through leadership. Nurses at all levels are critical to making necessary changes in healthcare from the bedside to the boardroom. Communication and conflict management skills, among other leadership skills are necessary to change health care.

Table C.2. *Evidence Table for the Concepts of Educational Best Practice: USA Model: Construct 3*

Brief Reference by	**Level of Evidence**	**Study Type/Methods**	**Sample**	**Conclusions**
Eddy, L., et. al (2007).	Level VI	*Descriptive qualitative* Focus groups employed to identify themes r/t highly competent leadership skill. Data from focus groups resulted in strategies to incorporate the themes into leadership education programs for nurses. Included nurses from all levels of leadership positions.	23 Nurse leaders across variety of healthcare settings	Focus groups (nurse leaders) responses indicate the need for an evidence-based leadership curriculum at the graduate level; practice focused for the future nurse leader.
Sandau, K. & Halm, M. (2011).	Level VI	*Descriptive mixed method (qualitative/quantitative)* Pre & post evaluation of an eight hour preceptor workshop.	Cohorts of preceptors (n=131) Cohorts of orientees (n=53)	Workshops have a positive influence on increasing a preceptor's knowledge, skills, & attitude.
Shekleton, M., Preston, J., & Good, L. (2010).	Level VI	*Descriptive qualitative* 3 day intensive workshop for leadership development CRNAs who held state offices within the AANA. Adult learning theory used for workshop delivery. N= 36. End of workshop evaluations utilized to measure outcomes of the workshop in a survey format and debriefing conferences. Follow-up survey reinforced success and revealed participants were using skills in practice.	CRNAs who held state offices within the AANA (n=36).	Organizations must support, provide, and sustain leadership development activities. Leadership opportunities should be more than an isolated event, offerings should build upon each other as a continuous thread for leadership development. Adult learning theory used for workshop delivery.
Knowles, M. (2005)	Level VII	*Expert opinion*	NA	
Price, B. (2010).	Level VII	*Expert opinion*	NA	Workshops provide a forum for participants to develop a skill or address a practice issue. Engagement of the participant is a way of disseminating best practice through adult learning.

Swearingen, S. (2009).	Level VII	*Expert Opinion*	NA	Leadership development is not a rapid process. Lack of knowledge and practice of leadership skill leads to failure. Leadership training is scant but critical to produce leadership programs that are related to day-to-day practice. Engaging all levels of nurses in leadership development increases retention and job satisfaction.

Table C.3. *Evidence Table for the Concepts of Systems Thinking and Transformational Leadership: USA Model: Construct 4*

Brief Reference	**Level of Evidence**	**Study Type/Methods**	**Sample**	**Conclusions**
Corrigan, P., et. al (2001).	Level V	*Review of the literature*	Barriers to dissemination of EBP in clinical practice.	Strategies i.e. accessibility, user-friendly, educating providers, addressing organizational dynamics.
Cummings, G., et. al (2008).	Level V	*Systematic review*	Quality assessment, data extraction and analysis	Participation in leadership development programs education and participation in development all reported significant positive influence on observed leadership behavior. Leadership can be developed through educational strategies
Pearson, A., et. al (2007). Level V	Level V	*Systematic Review* Methodological search, highest level evidence priority, systematic review utilizing SUMARI instrument. JB qualitative assessment used for qualitative review.	48 papers included in the review.	Themes of collaboration, education, professional development, EI, collaboration…support the need for development for sustaining a healthy workplace.
Grossman, S. (2007).	Level VI	*Descriptive Qualitative* Student logs & Focus Groups to develop a leadership competency checklist to assist critical care nurses in gaining leadership expertise.	143 senior nursing students	Nurses at every level need leadership development skills as much as they need clinical skills patient care will not be optimum.
Gumusluoglu, L. & Ilsev, A. (2009).	Level VI	*Descriptive Mixed Method* Interviews, questionnaires measuring transformational leadership, support for innovation, empowerment, & intrinsic motivation.	163 IT employees and their leaders in 43 Turkish software development companies.	Empowerment influences employee's creativity & organizational innovation. Transformational leadership crucial to change & innovation.
Nielson, K., Randall, R., Yarker, J., Brenner, S. (2008).	Level VI	*Descriptive Quantitative* Questionnaire given 2 times with 18 month interval. Theory driven model using Structural	1st questionnaire (n=447) Nurses, nurse assistants, other health professionals.	Transformational leadership impacts psychological well-being. Leadership development opportunities for nurse administrators & managers to

		Equation Model to look at relationships between leadership, work characteristics, & psychological well-being.	2nd questionnaire (n=274) Nurses, nurse assistants, other health professionals.	improve work characteristics for staff.
O'Neil, E. Morjikian, R., & Cherner, D., Hirschkorn, C. & West, T. (2008)	Level VI	*Descriptive* Surveys & phone interviews to see if there was a difference in perceived need in leadership development. Environmental scan of leadership programs available to nurses yielded more than 100.	54 chief nursing leaders, phone interviews with 27 healthcare leaders	Programs for frontline nurses are critical. The expectations of the nurses role as leader in healthcare demands programs aimed at nurses at every level.
Patrick, A., Laschinger, H., Wong, C. & and Finegan, J. (2011).	Level VI	*Non-experimental survey* Clinical leadership survey (CLS) 480 direct care nurses in Ontario returned usable questionnaires. Testing the psychometrics of staff nurse clinical leadership from Kouzes & Posner's model of transformational leadership.	480 direct care registered nurses	Nurse leaders must create an empowering work environment to ensure staff nurses have access to work structures that enable them to enact clinical leadership behaviors while providing patient care.
Pieterse, A., Knippenberg, D., Schippers, M., & Stam, D. (2010).	Level VI	*Descriptive* Surveys mailed to 425 internal employees who had worked with their supervisor for over 3 months. Transformational leadership was measured using the Multifactor Leadership Questionnaire Form 5x. Psychological empowerment was measured using Spreitzer's questionnaire.	230 employees of a government agency in the Netherlands.	Transformational leadership is positively related to innovation and empowerment of employees.
Richer, M., & Ritchie, J., Marchionni, C. (2009).	Level VI	*Descriptive* Case studies presented to two interdisciplinary groups at 2 sites. Appreciative Inquiry used as a foundation to measure innovation.	47 health care personnel; 28 nurses, 19 volunteers, pharmacists, clerical staff, physicians, patient attendants.	The use of the AI process creates opportunities for innovative ideas and sustainable change.

Weberg, D. (2010).	Level VI	*Evidence Review*	Critical appraisal of 7 articles.	Transformational leadership is significantly related to staff retention & satisfaction.
Bowles, A., & Bowles, N.B. (2000).	Level VI	*Descriptive* Telephone interviews over a six week period using the Leadership Practices Inventory (LPI).	2 matched samples of 70 nurses recruited comprised of 14 nurse leaders and 56 colleagues.	Transformational leadership is a model regarded positively in nursing.
Brabant, L., Lavoie-Tremblay, M., Viens, C., & Lefrancois, L. (2007).	Level VI	*Qualitative participatory research* Participatory research. n= 20. Two pilot units. Focus groups and semi-structured interviews with participants	Two pilot units. Focus groups and semi-structured interviews with participants; 9 nurses, 7 support staff, 2 union reps, 2 nursing assts.	Using a participatory approach to change the work environment improves employee engagement, commitment. Administrative support critical to engagement. There must be good reason for change in the organization for engagement and participation.
Fealy, G. et. al (2011).	Level VI	*Descriptive* Mixed method. National (Australia) postal survey using the Clinical Leadership Analysis of Need Questionnaire (limitation-new instrument) including the barriers scale to identify and describe clinical leadership development needs & perceived barriers to leadership development of nurses.	Random sample of 3000 RNs. Useable response rate n= 911. 22 focus group interviews.	Nurses can become more effective leaders if they are afforded leadership development and articulate their influence in the discipline and organization. Administrators have the responsibility to enable nurses to articulate their contribution and influence that improve processes & outcomes. Leadership development to nurses at all levels, not just the administrator level.
Leach, L. (2005).	Level VI	*Descriptive* Transformational Leadership Profile (TLP) & Organizational Commitment Scale to investigate the relationship between leadership style & organizational commitment.	Convenience sample of 148 Nurse Managers, 651 staff nurses who report to a NM participant.	The extent of transformational leadership is practiced reduces the occurrence of intent to leave an organization.

MacPhee, M., Skelton-Green, J., Bouthillette, F., & Suryaprakash, N. (2011, April).	Level VI	*Qualitative* Interviews after 1 yr. of participation in a leadership program. Categories and themes were coded using qualitative content analysis.	Interviews with 27 front-line and mid-level nurse leaders	Empowerment strategies through leadership development can empower nurse leaders and staff.
O'Brien, K., Polit, D., & Fitzpatrick, J. (2011).	Level VI	*Descriptive* Mailed survey incorporating the Scale for the Measurement of Innovativeness.	106 CNOs of acute care hospitals in NY.	Education, experience and leadership training significantly influence innovativeness.
Upneieks, V., Akhavan, J., Kotlerman, J. (2008).	Level VI	*Descriptive* Collected work flow data with the use of Palm Pilots.	2 telemetry & 2 med-surg units in a large tertiary facility.	Applying systems theory strengthens the foundation for practice changes.
Zurmehly, J., Martin, P., Fitzpatrick, J. (2009).	Level VI	*Descriptive* Web-based survey sent to nurses from Ohio BON registry. Measured demographics, empowerment, intent to leave.	1355 nurses from Ohio registry.	Retention strategies of organizations focused on empowerment decreases intent to leave.
Bass, B. (1985).	Level VII	*Expert opinion*	NA	Transformational leader characteristics inspire and empower employees to extraordinary effort.
Cain, L. (2005).	Level VII	*Expert opinion*	NA	Calls for transformation of the workplace through staff participation Skill sets necessary are: trust worthy, modeling honest communication, sharing information, giving and receiving feedback, passion, energy and commitment and personal conviction.
Doody O. & Doody, C. (2012).	Level VII	*Expert opinion*	NA	Transformational leadership inspires followers to act on higher ideas, values and beliefs thereby sustaining the greater good.

