

5-1-2019

## Leadership Development in Nursing: Planning from the Bedside to the Executive Suite

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LEADERSHIP DEVELOPMENT IN NURSING:  
PLANNING FROM THE BEDSIDE TO  
THE EXECUTIVE SUITE

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A doctoral project submitted in partial fulfillment  
of the requirements for the

Doctor of Nursing Practice

School of Nursing  
The Graduate College

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May 2019

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## **Doctoral Project Approval**

The Graduate College  
The University of Nevada, Las Vegas

March 29, 2019

This doctoral project prepared by

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entitled

Leadership Development in Nursing: Planning from the Bedside to the Executive Suite

is approved in partial fulfillment of the requirements for the degree of

Doctor of Nursing Practice  
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## **Abstract**

Nurses comprise the largest portion of the healthcare sector workforce over 4 million professional nurses licensed in the United States (National Council of State Boards of Nursing, 2019). Leading within a vast workforce such as nursing requires the nurse leader to have the expertise of the nursing profession along with leadership and business skills to maintain competitiveness in the complex healthcare industry. Consequences of effective leadership include improved patient outcomes, decreased staff turnover, and decreased costs to the organization related to patient outcomes and turnover costs. These results suggest the importance for organizations to ensure their leaders are properly trained and can improve their skills across the continuum of their leadership careers.

The purpose of this project was to develop a comprehensive leadership development program for a six-hospital health system in the Las Vegas Valley, which was built upon the premise that leadership skills must be developed for the informal leaders at the bedside up through formal leadership positions in senior management. The scope of this project was only for the creation of the leadership development program. The activities that occurred during the program development included identifying core competencies of nursing leaders and aligning those competencies within Kouzes and Posner's framework. The identified core leadership competencies were categorized into the appropriate role including bedside nurse, charge nurse/clinical supervisor, manager, director, and nurse executive. The objectives, curriculum, and learning strategies were developed for each stage of the development plan, culminating into one comprehensive leadership development program.

The program will be evaluated using the Leadership Practices Inventory (LPI) of Kouzes and Posner. The self-form of the LPI will be completed by each participant in the

leadership development program as a pre-post-post test assessment. The observer-form of the LPI will be completed also as a pre-post-post assessment by a minimum of five people who are familiar with the participant's behavior, which may include managers, co-workers, peers, and others. Other outcome measures that will be evaluated by facilities who implement the program may include a decrease in RN turnover, decrease in nurse leadership turnover, a qualified pipeline of leadership candidates for the various leadership positions, and improvements in the employee engagement bi-annual survey in the questions specific to their manager and direct supervisor. Patient outcome measurement includes reductions in mortality and morbidity rates, hospital acquired conditions (HAC) such as infections and falls, improved patient satisfaction, and reductions in length of stay.

## **Acknowledgements**

I could not have made it through this program without the loving support of my family. My husband Randy helped pick up the reigns so I could focus on studying. Thank you for being both the father and mother when I couldn't be there like I wanted to. My children were supportive in realizing their mother may not be there as much as they would like. We all survived in the end, hopefully better off than when we started this journey together.

I would like to extend a heart-felt Thank You to my committee chair, Dr. Mary Bondmass. You were able to help me in such a way that simplified each step. Your positive outlook kept me focused and excited about my journey all along the way.

I wish to thank Dr. Lori Candela and Dr. Jay Shen, my other committee members. Their expertise and encouragement were invaluable. Knowing that I had two amazing experts in my corner at any time helped alleviate any fears or limiting beliefs I may have had. Thank you for your feedback and assistance in creating this project.

Anne-Marie Schenk and Lydia Lefchuck, my colleagues who were there with me every step of the way. We were able to lift the other up during our moments of doubt. I can't imagine two other people I would have rather embarked on this journey with than the two of you. Thank you for your support, tears, and laughs. It is fantastic being on this side of the journey.

## **Dedication**

*This project is dedicated to my mother, Carole Chadwick. Mom, you had the ability to breathe belief into me my entire life, thus giving me the confidence to know I can do anything I set my mind to. This belief allowed me to persevere in this program and complete everything in a way that would be an honor to you. My only wish is that you could have been here to see it through to completion. I love you more than the stars.*



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## **Chapter I**

### **Introduction**

Effective leadership is vital to the success of any organization; it is part of the foundation that helps an organization align its strategic goals with the mission and vision (Clarke & Higgs, 2016). Organizational leaders encourage and inspire frontline employees to engage with the organization's strategic goals to help gain a competitive edge in the market. Organizational leaders must possess an expertise in their business subject matter along with refined leadership skills. Nursing leadership within healthcare organizations is no different. Nurse leaders must possess the knowledge and skills to promote the care required that will ensure patient safety and satisfaction, as well as align with the goals of the organization to promote and sustain economic growth.