Kleinman, C.(2004a).	Level VII	*Expert opinion*		Education is necessary but questions how to implement leadership development.
Kleinman, C. (2004b).	Level VII	*Expert opinion*		Specific approaches to leadership development, approaches that may be offered and supported by healthcare organizations, are lacking and should be developed through research efforts.
Jackson, J., Clements, P., Averill, J., Zimbro, K. (2009).	Level VII	*Expert opinion*	NA	Imperative that nursing apply leadership in times of a changing healthcare environment.
O'Connor, G. (2008).	Level VII	*Expert opinion*	NA	A systems approach is necessary to build an organizational infrastructure that is aligned to support goals, activities, and networks for the effects of rejuvenation.
Porter-O'Grady (2001).	Level VII	*Expert Opinion*	NA	New ways of leading healthcare are needed to move away from old ideals of nursing. Innovation of technology and providing care have changed the way nurses deliver care. Organizations think differently and move beyond the model of fixed work and think in the technology age where care is mobile.
Porter-O'Grady, T. (2003).	Level VII	*Expert Opinion*	NA	Transformation of leaders is important as healthcare changes and the demands of the times. Leaders anticipate change before it happens and develop means of disseminating to others the needs to change and understanding the skills necessary to lead the transformation and communicating a new vision.

Porter-O'Grady, T. & Malloch, K. (2008).	Level VII	*Expert Opinion*	NA	Organization's need to change the infrastructure to incorporate EBP in every aspect of clinical practice. Need for EB leadership practices and skill development
Porter-O'Grady, T. & Malloch, K. (2009).	Level VII	*Expert Opinion*	NA	Postindustrial leadership requires a newer array of leadership capacity. New characteristics: conceptual clarity, personal knowledge, collaboration, synthesis, contextual capacity, knowledge management, & mentoring and coaching. Programs need to be developed for learning innovation leadership.
Serrano, S. & Reichard, R. (2011).	Level VII	*Expert opinion*	NA	Engaged employees are critical to the success of an organization. Transformational Leadership strategies improve engagement and involvement.

Table C.4. *Evidence Table for the Concepts of Collaboration, Partnerships, Champions, Sustainability: USA Model: Construct 5*

Brief Reference	**Level of Evidence**	**Study Type/Methods**	**Sample**	**Conclusions**
Buys, N. & Bursnall, S. (2007).	Level VI	*Descriptive* Interviews	7 academics	Academic partnerships provide benefits for the community and help build a foundation for improved education. 4 phases of partnerships: Initiation Clarification Implementation Completion
Halabi, Carlsson, & Bergbom (2011).	Level VI	*Model testing.* Development of a model for international nursing collaboration.		The model incorporates planned meetings for sharing experience and reflection among partners. All nurses participating in the transformational experiences must be prepared and experienced. Organizational support critical.
Brown, D., White, J., & Leibbrandt, L. (2006).	Level VII	*Expert opinion*	NA	Collaborative partnerships are challenging but necessary to enhance education and solutions to quality care.
Kinnaman, M. & Bleich, M. (2004).	Level VII	*Expert opinion*	NA	Quality relationships are imperative for collaborative partnerships. Effective communication, time commitment coupled with different attitudes and skills enhance quality partnerships that are sustainable.
Schyve, P. (2009).	Level VII	*Expert opinion*	NA	Healthcare organizations are challenged to use strategic thinking while incorporating leadership standards that address communication and conflict that impact patient care. Leadership changes are necessary to sustain policies addressing these ethical concerns.

Table C.5. *Evidence Table for the Concepts of IOM Aims and Organizational Culture: USA Model: Construct 6*

Brief Reference	**Level of Evidence**	**Study Type/Methods**	**Sample**	**Conclusions**
Curtis, E., Sheerin, F., de Vries, J. (2011).	Level VI	*Literature Review*	NA	Where leadership training is supported and taught has had a positive impact on practice and leadership skill.
Amo, B.W. (2006).	Level VI	*Descriptive* Postal survey sent to nurse & unskilled healthcare workers employed by 12 Norwegian municipalities measuring empowerment.	Nurses and other healthcare workers (n=555).	Empowerment leads to improved patient care and work environment.
Deppoliti, D. (2008).	Level VI	*Descriptive qualitative* Interviewing and open-ended questions.	21 interviews; 16 participants.	Need for organizational support for nursing empowerment and voice.
Duffield, C., Roche, M., Blay, N., Stasa (2010).	Level VI	*Descriptive* 49 item Nursing work Index-Revised together with measures of job satisfaction, satisfaction with nursing, and intent to leave.	94 randomly selected wards in 21 public hospitals in Australia. Nurses on the selected wards (n=2488).	A nurse managers leadership style is critical to increased job satisfaction. Leadership training for nurse leaders is instrumental for the success of organizations.
DuPree, E., Anderson, R., McEvoy, M., & Brodman, M. (2011).	Level VI	*Descriptive* Patient Safety Culture Survey (AHRQ) along with ISMP Survey on Workplace Intimidation to measure changes I the safety culture.	134 reports	Code of Professionalism dependent on leadership support from administrators, nurses, and physicians.

Institute of Medicine (2010).	Level VII	*Expert opinion*	NA	All nurses must step up and transform the healthcare environment through leadership. Nurses at all levels are critical to making necessary changes in healthcare from the bedside to the boardroom. Communication and conflict management skills, among other leadership skills are necessary to change health care.
McCauley, K., & Irwin, R. (2006).	Level VII	*Expert opinion*	NA	Communication & collaboration instrumental for transformation of the work environment.
O'Neil, E. Morjikian, R., & Cherner, D., Hirschkorn, C. & West, T. (2008).	Level VI	*Descriptive* Surveys 54 chief nursing leaders, phone interviews with 27 healthcare leaders to see if there was a difference in perceived need in leadership development. Environmental scan of leadership programs available to nurses yielded more than 100.	Surveys 54 chief nursing leaders, phone interviews with 27 healthcare leaders	Programs for frontline nurses are critical. The expectations of the nurses role as leader in healthcare demands programs aimed at nurses at every level.
Pipe, T.B., Cisar, N., Caruso, E., & Wellik, K. (2008).	Level VII	*Expert opinion*	NA	Empowering nurses to get involved requires a culture change at all levels of nursing. Organizational support & unwavering nursing administration support are crucial to innovation from staff.

Urrabazo, C. (2006).	Level VII	*Expert Opinion*	NA	Organizational managers must allow employees to engage in matters affecting their work & be fully supported by management to be empowered and inspired.
The Joint Commission	Level VII	*Expert opinion*	NA	Redesigned processes, effective staffing, cultures that empower, value and reward nurses can improve workplaces.

APPENDIX D: SPECIAL PROJECTS GRANT

NCNA's Special Projects Fund – Application

All applications must originate from an NCNA Structural Unit.

Name of Project	Transforming the Healthcare Environment through Nursing Leadership	**Date of Request**	06/26/2012
Structural Unit	Professional Practice Advocacy Coalition in collaboration with the NC FON Leadership Task Force Coalition	**Amount of Request**	$ 17,002.00
Specific Contact Person	Molly Patton Colleen Burgess	**Quarterly Cycle for Applications Deadline is last day of month for March, June, September, December**	
Contact Method	Molly.patton@cabarruscollege.edu 704-957-4046 Colleen.burgess@cabarruscollege.edu 704-458-4099		

Project Specifics

Background	The Institute of Medicine; Future of Nursing, Leading Change, Advancing Health (2010) identifies leadership skills necessary for all nurses to impact changes in health care delivery and improve patient outcomes from the bedside to boardroom. Key Message # 3 *Strong leadership is critical if the vision of a transformed health care system is to be realized. Yet not all nurses begin their career with thoughts of becoming a leader. The nursing profession must produce leaders throughout the health care system, from the bedside to the boardroom, who can serve as full partners with other health professionals and be accountable for their own contributions to delivering high-quality care while working collaboratively with leaders from other health professions.*

	The NC Foundation for Nursing Excellence formed the North Carolina Future of Nursing Action Coalition (NCFONAC) to address the Key Messages of the IOM report. The mission of the coalition is *Transforming Nursing for North Carolina's Health.* The NCFONAC Taskforce for Leadership's priority action is *to increase the ability of nurses to lead in transforming NC's health*. The goals of the Leadership Taskforce are: • Improve health outcomes for North Carolinians through the development of a nursing workforce prepared to innovate and lead from the bedside to the boardroom. • Promote advocacy for healthcare consumers at all levels in the healthcare system • Increase the supply of nurse leaders for succession planning and safe delivery of patient care The major strategies to achieve our goals is to: • Enhance nurses' ability to skillfully dialogue and debate on issues regarding healthcare policy, practice, and innovation • Promote mentoring of nurses interested in leadership roles and functions at all levels within healthcare • Increase nursing's voice on boards and administrative bodies. As a coalition, we value: • The health of North Carolinians • The contributions of every nurse and healthcare provider • Nurses as partners with consumers and other members of the healthcare team • The work of nursing that improves the health and health care of North Carolinians The NC FON Leadership Task Force developed an action plan for disseminating necessary educational information for nurses to enhance leadership skills throughout the state. The action plan includes continuing education workshops for nurses from the bedside to the boardroom. The development of leadership skills is imperative for nurses to be prepared to impact a cultural change in the healthcare environment. The intent of this proposal is to work in concert with the current NCNA (2012) initiative *Nurses Transforming Nursing* (NTN) by exposing nurses to the NTN initiative, soliciting system champions of NTN, formation of a system-wide NTN leadership team, and adding a focus on leadership skills necessary to transform a culture. The FON Leadership Task Force selected Carolinas Health Care System (CHS) to implement this leadership challenge. CHS is the second largest healthcare provider in the country. In addition, a number of members of NCNA and the NC FON Leadership Task Force are employed by the system. According to the AVP of Patient Care Services at CMC NE, Rebecca Dunlap MSN, some NTN attempts have been made at a few hospitals through Patient Safety Committees but they have been unsuccessful. Applying best practice in nursing leadership, the Senior VP of Nursing at CHS, Mary Ann Wilcox, MSN was contacted about this initiative. Ms. Wilcox agreed to support the Task Force and open the first system wide nursing workshop for NTN on October 29, 2012. The format selected for the workshop is aligned with NTN utilizing appreciative inquiry with the focus on leadership to Discover, Dream, Design, and Deliver to effect a change in nursing's leadership culture (Cooperrider & Whitney, n.d.).

Overview

The action plan for leadership includes three continuing education conferences that develop leadership skills identified in the IOM report. The conferences will utilize appreciative inquiry as a framework and will incorporate an action learning model to transform nursing leadership through the three conferences. The leadership conferences will incorporate 1.) Caring for others 2.) Caring for each other; and 3.) Caring for ourselves through leadership skill.

The AHRQ STEPPS resources will be utilized to assist in building the conference content related to collaboration, communication, and teamwork. These resources provide an evidence-based teamwork system that is crucial to leadership development.

The three full day conferences will build upon the necessary skills as described in Table 1.The conference plan is congruent with the strategic plan of the NCNA in the area of leadership and workplace advocacy. The plan includes providing free continuing education units for those in attendance. The full day conferences will award free CEUs all participants. (Dreaming)

I. Surviving in the Health Care System (Discovery) Self-assessment is a critical tool to identify areas of strength and areas for improvement when evolving as a leader (Freshwater & Stickley, 2004;Gabarro & Kotter,1980) . Without self-esteem and knowledge of self, nurses will be challenged to lead others and transform their practice (Cain, 2005). The leadership skills identified are basic skills necessary to transform nursing practice individually and as a professional (IOM, 2010; JCAHO, 2008). Through a self-assessment nurses can learn and implement the skills identified to survive in the health care system. Nurses must be validated and appreciated for their contribution to healthcare and patient outcomes. This conference will incorporate how to care for ourselves through development of leadership skill.	Outline for Workshop One: Leadership Skills Addressed Communication • Assertiveness • Speaking up • Socialization • Disruptive Behavior
II. Thriving in the Health Care System (Design)	Outline for Workshop Two: Collaboration • Advocacy

After self-assessment and gaining knowledge of leadership skills basic for surviving, introducing leadership skills necessary for thriving in the health care system will build a foundation to begin to transform nursing. These skills are critical in collaborating with other health professions and improving patient outcomes. This conference will incorporate caring for others through the necessary leadership skills to work as full partners with other healthcare providers and consumers.	• Negotiation • Conflict Management • Networking
III. Transforming the Health Care System (Delivery) Nurses must take the lead in transforming care. Leadership skills necessary to collaborate effectively as a full partner in health care are crucial in changing policy, improving patient outcomes, and transforming the nursing profession. Nurses must realize the power of the profession to transform nursing if working collaboratively. This conference will incorporate caring for ourselves through the development of leadership skills to work as a team and change the patterns of communication in the culture of nursing.	Outline for Workshop One: Practice Model changes • Change Agent • Coaching • Mentoring

Donna Caine-Frances is scheduled as our keynote speaker on *Nurses Transforming Nursing*. NCNA District 5 will be invited to speak on the benefits of NCNA membership. We believe NCNA is crucial to the nursing profession as the *Integrated Voice for Nursing's Future.*

Mary Ann Wilcox, RN, MSN, Carolinas HealthCare System's Chief Nursing Officer, will open the conference by speaking about nurses leading change through leadership.

NC FON Action Coalition Leadership Task Force Members:

	Dr. Colleen Burgess, PMHCNS, Project Chair; Molly Patton, RN, MSN, DNP student, Project Coordinator; Doris Esslinger, Chair, Leadership Task force; Elaine Scott, Kristina Foard, RN, MSNEd, CRNA, Melinda Laird, MS, RN, CENP, Lydia Foy, Felicia Reid, Ramona Whichello, MN, RN, NEA-BC, Jean Reinhert, MSN, RN, Andrea Novak, PhD, RN-BC, FAEN, Kathy Clark, MS, RN, Amanda Kistler, RN, Nancy Short, DrPH, MBA, RN	
	Conference Goals: Develop leadership skills to include self- reflection, develop collective awareness and ideal communication in the workforce	**Outcomes: Submit to PPAC representative collective vision for workplace communication. Submit system wide advocacy, communication and a plan for a sustainable system wide NTN champion team.**
	<u>Surviving in the Health Care System (Discovery)</u> **1**. Provide time and focused individual and group activities to enhance leadership skill development through self- awareness and self-discovery (AI). 2. Facilitate the collective awareness of the common vision for communication necessary for the positive transformation of the workplace**.**	1. Participants will complete a personality inventory. 2. Through storytelling and group activities participants will share their best and worst experiences with communication. 3. Explore personal values through the completion of a personal epitaph. 4. Identify personal leadership skills to breathe life into the work environment. 5. Analyze strengths as a leader and apply to nursing practice. 6. Envision and articulate in small groups a vision of the ideal workplace and submit to facilitators upon completion of the first workshop.
	<u>Thriving in the Health Care System (Design)</u> 1. Develop leadership **skills** to include advocacy, negotiating, conflict management, networking. 2. Facilitate the group construction of a social architecture (healthcare environment) utilizing the following leadership skills; advocacy, negotiation, conflict management, and networking.	1. Group participants will develop affirmative action statements about the advocacy. 2. Group participants will develop affirmative action statements about negotiations. 3. Group participants will develop affirmative action statements about conflict management. 4. Group participants will develop affirmative action statements regarding networking.
	<u>Transforming the Health Care System (Deliver)</u> 1. Develop a sustainable process to begin the	1. Explore norms, attitudes and barriers to implementing change. 2. Form a team of participants to develop a sustainable plan to change the pattern of communication in the healthcare culture.

	transformation of your new leadership skills. 2. Develop a sustainable process to begin the transformation of your unit. 3. Develop a sustainable process to begin the transformation of our organization.	3. Develop a policy for the implementation of a Practice Model change utilizing the resources available system wide.

Impact on and/or relationship to NCNA

The NC FON Leadership action plan is consistent with the following strategic plan values of the NCNA.

- Advocacy is nursing's power, influence and voice for the profession.
- Leadership is empowering nurses to cultivate and promote a positive influence within the profession.
- Professionalism is high standards for conduct and appearance with an emphasis on lifelong learning, collegiality and membership.

The conferences incorporate and support NCNA initiatives of leadership and workplace advocacy. The selected framework is adapted from the NTN through the ARHQTEAMSTEPPS, with a focus on leadership development. Evidence suggests that ineffective communication is the root cause of 66% of reported sentinel events (JCAHO, 2005). The goal of the first workshop will focus on caring communication within self and with others. In accordance with the components of ***NCNA's Hallmark of a Healthy Workplace*****,** the workshops will provide a venue for all nurses to contribute to leadership, shared decision making and feedback for system wide advocacy and workplace communication policy development.

Budget

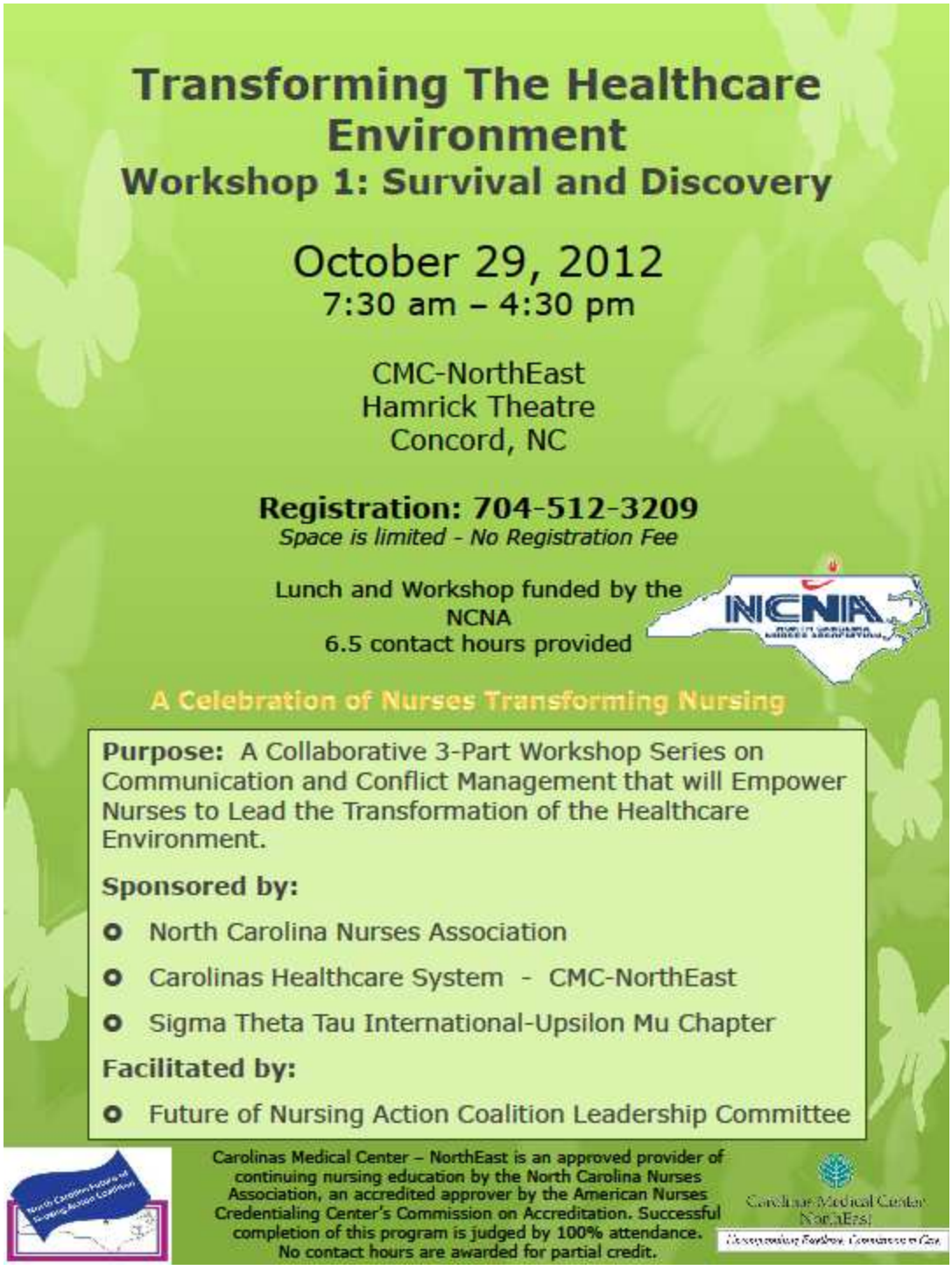
Printing brochures and spiral-bound notebooks w/ handouts	$ 3225.00
Lunch and afternoon refreshments	$ 7875.00
Speakers	$5000.00
Administrative Assistant Time	$ 500.00
Tote Bags	$ 402.00
Total	$ 17002.00

Structural Unit Leadership Requesting Funds/Responsible for Project

The Structural Unit leader must include their name and position within the NCNA Structural Unit below and must sign this form.