### **Significance and Problem**

Nurses comprise the largest portion of the healthcare sector workforce with 4 million professional nurses licensed in the United States (National Council of State Boards of Nursing, 2019). Leading within a vast workforce such as nursing requires the nurse leader to have the expertise of the nursing profession along with leadership and business skills to maintain competitiveness in the complex healthcare industry.

In 2010, the Institute of Medicine (IOM), released its report *The Future of Nursing: Leading Change, Advancing Health*. The IOM has created a vision for the future of nursing. Two of the four key messages of the IOM include nurses achieving higher levels of education and training as well as nurses being full partners with physicians and other health professionals in redesigning health care in the United States (Institute of Medicine, 2011).

Effective nursing leadership improves patient outcomes by increasing patient satisfaction while decreasing mortality, medication errors, and complications of care (Wong, Cummings, & Ducharme, 2013). According to Pappas (2008), poor patient outcomes, such as high mortality, complications of care, and low patient satisfaction correlate with increased costs to the organization. On average a catheter associated urinary tract infection (CAUTI) costs an organization \$11,000 and a central line associated blood stream infection (CLABSI) costs \$30,919-\$65,245 to treat (Cantrell, 2017). Staff turnover also has a significant fiscal impact on an organization. Leadership has a direct impact on the engagement and retention of their staff. Turnover costs as much as \$62,100 to \$67,100 per staff nurse, while the cost of leadership turnover may be even more due to the difference in salary (Swearingen, 2009). All these consequences of effective leadership suggest the importance of organizations to ensure their leaders are properly trained and can improve their skills across the continuum of their leadership careers.

Nurse leaders need to ensure they have developed formal leadership skills that will guide nursing into the future; yet, where do nurses gain the requisite leadership skills to accomplish this endeavor? Advancing degrees through formal education is one avenue to promote the acquisition of nursing leadership skills. However, going back to school may be difficult for many nurses from a time and financial perspective. Nurses need to be willing to move up into leadership positions in their organizations as well as the community, but they need to be adequately trained to do so (Hooper, 2016). Healthcare organizations need to partner with their nurses to provide leadership development and training to support the leadership capital within their organization and promote effective succession planning within their current workforce.

Nurses employed in leadership positions often learn their leadership skills on the job without the proper foundations and theories to guide their leadership (Swearingen, 2009). A lack of leadership, as well as business skills, places nurses at a disadvantage for leading effectively in a complex healthcare system. Few hospitals, and none known in the Las Vegas Valley, have a formal institutional program for leadership succession that develops leadership potential along the trajectory from bedside RN through top levels of administration. Having such a program may provide for improved patient outcomes, improved staff satisfaction, and may prove to be an economic advantage to a healthcare facility.

### **Purpose**

The purpose of this project is to develop a comprehensive leadership development program for a six-hospital health system in the Las Vegas Valley. The program will be built upon the premise that leadership skills must be developed for the informal leaders at the bedside up through formal leadership positions in senior management. The program will present a mechanistic pathway for effective leadership development across the continuum of a nurse's profession with the specific aims to improve patient outcomes, decrease costs associated from poor outcomes as well as staff turnover, and improve staff engagement and satisfaction.



## **Chapter II**

### **Review of the Literature**

A search of the literature was conducted utilizing the databases CINAHL, Embase, Proquest, and Cochrane Library. Key terms searched included leadership development in nursing, nursing leadership and patient outcomes, succession planning, and nursing leadership competencies. The review of the literature established the importance of effective nursing leadership. Additionally, recurrent themes related to leadership succession are identified and presented along with a need's assessment including an analysis examining the strengths, weaknesses, opportunities, and threats within nursing leadership.