Name	**Position in Structural Unit**
Dona Caine Francis,	Chair of the PPAC
Signature of NCNA Structural Unit Leader:	

APPENDIX E. WORKSHOP FLYER



APPENDIX F. WORKSHOP AGENDA

Transforming the Healthcare Environment
Workshop 1: Survival and Discovery
October 29, 2012
Hamrick Theatre - CMC-NorthEast

7:30 am	**Registration and Survey Completion**	
8:30 am	**CNE Welcome and Leadership Discovery**	Kate Grew Grace Sotomayor
9:00 am	**The Power of Nurses** *This presentation provides an overview of NCNA's Nurses Transforming Nursing program.*	Dona Cain-Francis
10:00 am	**BREAK**	
10:15 am	**Transforming Nursing through Leadership Skill Development** *This presentation is an overview of how patient safety is impacted by healthcare communication and conflict management.*	Dr. Colleen Burgess
11:00-12:00	**Group A LUNCH** (Group B Discovery Work)	
12:00-1:00	**Group B LUNCH** (Group A Discovery Work)	
1:00 pm	**Communication is Power** *This presentation and experiential learning activity will provide an overview of communication and conflict management as a leadership tool.*	Dr. Colleen Burgess
2:30 pm	**BREAK**	
3:00 pm	**Embracing Your Power to Change** *This presentation and experiential will provide an overview of disruptive behavior and how to combat violence in the workplace.*	Dr. Colleen Burgess
4:15 pm	**Call for Action, Wrap up and Evaluation**	Dr. Colleen Burgess

Successful completion of this program is judged by 100% attendance. No contact hours are awarded for partial credit.
Disclaimer: CMC-NorthEast strives to keep its content fair and unbiased. The presenter(s), planning committee, and reviewers have no conflicts of interest or financial gains towards this educational activity. There is no commercial support being used for this course. There is no "off label" usage of drugs or products discussed in this course. The use of any commercial products displayed during this activity does not imply endorsement by the Carolinas Medical Center – NorthEast or the North Carolina Nurses Association.

APPENDIX G. WORKSHOP TOOLKIT

WELCOME!

Today's conference is an outgrowth of the Future of Nursing Leadership Competencies group work whose focus is to promote the development of leadership skills necessary to prepare nurses to impact a cultural change in the healthcare environment.

This focus is in support of one of the key messages from The Institute of Medicine's Report: Future of Nursing, Leading Change, Advancing Health (2010):

Strong leadership is critical if the vision of a transformed health care system is to be realized. Yet not all nurses begin their career with thoughts of becoming a leader. The nursing profession must produce leaders throughout the health care system, from the bedside to the boardroom, who can serve as full partners with other health professionals and be accountable for their own contributions to delivering high-quality care while working collaboratively with leaders from other health professions.

The North Carolina Foundation for Nursing Excellence formed the North Carolina Future of Nursing Action Coalition (a group of nursing organizations within the state, along with AARP NC and the AHEC system) to address the Key Messages of the IOM report. The mission of the coalition is *Transforming Nursing for North Carolina's Health*. The NCFONAC Task Force for Leadership's priority action is to *increase the ability of nurses to lead in transforming North Carolina's health.*

A three-pronged approach has been strategically designed by the Task Force, and members have focused upon either (1) Leadership Competencies (2) Mentoring or (3) Board Preparation and Participation.

We're delighted that you have chosen to engage in this commitment. Every nurse can be a change agent. Equipping ourselves to create effective change is the challenge. Thank you for joining us on our journey!

North Carolina Future of Nursing Coordinating Council Organizational Members

AARP NC , East Carolina Center for Nursing Leadership, Foundation For Nursing Excellence , NC Area Health Education Centers, NC Board of Nursing , NC Nurses Association , NC Organization of Nurse Leaders

Leadership Task Force – Competencies Group

Colleen Burgess, CMC-NE/Cabarrus College of Health Sciences
Kathy Clark, Wake AHEC
Doris Esslinger, North Carolina Organization of Nurse Leaders
Kristina Foard, Wake Forest Baptist Medical Center
Lydia Foy, Lutheran Services for the Aged
Melinda Laird, Wilson Medical Center
Andrea Novak, Southern Regional AHEC
Molly Patton, Cabarrus College of Health Sciences
Felicia Reid, Community Health Services-Greensboro
Ramona Whichello, Western Carolina School of Nursing
Nancy Short, Duke University School of Nursing

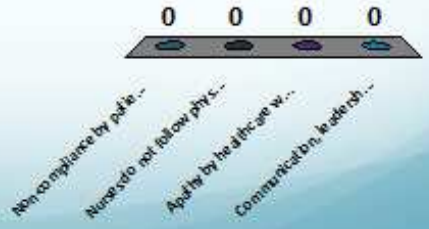
Just asking…What are 5 of the top ten factors that drive the house of horrors?

A. Non-compliance by patients, non-English speaking patients.

B. Nurses do not follow physician orders.

C. Apathy by healthcare workers and maintenance

D. Communication, leadership, and human factors.



The oppression of nurses in healthcare is:

0% A. exaggerated and basically a myth.

0% B. substantiated in nursing evidence 30+ yrs.

0% C. an excuse use by nurses not to change behavior.

0% D. not an issue in clinical practice today

Leading Transformation

Dr. Colleen Burgess, RN
Ed.D, MSN, PMHCNS
Colleen.burgess@carolinashealthcare.org
704-458-4099 cell

Who is saying …

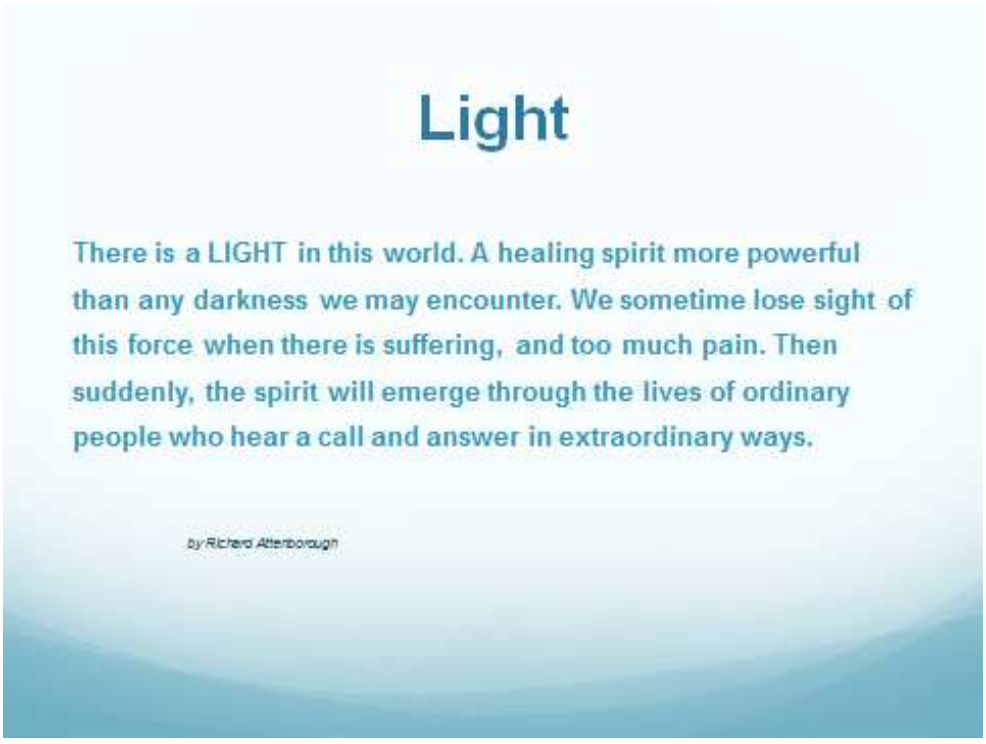
- Nurses
- IOM
- ANA
- NCNA
- AHRQ
- IHI
- Joint Commission

Importance of Communication

- Communication failure has been identified as the leading root cause of sentinel events over the past 10 years (Joint Commission)
- Communication failure is a primary contributing factor in almost 80% of more than 6000 root cause analyses of adverse events and close calls (VA Center for Patient Safety)

Transformative Journey


Unity
I make a difference +
You make a difference
+
We make an =
IMPACT
Dr. Coco


Light
There is a LIGHT in this world. A healing spirit more powerful than any darkness we may encounter. We sometime lose sight of this force when there is suffering, and too much pain. Then suddenly, the spirit will emerge through the lives of ordinary people who hear a call and answer in extraordinary ways.
by Richard Attenborough

Thank You

Universality of Groups (*Yalom*)

Shared:

Experience

Strength

Hope

Nurse Leaders

- Roll call

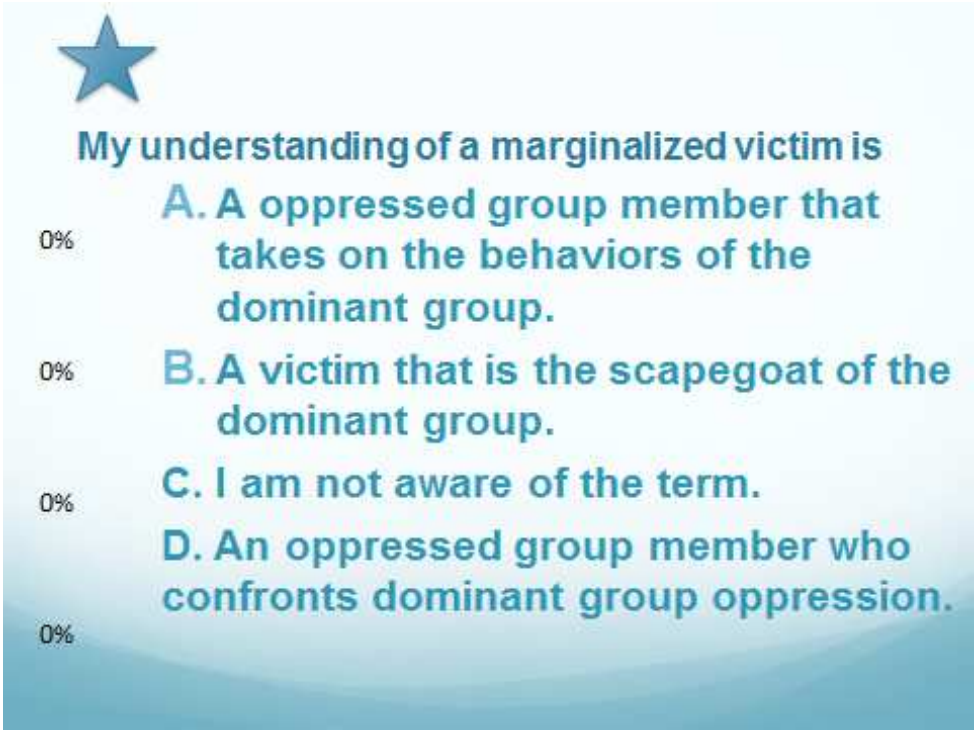
RISK TAKING IS FREE

(toolkit)

Healthcare Environment (HCE)

Imagine


My personal reasons for participating in lateral violence (select all that apply) …
A. I get sadly caught up in the moment.
B. I am afraid to speak up.
C. I am afraid of retaliation.
D. I don't really know how to handle the situation.
E. I don't really believe I participate in lateral violence.
0%
0%
0%
0%
0%


My understanding of a marginalized victim is
A. A oppressed group member that takes on the behaviors of the dominant group.
B. A victim that is the scapegoat of the dominant group.
C. I am not aware of the term.
D. An oppressed group member who confronts dominant group oppression.
0%
0%
0%
0%

Transformational Games

Transformational Rules of the Games

Rule 1.

What a participant shares in the small group remains in the small group unless they choose to disclose their own story.

Rule 2.

Principles over Personality (you may not like me however I am precious, worthwhile and deserve respect)

Rule 3.

This is not a spectator sport. All participants must contribute to work groups.

Healthcare Environment Survival Games

- http://www.youtube.com/watch?v=goUT7g2iTbQ

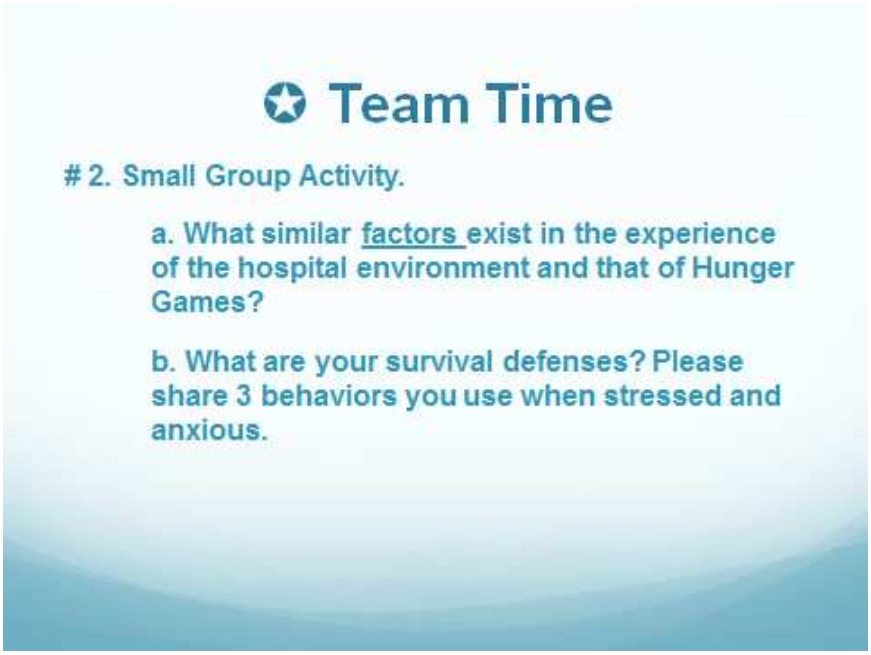
✪ Team Time

 # 1. Small Group Activity.

a. Please describe using at least 5 adjectives the ***emotional tone*** of the characters depicted in trailer Hunger Games.

b. Describe 5 ***behaviors*** **you observed.**

c. Share in one word the ***feel*** of the environment you observed.


✪ Team Time
2. Small Group Activity.
a. What similar factors exist in the experience of the hospital environment and that of Hunger Games?
b. What are your survival defenses? Please share 3 behaviors you use when stressed and anxious.


Communication
• Workshop 1: Intrapersonal
• Workshop 2: Interpersonal
• Workshop 3: Interprofessional

Caring Candor

Candor a Core Competency

- (AACN, AORN, Vital Smarts)

- http://www.silenttreatmentstudy.com/

Journey to Unity

- Begins with **Commitment** to grow and change as an:
  - Individual
  - Group
  - Profession-Collective Consciousness

Individual Growth

- Requires self reflection
- Trusted friends
- Trusted family member

Intrapersonal Communication Tools

A. Self Awareness Tools

1. Keirsey Personality Test
2. Johari Window
3. Feelings/defenses

B. Foundational values

1. Eulogy
2. Role Models-Mentors
3. Congruence in (thoughts, feelings, behaviors)

Intrapersonal Communication Tools (cont.)

c. Rigorous Honesty

1. Evaluate Skills
2. Strengths
3. Weaknesses

d. Mentoring

Programmed to be interdependent


Self Awareness
Johari http://kevan.org/johari
Open
Secret
Blind
Unconscious


Break Time
STOP

Chains on Me

- http://www.you_tube.com/watch?v=7VONqUbx3r8

Feelings are energy …

… and contagious!

✪ Team Time

1. What color did the artists use in the background?
2. Describe the affect of the prisoners.
3. Discuss concepts introduced in the cartoon and list.
4. Who is the man in the lyrics?

Zombies & STEPFORD WIVES

- http://www.youtube.com/watch?v=B3HASgMS7w0

The price of perfection …

- Mute
- Silence Kills
- http://www.silenttreatmentstudy.com/

Feelings and Gifts

FEELINGS	GIFTS (PURPOSE)	ZOOMBIE/STEPFORD WIFE DISEMPOWERMENT
Fear	Motivation Protection	Coward Sissy
Anger	Motivation Protection, Power	Woman (crazy) Drama Queen Man (powerful)
Guilt	Values	"I do what I want."
Shame	Humility	Blaming
Pain	Healing, Motivation, Bonding	Suck it up
Lonely	Connectedness	I don't need help Self sufficient
Joy	Joy	Zombies with pins

Other esteem

- Interdependent
- Do it Anyway
- A State of Mind, Heart and Soul

Team Time

- Refer to packet handout: *Zombie (Bully Behaviors)*
- Each team member is to share their experience as a victim of bullying.
- Team members listen and provide validation (how you feel) about what you heard. (validation)

Impact

x^n ✖ ∞ =

Exponent X infinity


Be the Power
Equals = Any positive raised to a power.
Be the Power
Great Lakes Science Center


Thank You

Zombie Attacks (Bully Behaviors)

Personal attacks

Being ignored, excluded from conversation, isolated from supportive peers, excluded from activities, intimidation and threats, raised voices or finger pointing, starring, watched and followed, tampering with or destroying personal belongings, compromising or obstructing patient care, verbal threats, singled out, scrutinized, verbally abused, being stood over, pushed or shoved, belittlement, humiliation, verbal put downs, name calling, insults or humiliation, spreading gossip, denigrating nick names, blamed, made to feel stupid, suggestions of mental instability, mistakes highlighted publicly, excessive criticism

Professional Terrorism

Public denigration of ability or achievements, questioning skills and ability, being given demeaning work, unsubstantiated negative performance claims, spreading rumors, slander and character slurs, questioning competence or credentials, limiting career opportunities, denial of opportunities that lead to promotion, being overlooked for promotion, excluded from committees and activities, exclusion from educational opportunities.

Work Role Attacks

Relocation to make job difficult, removal of administrative support, excluded from routine information, work organized to isolate, removal of necessary equipment, excessive or unreasonable workload, sabotaging or hampering work, varying targets and deadlines, excessive scrutiny of work, denial of due process and natural justice, denial of due process in meetings, denial of breaks, documenting unsubstantiated issues, denial of leave time, limiting opportunity to work, dismissal from position, reclassifying position to lower status.

Adapted by Colleen Burgess from Marie Hutchinson, Margaret H Vickers, Lesley Wilkes and Debra Jackson (2010). Journal compilation _ 2010 Blackwell Publishing Ltd, Journal of Clinical Nursing, 19, 2319–2328 2321.,2010.

NCNA Nurses Caring for Nurses

Caring for Each Other Resource

TeamSTEPPS™ References

AHRQ TeamSTEPPS™ program http://teamstepps.ahrq.gov/about-2cl_3.htm is free from the U.S. government. This program gives tools & techniques for promoting team support in a context of patient safety. The North Carolina Hospital Association offers courses for Trainers. https://www.ncha.org/

- Mutual Support section Module 5 resources http://www.ahrq.gov/teamsteppstools/instructor/printver/index.html
- Team members support and protect each other from overload situations
- Effective teams place all offers and requests for assistance in the context of patient safety
- Team members foster a climate where it is expected that assistance will be actively sought and offered
- use C.U.S. acronym when addressing a challenging patient safety situation
  - I am **C**oncerned that…
  - It makes me **U**ncomfortable…
  - This is a **S**afety issue

- use D.E.S.C. acronym when addressing an interpersonal conflict
  - **D**escribe the situations in objective terms
  - **E**xpress how the situation makes you feel/what your concerns are
  - **S**uggest other alternatives and seek agreement
  - **C**onsequences should be stated in terms of impact on established team goals

Example: I noticed when I asked you to get vital signs on Ms. Jones that you rolled your eyes and clicked your tongue. This makes me feel disrespected and slows me down in giving Ms Jones her insulin. If you have other things going on or other concerns about my request, please let me know. I can't get my work done without your help and I want us to be able to work together to give our patients the best care. Do you have suggestions for how we can support each other to give great care?

North Carolina Nurses Association (NCNA)

Nurses Transforming Nursing

Discovery Agent Questionnaire- For NURSES

_____ _____

Interviewer Date

Is Interviewee and NCNA member? Yes No

_____

Age M/F Practice Area City

Take a few minutes to describe the Appreciative Inquiry Process and the purpose of this project, which is to focus on what works well versus problems. Help the interviewee to relax and give as much detail as possible to their responses. At the conclusion, thank them for their time and ask if we can share their comments (no names will be disclosed) and then have the interviewee sign the bottom page. To take the next 2-steps (design and delivery), ongoing information is available on NCNA's web site www.ncnurses.org

1. Describe a peak nursing experience when you felt exceptionally high levels of energy, confidence, and satisfaction being a nurse.

_____
_____
_____
_____

2. What makes nursing in your practice setting exceptional?

_____
_____
_____
_____

3. If you could change the culture of nursing in NC, what would it look like in 2011?

_____
_____
_____
_____

4. What type of relationships among nurses and others would promote a transformed nursing culture?

_____
_____
_____
_____

Summary of the interview and other comments:

_____

_____

_____

_____

_____

_____

_____

Feel Free to share my comments with others.

Interviewee Signature_____

All contact information is used only for this NCNA project- we will never sell, rent, trade information.

North Carolina Nurses Association (NCNA)

Nurses Transforming Nursing

Discovery Agent Questionnaire-For NON-NURSE CONSUMERS

_____ _____

Interviewer Date

Interviewee-Consumer:

_____

Age M/F City

Take a few minutes to describe the Appreciative Inquiry Process and the purpose of this project, which is to focus on what works well versus problems. Help the interviewee to relax and give as much detail as possible to their responses. At the conclusion, thank them for their time and ask if we can share their comments (no names will be disclosed) and then have the interviewee sign the bottom page. To take the next 2-steps (design and delivery), ongoing information is available on NCNA's web site www.ncnurses.org

1. Describe a peak health care experience when you felt you received exceptional nursing care. (nursing setting, city)

_____
_____
_____
_____
_____

2. If you could change anything regarding delivery of care in North Carolina's health care system, what would it look like in 2011?