Although front-line nurses deliver the care to the patient, the effects of leadership have patient impacts as well. Wong, Cummings, and Ducharme (2013) found that positive relational leadership was associated with an increase in patient satisfaction while decreasing patient mortality, medication errors, restraint use, and hospital-acquired infections (HAI). Lacey et al's. (2017) creation and development of the American Association of Critical-Care Nurses (AACN) Clinical Scene Investigator (CSI) Academy, a leadership development program for bedside nurses, led to decreased patient falls, decreased intensive care unit (ICU) length of stay (LOS) and hospital LOS, decreased pressure ulcers, decreased catheter-associated urinary tract infections (CAUTIs), decreased central line-associated blood stream infections (CLABSIs), decreased ventilator days, and reduced communication incident reports. Agnew and Flin (2013) identified that supporting behaviors and envisioning change behaviors in senior charge nurses were linked with lower infection rates in patients.

## **Programs**

The development of leadership skills through specific training programs and formal succession planning has positive impacts on nursing leaders as well. Nurses that participate in these programs document an increase in their perceived and actual leadership competencies (Morin et al., 2015; Ramseur, Fuchs, Edwards, & Humphreys, 2018; Titzer, Shirey, & Hauck, 2014). Organizations that identify and develop internal leaders were found to improve role transitions, reduce nurse manager turnover rates, and decrease replacement costs (Titzer, Phillips, Tooley, Hall, & Shirey, 2013). Taylor-Ford and Abell (2015) reduced manager turnover rate from 23% to 13% within the first year of implementing their Leadership Practice Circle Program (LPCP). The managers that participated in the LPCP also demonstrated an improvement in their leadership competency skills related to an increase in self-awareness, improved leadership presence, feeling more confident, the ability to have clearer intentional communication, and an improved sense of team and collective vision (Taylor-Ford & Abell, 2015). Chappell and Willis (2013) found improved leadership competencies related to conflict resolution and negotiation skills, communication skills, personal development, and career action or change. Other leadership skills developed through leadership programs and succession planning include improved self-awareness through self-reflection, the ability to use self-regulation to manage emotions, being emotionally aware of others, seeking diverse feedback, engaging in active listening and having crucial conversations (Vitello-Cicciu, Weatherford, Gemme, Glass, & Seymour-Route, 2014). Completion of various programs leads to an increase in the skills taught as well as continued use of the leadership skills upon 3-month follow-up (Fitzpatrick, Modic, Van Dyk, & Hancock, 2016; Shirazi et al., 2016).

## **Themes**

Themes identified in the literature related to successful succession and leadership development programs include effective succession planning, successful practices leading to completion of identified competencies, and identification of appropriate development programs. According to the systematic review by Griffith (2012), effective succession planning includes development and completion of candidate leadership and managerial competencies, programs for the identification and preparation of succession candidates, and succession planning program implementation processes. Participation in formal educational activities such as leadership development programs was the most significant factor contributing to increasing leadership practices (Cummings et al., 2008). Whaley and Gillis (2018) identified four types of development programs: ongoing series, curriculum-based, management orientation, and mentoring, of which specific, structured, and comprehensive programs performed the best.

Leadership development can encompass all stages of leadership, from frontline staff up through top executive leaders. Leadership development that starts with the bedside nurse provides them with skills to influence others, increases their staff engagement and empowerment, and develops them professionally which leads to opportunities in leadership and higher education (Lacey et al., 2017). Other programs that have included bedside nurses found that participants became promoted to leadership positions after completion of their training. Programs that have included senior charge nurses have seen increased safety for patients and staff members (Agnew & Flin, 2013).

## **Competencies**

As nurses transition into leadership roles, what are the competencies that need to be demonstrated to become a strong leader? The American Nurses Association (ANA), has

identified nursing leaders should demonstrate competence in three defined areas, leading others, leading yourself, and leading the organization (ANA, 2013). The nurse leader needs to acquire skills in communication, conflict management, diversity, employee development, and relationships to demonstrate competence in leading others. Adaptability, image, initiative, integrity, learning capacity, and self-awareness comprise the skills for leading yourself. Leading the organization includes competence in business acumen, change management, decision making, influence, problem solving, project management, system thinking, and vision and strategy (ANA, 2013). Weber, Ward, and Walsh (2015) identified manager competencies which included influence, emotional intelligence, driving for results, facilitating change, high-impact communication, and business acumen; while competencies for frontline unit leadership such as charge nurses, includes promoting patient and family relationships, aligning performance for success, building a successful team, leading through vision and values, building trust and facilitating change, and making healthcare operations decisions/problem solving. The American Organization for Nurse Executives (AONE) has identified leadership competencies for the nurse manager and the nurse executive. The competencies for the nurse manager are divided into three categories: the science, the art, and the leader within (AONE, 2015). The science of nurse leadership is managing the business and includes the following skills: financial management, human resource management, performance improvement, foundational thinking skills, technology, strategic management, and clinical practice knowledge. The art of nursing leadership is leading the people which includes the following skills: human resource leadership skills, relationship management and influencing behaviors, diversity, and shared decision making. The final category, the leader within, is creating the leader in yourself and includes the following skills: personal and professional accountability, career planning, personal journey