_____
_____
_____
_____
_____

3. Imagine that when you wake up tomorrow morning that it will be 2011 and your 3 boldest wishes to enhance the health care system in North Carolina had been realized.
    - What were your 3 bold wishes?

    - In what ways has the nursing profession changed because of your wishes?

Summary of the interview and other comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Feel Free to share my comments with others.

Interviewee Signature_____

All contact information is used only for this NCNA project- we will never sell, rent, trade information.

APPENDIX H. PARTICIPANT DEMOGRAPHIC SURVEY

Participant Demographic Survey

Date: _____ Age: _____ Gender: ____ (1) Male ____ (2) Female _____

NC County of Residence: _____

Marital Status:

Married	Divorced	Separated	Never Married	Partner	Widowed

Highest Education You Completed:

Diploma in Nursing	
Associate Degree in Nursing	
Baccalaureate Degree in Nursing	
Masters degree in Nursing	
Doctoral degree in Nursing	
Baccalaureate Degree in another field	
Masters Degree in another field	
Doctoral Degree in another field	
Other, please specify	

Race:

Black	White	Hispanic	Asian	Native American	Other

Employment status at the time of this survey:

Full-time	Part-time	PRN	Week-ender	Retired

Employment Positions at the time of this survey:

Staff Nurse	Unit Manager	Assistant Manager	Department Head	Administrator	Senior Administrator	Educator	Researcher	Advanced Practice

Shift: Check all that apply if more than one.

Days (12 hrs.)	Nights (12 hours)	Days (8 hours)	Evenings (8 hours)	Nights (8 hours)	Rotating

Please rate your current work stress on a scale 1-10 (1=no stress…10 = extreme stress)

1 2 3 4 5 6 7 8 9 10

Please rate your current life stress on a scale 1-10 (1=no stress…10 = extreme stress)

1 2 3 4 5 6 7 8 9 10

Thank you for participating in this study.

APPENDIX I. NURSE SURVEY

Please indicate the box that most clearly describes your answer.

Section I

How satisfied at <u>work</u> are you with:	**1=Not at all satisfied**	**2=Somewhat satisfied**	**3= Satisfied**	**4=Very satisfied**
1. Your communication with peers.				
2. Your ability to manage conflict with peers.				
3. Your peer's communication with you.				
4. Your peer's conflict management with you.				
5. Your manager's communication skill with you.				
6. Your manager's conflict management skill with you.				
7. Efforts of your team (unit) to collectively improve communication.				
8. Efforts of your team (unit) to collectively improve conflict management.				

Section II

How often do you engage in the following activities:	**1= Never**	**2= Rarely**	**3= Often**	**4= Very Often**
1. Participate in professional development activities related to effective communication and conflict management.				
2. Participate in counseling to improve personal communication skills and conflict management.				
3. Attend unit based in-services or programs that address communication and conflict management.				
4. Read professional journal articles related to communication and conflict management.				
5. Serve on nursing committees that address communication and conflict management.				
6. Participate with a non-preceptor nurse mentor.				
7. Dedicate time to mentoring others.				

Section III

Please indicate how often you:	**1=Never**	**2=Rarely**	**3=Often**	**4=Very Often**
1. Discuss your frustration with the communication and conflict in the workplace environment with a trusted friend or loved one.				
2. Discuss your frustration with the communication and conflict in the workplace environment with your peers.				

3. Access internet resources to deal with communication and conflict management.				
4. Read about communication and conflict in the workplace.				

Section IV

In the next 3 months, do you intend to:	**Yes**	**No**	**Don't Know**
1. Learn more about effective communication in the workplace.			
2. Attend the next *Thriving* workshop in January 2013 at CMC-NE.			
3. Read a book or article recommended in the workshop Toolkit.			
4. Surf some of the websites provided in the Toolkit.			
5. Commit to change one of my behaviors that do not contribute to healthy and effective communication and conflict management.			
6. Participate in NCNA Nurses Transforming Nursing.			
7. Join NCNA to become more active in my profession.			
8. Participate actively in Sigma Theta Tau to develop or participate in further research about transforming the workplace.			
9. Find a professional mentor to develop communication skills.			
10. Commit to mentor a nurse.			

Please list any suggestions you may have for the future development of leadership skills to help you impact a change in the workplace environment.

Is there anything else that you would like to tell us about communication and conflict management in the workplace?

You will be contacted by e-mail to complete a six week follow-up survey. The survey will take about 5 minutes to complete.

Thank you for participating in this study.

APPENDIX J. NURSE SURVEY FOLLOW-UP

Which of the following activities have you engaged in to improve communication and conflict management over the past 6 weeks? If no, please indicate your plans over the next 6 weeks.	**No**	**Yes**	**Plan to**	**Do not Plan to**
1. Learn more about effective communication in the workplace.				
2. Attend the next *Thriving* workshop in January 2013 at CMC-NE.				
3. Read a book or article recommended in the workshop Toolkit.				
4. Surf some of the websites provided in the Toolkit.				
5. Commit to change one of my behaviors that do not contribute to healthy and effective communication and conflict management.				
6. Participate in NCNA Nurses Transforming Nursing.				
7. Join NCNA to become more active in my profession.				
8. Participate actively in Sigma Theta Tau to develop or participate in further research about transforming the workplace.				
9. Find a professional mentor to develop communication skills.				
10. Commit to mentor a nurse.				
If you answered no to any of the above, please answer questions 11, 12, & 13.	**No**	**Yes**		
11. Did work stress prevent you from participating in any of the provided activities?				
12. Did life stress prevent you from participating in any of the provided activities?				
13. If there are other reasons that have prevented you from engaging in these activities, please indicate below?				

APPENDIX K. STUDY PROTOCOL

STUDY PROTOCOL

Convenience Sample:
The convenience sample will consist of at least 300 registered nurses in North Carolina who are participants of an intervention workshop in Southeast North Carolina. Data collection will take place at the workshop and at 6 weeks after the workshop. The project coordinator will explain the nature of the study in writing and administer the brief survey.

Inclusion Criteria:

- Registered Nurses who participate in the leadership workshop

The Survey Instrument:
The paper and pencil survey tool includes: demographic information and the Nurse Survey. The investigator will assign a code number to each survey to ensure that the survey data is only applicable to one participant. The questions are based on a review of the literature and resources available to nurses in North Carolina to improve communication and conflict management.

The follow-up data will be collected using Survey Monkey. A link to the survey will be emailed to participants of the initial Nurse Survey.

Data Collection Procedure:

On the day of data collection the investigator will provide a brief written description of the study to include in the participant's workshop toolkit. The Nurse Survey will be collected by the investigator and members of the Nursing Research Council at the conclusion of the workshop at the time CEUs are awarded. A follow-up survey will be emailed to participants after six (6) weeks.

- Provide a brief introduction to the purpose of the research.
  "My name is Molly Patton. I am a doctoral nursing student at the Universality of South Carolina. I am collecting data as part of my Doctor of Nursing Practice Research Utilization Project with the University of South Carolina's (USC) College of Nursing. The purpose of this study is to examine the effectiveness of a free workshop offering CEUs to nurses practicing in North Carolina in developing communication and conflict management skills. The survey will examine your opinion about how you and your co-workers communicate and manage conflict. The survey will also examine leadership activities in which you have engaged to improve your own or your teams' ability to communicate and manage conflict. In addition the survey will ask you about your interest in further developing your communication and conflict management skills and

your willingness to improve the workplace environment. You may feel uncomfortable answering some of the questions. You do not have to answer any questions that you do not wish to answer. Your participation in this study is voluntary. You may withdraw from the study at any time. There will be no penalty to you if you decide not to participate.

Although you may not benefit directly from this study, others may benefit in the future, because this study will assist nurses and other health professionals to design programs and resources to improve communication and conflict management in the healthcare environment. About 300 nurses will be in the study. Completion of the survey will take about 15 minutes.
You will be contacted by email to complete a six (6) week follow-up survey. The follow-up survey will take about 5 minutes to complete.
To be eligible to participate, you must:

- Participate in the workshop on October 29, 2012

If you decide to participate in this study, please complete the brief survey given to you with an envelope at the registration desk. When you are done, please place the survey in the envelope provided, seal it, and place materials back in the packet and bring the packet to the registration desk in the commons area at the conclusion of the workshop. In six (6) weeks you will receive an email with a link to a short follow-up survey. ”

The survey describes some basic characteristics such as your age, gender, and education. In addition, you will complete the Nurse Survey. The surveys will take less than 15 minutes to complete. The follow-up survey will be emailed to you and will take less than 5 minutes to complete. Your participation in the study is completely anonymous, which means your name will not appear on any of the research forms. We will use data obtained in this study in future publications and/or professional meetings. By completing the surveys, you are giving consent to participate in the study.

We will be happy to answer any questions you have about the study. You may contact me by phone at 704-403-1755 and by email at pattonms@email.sc.edu or my faculty advisors, Dr. Beverly Baliko by phone 803-777-2292 and by email balikob@mailbox.sc.edu or Dr. Joan Culley, by phone at 803-777-1257 and by email at jculley@sc.edu. If you have any questions about your rights as a research participant, you may contact the Office of Research Compliance at the University of South Carolina at 803-777-7095.

Thank you for your consideration.

- This information sheet is for you to read and keep.

Data Protection

The investigator will develop a code book of each participant's name and contact information separate from the survey. The code book information will contain contact information from the participant for a one-time 6 week follow-up survey. The survey will be assigned a number and the number will be tracked in the code book containing contact information. At no time will the surveys and codebook be stored in the same location. The participant's information and surveys will be secured and protected in the investigators office in a locked cabinet at the completion of the study. The data will be stored on password protected laptops accessible to Dr. Tavakoli and the investigator. No names will be solicited or included on any forms and all data will be reported only in aggregate form. The survey and participant information will be destroyed at the completion of the study. The student investigator will enter the data into an Excel spreadsheet and SAS will be used to analyze the data.

APPENDIX L. FORMATIVE PROGRAM EVALUATION

Workshop Evaluation

Transforming the Healthcare Environment

Workshop 1: Survival and Discovery

SurveyMonkey

1. Please rate this activity based on the following scale:							
	Very Dissatisfied	**Dissatisfied**	**Neutral**	**Satisfied**	**Very Satisfied**	Rating Average	Response Count
This workshop has increased my awareness of my role in creating my workplace environment	2.8% (5)	1.7% (3)	2.2% (4)	42.1% (75)	**51.1% (91)**	4.37	178
This workshop has increased my awareness of my role in creating my workplace environment	3.4% (6)	1.7% (3)	10.1% (18)	41.0% (73)	**43.8% (78)**	4.20	178
Discuss Appreciative Inquiry (AI) as a tool to develop consensus and movement toward a positive transformation of the nursing culture	3.4% (6)	0.6% (1)	9.7% (17)	**49.4% (87)q**	36.9% (65)	4.16	176
This workshop increased my understanding of the role of NCNA and the Nurses Transforming Nurses vision statement	2.8% (5)	1.1% (2)	4.5% (8)	40.1% (1)	**51.4% (91)**	4.36	177

This workshop increased my understanding of North Carolina's Future of Nursing Action Plan and priorities for action.	2.2% (4)	1.7% (3)	7.9% (14)	**(81)**	4.27% (76)	4.25	178
This workshop increased my knowledge and ability to identify lateral violence in the workplace.	3.4% (6)	1.7% (3)	2.8% (5)	42.7% (76)	**49.4% (88)**	4.33	178
This workshop has motivated me to be a change agent in the culture of nursing	2.8% (5)	1.7% (3)	3.9% (7)	38.8% (69)	**52.8% (94)**	4.37	178
This workshop provided 2 techniques that I can use to communicate assertively using an Appreciative Inquiry Mode	2.8% (5)	2.8% (5)	9.0% (16)	**42.9% (76)**	42.4% 2	4.19	177

answered question **178**

skipped question **10**

2. Please rate course components based on the following scale:

	Very Dissatisfied	**Dissatisfied**	Neutral	Satisfied	**Very Satisfied**	Rating Average	Response Count		
Teaching Strategy (lecture, dyads, individual assignments and reflection, group)	2.3% (4)	2.3% (4)	5.6% (10)	**45.8% (81)**	44.1% (78)	4.27	177	177	178
Teaching Aids (audiovisual, Transformation Booklet, handouts)	1.7% (3)	2.3% (4)	9.0% (16)	**44.6% (79)**	42.4% (75)	4.24	177	177	178
Learning Environment (online and class).	1.7% (3)	2.3% (4)	6.3% (11)	43.4% (76)	**46.3 (81)**	4.30	175	177	178

					answered question		**177**		
					skipped question		**11**		

3. Please rate Instructors on the following scale:

	Very Dissatisfied	**Dissatisfied**	Neutral	Satisfied	**Very Satisfied**	Rating Average	Response Count		
Dona Cain Francis, NP, PMHCNS	0.6% (1)	1.7% (3)	4.0% (7)	31.6% (55)	**62.1% (108)**	4.53	174	177	178
Colleen Burgess, RN, Ed.D, PMHCNS	0.6% (1)	2.3% (4)	2.9% (5)	27.3% (47)	**66.9% (115)**	4.58	172	177	178

					answered question		**174**		
					skipped question		**14**		

General Comments

					Response Count		**42**		
					answered question		**42**		
					skipped question		**46**		

Page 4, Q2. General Comments

1.	Great seminar! looking forward to the upcoming events	Nov 14, 2012 10:53 AM
2.	excellent and looking forward to the next two classes	Nov 13, 2012 6:39 AM
3.	excellent speakers. kept a captive audience and provided great entertainment!	Nov 12, 2012 2:36 PM
4.	Excellent! Much needed program. I am excited about the following workshops!	Nov 9, 2012 2:24 PM
5.	Overall, this conference presented a vison that is very different from practice. Good start to introducing a new way of thinking about nursing the patient. For future, if the audience is going to be asked to reflect and respond to new concepts, please allow more time to interact with peers. I felt as though the points were a little rushed. The auditorium was not the best venue for team work.	Nov 9, 2012 12:37 PM
6.	one of the best educational classes i've attended, cant wait for the next one.	Nov 9, 2012 7:17 AM
7.	It was difficult to hear the speakers at times. Some things did not flow well and seem disconnected particularly in conjunction with the handouts.	Nov 8, 2012 8:56 AM
8.	I was really disappointed in this conference. I felt like there wasn't a lot of substance or take aways for me as a nurse leader. I thought Dr. Burgess was not well prepared. I felt like she didn't have an outline for presenting and just kept talking to fill up the time. I did find it valuable to hear about the plans for the NC Nurse Leadership	Nov 8, 2012 6:43 AM
9.	This was the best workshop - I was engaged on every level. Enjoyed it immensely and am looking forward to series 2.	Nov 8, 2012 6:17 AM
10.	I was very surprised by the use of slang terms in the speakers content, particularly one word which was repeated numerous times. I felt it was unprofessional.	Nov 8, 2012 3:18 AM
11.	Possibly a mixture of music prior to conference during registration. More interactive and hands on activities.	Nov 7, 2012 1:48 PM
12.	Great speakers!! You could feel their passion.	Nov 7, 2012 8:50 AM
13.	The first speaker Dona Cain Francis was given an hour and ended 20 minutes early. I thought she could have developed her topic more thoroughly given that she had more time. She introduced the discovery agent but never really explained it. Colleen Burgess was a captivating speaker. Her personal story grabbed the attention of the audience. I thought there could have been stronger tie ins between the sessions.	Nov 7, 2012 8:05 AM
14.	Truly a great workshop and I look forward to the next.	Nov 7, 2012 6:30 AM
15.	Breaks to long, class should start earlier, or state the time of the class from 8 to 4 with a 0730 registration time. To much wasted time.	Nov 7, 2012 3:56 AM

16.	Colleen Burgess promoted a 'safe' interactive forum that enhanced learning activities. Very much appreciated!	Nov 6, 2012 10:05 PM
17.	I loved the conference. It was very professional and exceeded my expectations.	Nov 6, 2012 8:14 PM
18.	Really enjoyed the workshop. Looking forward to the next two upcoming workshops.	Nov 6, 2012 5:07 PM
19.	very knowledgable and motivating	Nov 6, 2012 2:24 PM
20.	Colleen is such a phenomenal motivational speaker- we are lucky to have her with us at CMC-NE!!	Nov 6, 2012 2:02 PM
21.	Colleen did not follow the agenda. I felt like the day was a waste of time. The screen moved for most of the day. I have a history of seizures and was nervous about watching it. The girl beside me complained of having a headache because of it. There were AV issues throughout with the sound and clickers as well. I expected more from an NCNA presentation.	Nov 6, 2012 11:53 AM
22.	Colleen was especially great.	Nov 6, 2012 9:59 AM
23.	It was difficult to hear with the hand held microphone (loud and quiet) depending on where it was held. To the second speaker - work to address the entire audience, 95% of the time you spoke to the first few rows and your right side. The left side of the auditorium and back rows seemed to be ignored. (although I know not intentionally). It became a distraction in the sense that I was watching to see if I would see more than your left shoulder and back.	Nov 6, 2012 9:58 AM
24.	Handout would have been helpful in the first presentation to assist with retaining new knowledge.	Nov 6, 2012 9:31 AM
25.	Thoroughly enjoyed both speakers. Very informative and engaging.	Nov 6, 2012 9:24 AM
26.	Please include all sectors of nursing with next workshop. Mentioned hosp setting several times during training.	Nov 6, 2012 8:54 AM
27.	Great speakers	Nov 6, 2012 8:46 AM
28.	Speakers to wear a lavalier to be able to hear them better at the back.	Nov 6, 2012 8:18 AM
29.	Great energy and motivation from both presenters! Excellent personal stories, too!	Nov 6, 2012 8:06 AM
30.	Fantastic course. Great Instructors. Looking forward to the next one!	Nov 6, 2012 8:04 AM
31.	auditorium not conducive for discussion	Nov 6, 2012 8:00 AM
32.	I really enjoyed this. I hope to attend the other courses in the series.	Nov 6, 2012 7:58 AM

33.	Excellent presentors.	Nov 6, 2012 7:56 AM
34.	Dona was an interesting speaker who presented her information an organized manner. Colleen can be a dynamic speaker, who has many anecdotes to support her content. I felt today her presentation and her powerpoints and handouts were not sequenced to follow one another. It felt scattered. I think it could have had more substance to be of greater benefit to me.	Nov 6, 2012 7:51 AM
35.	Great speakers! I am very much a left-brain, visual learner - so the group stuff wasn't "down my alley", but still a great day!	Nov 6, 2012 7:48 AM
36.	Outstanding Workshop, Thanks for all the information provided.	Nov 6, 2012 7:47 AM
37.	Hamrick not conducive venue for group work	Nov 6, 2012 7:47 AM
38.	Colleen did not always speak into the handheld mic. This made it difficult to hear her at times.	Nov 6, 2012 7:42 AM
39.	As an RN with years of experience especially managerial I felt it was very basic and the education I have received from LDI has given me more knowledge and tools than this first session.At times I felt the speaker was all over the place and did not have a clear direction of where she was going.	Nov 6, 2012 7:41 AM
40.	This was a wonderful program and I am looking forward to the next scessions.	Nov 6, 2012 7:39 AM
41.	I found that the most interesting parts did not have handouts and that things that required a description like AI and lateral violence were not described adequately enough for me to understand what they meant. I did not feel like the workshop was geared towards Long Term Care Nursing, it seemed to focus mostly on hospital nursing. I am hoping that the next workshop will better meet my expectations.	Nov 6, 2012 7:39 AM
42.	Went to get more info on conflict management.	Nov 6, 2012 7:38 AM

5. Select the appropriate statement based on your attendance at the Workshop:		
I have completed this continuing education activity and am claiming 5.5 contact hours for which I am entitled.	**99.5%**	**184**
I did not attend the entire Workshop and am not claiming contact hours.	0.5%	1
	answered question	**185**
	skipped question	**3**

6. Please enter your name below. This information will not be associated with your responses to the Course Evaluation.		
	answered question	**183**
	skipped question	**5**

APPENDIX M: SURVEY RESULTS

Table M.1. *Demographics by Age, Gender, Race, Education, Position, and Shift*

Variable (n = 215)	
Age	
Mean	44.6
Median	46
Standard Deviation	10.9
Range	21-65
Gender	
Male	15(7%)
Female	199 (93%)
Race	
White	182 (85%)
Black	25 (12%)
Hispanic	3 (1%)
Other	4 (2%)
Education	
Diploma/AD	47 (22%)
Baccalaureate	92 (43%)
Graduate	75 (35%)
Position	
Staff Nurse	60 (28%)
Manager	84 (40%)
Administrator	23 (11%)
Other	46 (22%)
Employment Status	
Full-time	196 (92%)
Part-time	9 (4%)
PRN	6 (3%)
Shift	
12 hour days	61 (29%)
12 hour nights	21 (10%)
8 hour days	132 (62%)
8 hour evenings	5 (2%)
8 hour nights	4 (11%)
Rotating	7 (3%)

Table M.2. *Work Stress and Life Stress as Measured by Visual Analog Scale*

Work Stress	Frequency& Percent	Life Stress	Frequency & Percent
1	2(1%)	1	1(<1%)
2	8(4%)	2	9(4%)
3	10(5%)	3	19(9%)
4	8(4%)	4	25(12%)
5	34(16%)	5	42(20%)
6	30(14%)	6	25(12%)
7	55(26%)	7	33(15%)
8	52(24%)	8	32(15%)
9	11(5%)	9	17(8%)
10	4(2%)	10	11(5%)
Mean = 6.4 +/- SD of 1.8; median=7.		Mean = 6.0 +/- SD of 2.1; median=6.	