disciplines, and optimizing the leader within (AONE, 2015). The AONE (2015) has also identified further competencies for the nurse executives which include communication and relationship management, professionalism, leadership, knowledge of health care environment, and business skills and principles.

### **Needs Assessment**

The nursing shortage has not only affected frontline nursing, it has an impact on nursing leadership as well. According to the IOM (2011), “by 2020 75% of current nurse leaders will have left the nursing workforce” (pg. 401). In addition to the current nurse leaders exiting the profession due to retirement, nurses are not adequately equipped to take on leadership positions, thus leaving a huge leadership void. According to the Chief Executive Officer (CEO) of the American Organization for Nurse Executives (AONE), one of the most troubling aspects facing nurse leaders is the absence of a substantial pipeline for nurse leaders (Barginere & Franco, 2013).

Available data suggests it is crucial for health care organizations to identify and develop the caliber of leaders they desire to have in their organization. However, “healthcare lags behind other business industries in using strategic succession planning” (Titzer et al., 2014. pg. 38). As indicated in the literature, nursing leadership impacts patient outcomes, nursing outcomes, and organizational success. The focus of this project aligns with the importance of correcting the inadequate pipeline of new nurse leaders as well as improving the leadership skills and capacity of current leaders. Effective succession planning for all nursing leadership positions will ensure an organization is ready for the future of nursing as foreseen by the IOM. An analysis examining the strengths, weaknesses, opportunities, and threats (SWOT) within nursing leadership was completed to help identify the needs for this project.

## **Strengths**

The strengths in support of this project include literature demonstrating the effectiveness and outcomes of leadership development programs as well as succession planning. The cost of implementation will be minimal to the institution but based on the return on investment (ROI) the organizations may save money in decreased turnover costs and improved patient outcomes. The program is estimated to cost about \$300.00/employee plus time paid for the hourly employees. The savings related to reductions in turnover and adverse patient outcomes as discussed in the financial plan section of the project plan demonstrate an estimated ROI for the organization to implement the leadership development program.

## **Weaknesses**

A major weakness of the leadership development program is that there is nothing in place currently to develop the organization's leaders. With the void of the current lack of development resources, there may be a lack of motivation to alleviate the perceived problem. Other weaknesses that will be assisted by this project include the exiting leadership workforce, lack of on-the-job leadership preparation, and not enough qualified nurses in the leadership pipeline. Developing competence in nursing leadership requires leaders to acquire business management skills as well as nursing expertise. This project will help bridge both sides of nursing leadership. It also will improve the lack of formal succession planning within the health care industry.

## **Opportunities**

This project may benefit from the opportunities provided by partnerships with local colleges and universities as well as professional nursing organizations to assist with leadership development tools and resources. Health care organizations also have a strong desire to improve

quality and patient outcomes in this era of value-based purchasing. As organizations understand the importance of leadership development and succession planning, they will support the formalized program. The wide-reaching impact of a six-hospital system in the Las Vegas Valley has a great impact on healthcare outcomes to the patients served within Las Vegas.

### **Threats**

A possible threat to this project is that the various organizations will be responsible for the implementation. Although the curriculum and design will be completed, it is dependent on the strength of the teachers and mentors. The current cultures of the various organizations will have an impact on the success of the project. The organizational culture will need to be ready to support a learning culture as well as be open to the new leaders being taught.

### **Summary**

The importance of leadership on patient outcomes, staff retention both leaders and employees, and acquisition of leadership skills has been demonstrated by the review of the literature. The need of effective leadership to both the success of an organization as well as the future of nursing is grounded in knowledge acquisition, implementation of learned skills, and a foresight of the skills still required on a personal level. Nurses can be an informal leader, which helps to drive change on the frontlines of patient care as well as formal leaders in a position of agreed-upon power. Regardless of their formal or informal position, nurses must seize the opportunity to lead fellow nurses to deliver safe, effective care that promotes positive patient outcomes in this ever-changing health care system.

## **Chapter III**

### **Theoretical Framework**

This chapter will present the proposed theoretical frameworks that guided this project. A framework for both development and implementation is described.

The theoretical framework which supports the work for the development of this project is Kouzes and Posner's *The Leadership Challenge*. Kouzes and Posner use the concept of transformational leadership in which leaders develop a culture where relationships between aspiring leaders and willing followers can thrive (Thompson, 2012). Within the framework of Kouzes and Posner, there are five distinct practices which new leaders need to develop to be considered exemplary leaders. They include modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart (Kouzes & Posner, 2002). Each learning session for this leadership development program will align with the five practices within Kouzes and Posner's framework.

#### **Model the Way**

An exemplary leader models the way by not only talking the talk but walking the walk. Leaders must possess the ability to model the behavior they would like to see in their team. Leadership should never ask of others what they are not willing to do themselves (Kouzes & Posner, 2002). Modeling the way will allow leaders to get others to follow them, then they will be willing to follow the plan.

#### **Inspire a Shared Vision**

Leaders must have a dream and vision of where they want their team to go. However, it is not enough to possess the vision, they must inspire their team to have the same vision and then work to achieve it. According to Kouzes and Posner (2002), leaders must know their



constituents and speak their language, understand their needs, and have their interests at heart. Leaders need to have strong enthusiasm regarding their direction, but then inspire enthusiasm in their team as well.

### **Challenge the Process**

Becoming an exemplary leader requires that one challenges the status quo. Leaders realize that innovation and change require experimentation, risk, and failure (Kouzes & Posner, 2002). It is easy to become accustomed to the familiar routines that can exist from day to day. However, leaders realize that they “learn from leading, and they learn best by leading in the face of obstacles” (Kouzes & Posner, 2002 pg. 17).

### **Enable Others to Act**

Enabling others to act demonstrates the importance of teamwork. Leaders do not rely on only themselves to work to accomplish goals. Exemplary leaders have the ability to develop teams and get all members of the team to work towards the common goal. Enabling others to act helps others to feel strong, capable, and that they are able to do more than they thought possible (Kouzes & Posner, 2002).

### **Encourage the Heart**

Working towards any goal can become exhausting and discouraging. Exemplary leaders can encourage the heart and celebrate the accomplishments of the team along the way, leading to a sense of appreciation and pride in the work being completed. Effective leaders praise their constituents in an authentic manner that improves morale. They keep the team focused on the goal but in a way, they can enjoy the journey.

## **Implementation Framework**

The theoretical framework to guide the implementation of the development program is John Kotter's Change Theory. Kotter's theory is characterized by incorporating eight steps divided into three phases. The first phase focuses on creating the climate for change. The steps in this phase include creating a sense of urgency, building guiding teams, and getting the vision right. The second phase, engaging and enabling the organization, includes the steps of communicating for buy-in, enabling action, and creating short-term wins. The third and final phase, implementing and sustaining for change, consists of two steps, not letting up and making it stick (Kotter & Cohen, 2002).

### **Create a Sense of Urgency**

In this phase of implementation, the organization will help frontline nurses, as well as the leadership team, understand the importance of effective leadership. The connection of exemplary leadership with patient outcomes, staff satisfaction, and turnover will need to be made. Building excitement related to leadership training and development will also occur at this stage.

### **Create a Guiding Coalition**

Recruitment of leadership candidates, current leaders, teachers, and mentors is the foundation for this phase of implementation. Obtaining support from the executive leadership team will provide the necessary monetary support as well as mentoring support in relative subject matter expertise. The leadership team of the project will be established so the initiation and sustainment of the program will be formalized (Kotter & Cohen, 2002).

### **Develop a Vision and Strategy**

Utilizing the IOM's *Future of Nursing* vision will be the foundation of the vision and strategy for this implementation. Nursing leadership plays a vital role in the future of nursing and it is incumbent on participants to gain this understanding. Goals that are specific, measurable, attainable, realistic, and timely (SMART) will be established by the leadership team for the project (Kotter & Cohen, 2002).

### **Communicate the Vision of Change**

Development of a communication plan is the first step in this phase of the implementation plan. The team will develop an elevator speech which will allow anyone involved with the project to explain the purpose and plan within a 30-60-minute standard speech. The communication strategy will develop standardized communication around recruitment, staff meetings, regular meetings, and mentoring sessions. All involved in the project will develop a universal communication regarding the project which creates excitement, urgency, and attainability.