Table M.3. *Frequency and Percent of Responses to Communication and Conflict Management Satisfaction at Work*

How satisfied at <u>work</u> are you with: **(Numbers n (%) for each possible response)**	**1=Not at all satisfied**	**2=Somewhat satisfied**	**3= Satisfied**	**4=Very satisfied**
Your communication with peers. **(N = 215)**	4 (2)	35(16)	123(57)	53(25)
Your ability to manage conflict with peers. **(N = 215)**	9 (4)	61(28)	112(52)	33(15)
Your peers' communication with you. **(N = 214)**	10 (5)	55(26)	116(54)	33(15)
Your peers' conflict management with you. **(N= 210)**	17 (8)	65(31)	103(49)	25(12)
Your manager's communication skill with you. **(N= 213)**	22(10)	42(20)	87 (41)	62(29)
Your manager's conflict management skill with you. **(N = 210)**	17 (8)	41(20)	99 (47)	53(25)
Efforts of your team (unit) to collectively improve communication. **(N = 214)**	24(11)	78(36)	87 (41)	25(12)
Efforts of your team (unit) to collectively improve conflict management. **(N = 213)**	29(14)	82(39)	82 (39)	20 (9)

Table M.4. *Frequency and Percent of Responses to Current Engagement Activities*

How often do you engage in the following activities: **(Numbers = n (%) for each possible response)**	**1= Never**	**2= Rarely**	**3= Often**	**4= Very Often**
Participate in professional development activities related to effective communication and conflict management. (N = 215)	6 (3)	86 (40)	94 (44)	29 (13)
Participate in counseling to improve personal communication skills and conflict management. (N = 215)	44 (20)	97 (45)	60 (28)	14 (7)
Attend unit based in-services or programs that address communication and conflict management. (N = 215)	25 (12)	106 49)	68 (32)	16 (7)
Read professional journal articles related to communication and conflict management. (N = 215)	19 (9)	94 (44)	78 (36)	24 (11)
Serve on nursing committees that address communication and conflict management. (N = 215)	56 (26)	83 (39)	58 (27)	18 (8)
Participate with a non-preceptor nurse mentor. (N = 215)	73 (34)	74 (34)	55 (26)	13 (6)
Dedicate time to mentoring others. (N = 215)	11 (5)	47 (22)	119 (55)	38 (18)

Table M.5. *Frequency and Percent of Responses to Coping Behaviors.*

Please indicate how often you: **(Numbers = n (%) for each possible response)**	**1=Never**	**2=Rarely**	**3=Often**	**4=Very Often**
Discuss your frustration with the communication and conflict in the workplace environment with a trusted friend or loved one. (N = 213)	3 (1)	55 (26)	106(50)	49 (23)
Discuss your frustration with the communication and conflict in the workplace environment with your peers. (N = 213)	6 (3)	84 (39)	97 (46)	26 (12)
Access internet resources to deal with communication and conflict management. (N=214)	43 (20)	110 (51)	54 (25)	7 (3)
Read about communication and conflict in the workplace. (N = 214)	14 (7)	107 (50)	83 (39)	10 (5)

Table M.6. *Frequency and Percent of Responses to Intention to Engage in Activities*

In the next 3 months do you intend to: **(Numbers = n (%) for each possible response)**	**Yes**	**No**	**Don't Know**
Learn more about effective communication in the workplace. (N = 213)	174 (82%)	8 (4%)	31 (14%)
Attend the next thriving workshop in January 2013 at CMC-NE. (N = 214)	151 (71%)	8 (4%)	55 (26%)
Read a book or article recommended in the workshop toolkit. (N = 213)	152 (72%)	9 (4%)	52 (24%)
Surf some of the websites provided in the toolkit. (N = 212)	161 (76%)	3 (1%)	48 (23%)
Commit to change one of my behaviors that do not contribute to healthy and effective communication and conflict management. (N= 213)	200 (94%)	1 (<.5%)	12 (6%)
Participate in NCNA nurses transforming nursing. (N = 213)	108 (51%)	9 (4%)	96 (45%)
Join NCNA to become more active in my profession. (N = 213)	83 (39%)	28 (13%)	102 (48%)
Participate actively in Sigma Theta Tau to develop or participate in further research about transforming the workplace. (N = 214)	52 (24%)	42 (20%)	120 (56%)
Find a professional mentor to develop communication skills. (N = 211)	80 (38%)	39 (19%)	92 (44%)
Commit to mentor a nurse. (N = 214)	134 (63%)	13 (6)	63 (31%)

Table M.7. *Comparison of Intention to Change the Work Environment by Selected Demographic Variables Using Pearson Correlation (N=215).*

	Pearson Correlation Coefficients Prob > |r| under H0: Rho=0 Number of Observations						
	Age	**Work Stress**	**Life Stress**	**Total satisfaction**	**Total engagement**	**Total coping**	**Total intention**
Age	1.00000	0.05	0.06	-0.01	0.02	0.03	0.10
		0.4458	0.3626	0.8815	0.6823	0.5781	0.1476
	209	209	209	209	209	208	208
Work Stress		1.00000	0.23	-0.23	0.04	0.04	0.10
			0.0005	0.0004	0.5229	0.4938	0.1099
		214	214	214	214	213	213
Life Stress			1.00000	-0.008	0.06	0.06	0.08
				0.9059	0.3785	0.3749	0.2263
			214	214	214	213	213
Total Satisfied Scale				1.00000	0.25	-0.05	-0.03
					0.0001	0.4231	0.5928
				215	215	214	214
Total Engage Scale					1.00000	0.40	0.22
						<.0001	0.0010
					215	214	214
Total Coping Scale						1.00000	0.32
							<.0001
						214	214
Total Intend Scale							1.00000
							214

Table M.8.*Comparison of Intention to Change the Work Environment by Race Using ANOVA (N= 212)*

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	1	17.72	17.716	2.92	0.888
Error	211	1279.05	6.062		
Corrected Total	212	1296.77			

Table M.9. *Comparison of Intention to Change the Work Environment by Education Using ANOVA (N= 212)*

Source	DF	Sum of Squares	Pr > F
Model	2	86.56	0.0007
Error	210	1210.21	
Corrected Total	212	1296.77	

Table M.10. *Comparison of Intention to Change the Work Environment by Employment Position Using ANOVA (N= 211).*

Source	DF	Sum of Squares	Pr > F
Model	3	76.95	0.0050
Error	208	1210.98	
Corrected Total	211	1287.92	

Table M.11. *Frequency Distribution of Communication and Conflict Management Actions by Education*

Variables	Diploma /AD		BSN		GRAD	
	N	%	N	%	N	%
Learn about effective communication in the workplace.						
Yes	7	19.44	13	16.88	16	23.53
No	29	80.56	64	83.12	52	76.47
Attend the next thriving workshop in January 2013 at CMC-NE)						
Yes	7	19.44	10	12.99	16	23.53
No	29	80.56	67	87.01	52	76.47
Read a book or article recommended in the workshop toolkit.						
Yes	23	67.71	43	58.11	29	43.94
No	12	34.29	31	41.89	37	56.06
Surf some of the websites provided in the toolkit.						
Yes	18	52.94	33	44	21	32.31
No	16	47.06	42	56	44	67.69
Commit to change one of my behaviors that do not contribute to a healthy environment.						
Yes	0	0	0	0	3	4.62
No	35	100	75	100	62	95.38
Participate in NCNA Nurses Transforming Nursing. [a]						
Yes	17	47.22	41	53.95	13	20
No	19	52.78	35	46.05	52	80
Join NCNA to become more active in my profession.						
Yes	26	76.47	54	72.97	32	54.24
No	8	23.53	20	27.03	27	45.76
Participate actively in Sigma Theta Tau to develop or participate in further research.						
Yes	33	94.29	57	79.17	39	61.90
No	2	5.71	15	20.83	24	38.10
Find a professional mentor to develop communication skills.						
Yes	19	54.29	34	45.33	27	42.19
No	16	45.71	41	54.67	37	57.81
Commit to mentor a nurse.						
Yes	12	36.36	24	31.17	11	16.67
No	21	63.64	53	68.83	55	83.33

a. Chi- Square p= <.05 (0.0001)

Table M.12. *Frequency Distribution of Communication and Conflict Management Actions by Employment Position (N= 181).*

Variables	Staff Nurse		Manager		Administrator		Other	
	N	%	N	%	N	%	N	%
Learn about effective communication in the workplace	10	21.28	17	21.79	2	11.11	6	17.14
Yes	37	78.72	61	78.21	16	88.89	29	82.86
No								
Attend the next thriving workshop in January 2013 at CMC-NE)	9	19.15	16	20.51	3	16.67	5	14.29
Yes	38	80.85	62	79.49	15	83.33	30	85.71
No								
Read a book or article recommended in the workshop toolkit.	25	55.56	45	59.21	5	29.41	19	54.29
Yes	20	44.44	31	40.79	12	70.59	16	45.71
No								
Surf some of the websites provided in the toolkit.	20	43.48	31	41.33	5	31.25	16	45.71
Yes	26	56.52	44	58.67	11	68.75	19	54.29
No								
Commit to change one of my behaviors that do not contribute to a healthy environment.	0	0	2	2.63	0	0	1	3.03
Yes	46	100	74	97.37	18	100	32	96.97
No								
Participate in NCNA Nurses Transforming Nursing	23	50	35	45.45	4	23.53	9	25.71
Yes	23	50	42	54.55	13	76.47	26	74.29
No								
Join NCNA to become more active in my profession. [a]	39	84.78	50	69.44	9	52.94	14	46.67
Yes	7	15.22	22	30.56	8	47.06	16	53.33
No								
Participate actively in Sigma Theta Tau to develop or participate in further research. [b]	41	89.13	59	83.10	8	50	20	57.14
Yes	5	10.87	12	16.90	8	50	15	42.86
No								

a. Chi-Square p = < .05 (0.0029)

b. Chi-Square p = < .05 (0.0003)