### **Empower Employees for Broad-based Action**

An important phase of implementation includes empowering employees for broad-based action. Implementing and sustaining any change requires the actions and support of many, rather than a few key leaders. Empowerment of the employees may include removing barriers to success, providing the tools required to create the change as well as sustain it, and providing a forum where the voice of the employees is heard and considered. This leadership development is not only for current leaders but for future leaders as well. Allowing them to feel empowered is an important step in their leadership development.

### **Generate Short-Term Wins**

Creating milestones along the path of leadership development will allow each participant to feel successful and enjoy their leadership development. Creating recognition points along the five phases of exemplary leaders is one portion of generating short-term wins. Another way of developing short-term wins is to allow each participant to lead small projects where the success of the project can be recognized and celebrated. Leadership consists of a varied array of long and short-term projects, where success is not immediate. Allowing the developing leader to enjoy various aspects of their journey will create a sense of accomplishment, satisfaction, and commitment to furthering their journey.

### **Consolidate the Gains and Produce More Changes**

As participants obtain new leadership skills, they must have time to incorporate the changes into their daily routine to see the consistency the improvements that come with consistent practice. Once the newly acquired skills become part of normal routines, developing leaders will be ready to move onto the next phases of skill development. The implementation requires participants to have time to incorporate new skills before moving onto acquisition of other skills. Leadership development is a process journey and not a sprint. Each participant can work at their pace within the goals set with their development plan.

### **Anchor New Approaches in the Culture**

The final phase of the implementation plan is to anchor the new approaches as part of the culture. Once the new practices become part of what is done, rather than an initiative, the culture will become one of strong leaders both formal and informal, open to and engaged with change, and focused on improving care delivered to patients that is grounded in the most current

evidence. The culture will be permeated with professionalism that promotes nurses as a strong profession founded on science, compassion, and leadership.

### **Summary**

Building the project on a sound theoretical framework will guide both the development and implementation of this leadership development program. Kouzes and Posner's theoretical framework guides the outline for the program development as well as provides the tools to measure the project outcomes. Kotter's Change Theory provides a foundation for the development of an effective implementation plan for any organization that utilizes the development program.

## **Chapter IV**

### **Project Plan**

The purpose of this project was to develop a comprehensive leadership development program for a six-hospital health system in the Las Vegas Valley. The program was built upon the premise that leadership skills must be developed for the informal leaders at the bedside up through formal leadership positions in senior management. This chapter presents the program development, within a specific setting, including instrumentation, activities/tasks, and timeline. Risks/threats, resources, financial, marketing, and evaluation plans are also addressed.

The Valley Health System (VHS) is a six-hospital health care system in the Las Vegas Valley. It is a subsidiary of the Universal Health Services (UHS) corporation in King of Prussia, Pennsylvania. The population of interest for this project includes frontline nurses who are high-potentials for nursing leadership as well as current nursing leadership consisting of clinical supervisors, managers, directors, and nurse executives.

#### **Instruments**

The instrument used for this project is Kouzes and Posner's Leadership Practices Inventory (LPI). Permission to use the LPI tool was requested and granted in Spring of 2018 (See Appendix B). The LPI consists of 30 statements, six statements for each of the five key practices of exemplary leaders. Each statement is answered using a 10-point Likert-scale: (1) Almost never do what is described in the statement; (2) Rarely; (3) Seldom; (4) Once in a while; (5) Occasionally; (6) Sometimes; (7) Fairly Often; (8) Usually; (9) Very Frequently; and (10) Almost always do what is described in the statement. Both the self and observer forms of the LPI will be used for this project. The self-form of the LPI will be completed by each participant in the leadership development program as a pre-post-post test assessment. The observer-form of

the LPI will be completed also as a pre-post-post assessment by a minimum of five people who are familiar with the participant's behavior, which may include managers, co-workers, peers, and others.

## **Activities**

The activities associated with this project were divided into project development activities and program implementation activities. The scope of this project is only for the development of the leadership development program, however, activities for the implementation are included.

**Program development activities.** The activities that occurred during the program development included identifying core competencies of nursing leaders and aligning those competencies within the lessons required for each stage of leadership development. The identified core leadership competencies were categorized into the appropriate role including bedside nurse, charge nurse/clinical supervisor, manager, director, and nurse executive according to the ANA suggested role requirements with desired competencies (See Appendix D). The objectives, curriculum, and learning strategies were developed for each stage of the leadership development plan, and required competency culminating into one comprehensive leadership development program.

**Implementation activities.** The implementation activities follow Kotter's Change Theory. The activities include the actions discussed previously when explaining Kotter's Change Theory and the application to this project.

## **Timeline**

After exclusion from the Internal Review Board (IRB) in May 2018 (See Appendix A). writing of the program began in August of 2018. The identification of each role's competencies

and how they aligned with Kouzes and Posner's framework were completed by August 31, 2018. Courses were developed for each leadership topic and final preparations for the project defense occurred according to the requirements established by the Graduate College (see Appendix B).

### **Project Tasks and Personnel**

**Program development tasks and personnel.** The tasks completed for the program development revolved around the creation of the leadership development program. The tasks included identification of core competencies for each role, development of learning objectives for each course, and creation of the curriculum and teaching methods. The final task was the compilation of the formal leadership development program into an entire package. There were no other personnel needed for this portion of the project.

**Program implementation tasks and personnel.** The implementation of the leadership development program begins with buy-in from the leadership team of the organization then the selection of the participants. Nurse leaders that are currently in a formal leadership position such as clinical supervisor, manager, or director will automatically be selected to attend the program. However, the selection of the informal, frontline nursing staff that demonstrate potential for leadership and/or they have a desire for a leadership position will be selected for leadership training. Continuing education units (CEUs) were applied for and approved. The CEUs will be awarded to the participants for full engagement into each module. According to Titzer, Phillips, Tooley, Hall, and Shirey (2013), identification of high-potential intellectual capital is a key piece of succession planning and includes identifying potential leaders by self-nomination, peer selection, annual performance evaluations and objective application and interview processes.

Another component to succession planning is the selection of mentors and coaches for the new and developing leaders (Titzer et al., 2013). The identification and selection for coaches



and mentors for participants will be selected from the current leaders within the current healthcare system, both in nursing and non-nursing positions. As the mentors and coaches are selected, they will be assigned the individual participants that they will be assisting along their journey.

For this development program, there will need to be a leadership education coordinator to facilitate the training and coordinate all the elements of the development program with the oversight from senior leadership. The coordinator will be responsible for successful execution of the program, quarterly reports to senior management on the program, facilitation of feedback to both participants and their direct supervisor and assigning mentors and coaches to participants.

The next task for implementation is the formalized education program. Scheduling the various classes and ensuring all the activities within the formal program are commencing will be the responsibility of the leadership education coordinator along with the support of senior leadership. To sustain the program, each year, new candidates will need to be selected and continuing education will be provided to current participants. The culture of life-long learning will be supported by continuing education among all leaders in the organization.

### **Risks and Threats**

Although the value of leadership development through effective succession planning is evident, there are barriers which threaten this type of project and put its success at risk. Leadership first must even realize there is a need for development and succession planning (Titzer et al., 2013). There must be collaboration and support between colleagues throughout administration. It is important for the administrative team to see the value in succession planning and ensure it follows an organization's mission, vision, and values and that it is not seen as just one more thing to do (Trepanier & Crenshaw, 2013). Presenting the evidence that supports

leadership's influence on positive patient outcomes, reductions in turnover, and realized benefits to financial performance is important to present to the stakeholders making the decision to utilize the leadership development program. When the administrative team sees the value to the organization, they will see the importance of funding the program, which could be another barrier.

Another barrier is if current leadership feels threatened by the talent in their mentees that would be in the program. Titzer et al. (2013) found resistance from current leaders to share their knowledge and experiences was a result from feelings of insecurity and egotism. Selection of mentors and coaches within current nursing leadership must be mindful of this barrier and select coaches who see the value in such a program and will develop the passion for sharing knowledge.

Participant acquisition could be a threat to this project. Although current leadership will participate, finding and selecting the right candidates from frontline nurses who are interested in a leadership position may be difficult. According to Titzer et al. (2013), many young nurses are not interested in nursing leadership opportunities because of the demands they see placed on their managers. The organization will need to be prepared to address this concern and help them see the value in leadership at the bedside, even if they do not take a formal leadership position. Frontline nurses may also find it difficult to find the time to participate in an extracurricular training program as they balance their time at the bedside with classes and mentoring time (Titzer et al., 2013).

## **Resources and Supports**

**Program development resources and supports.** Current evidence guided the development of the program as supported in the literature. In addition to the evidence, resources

from current nursing organizations such as the ANA were utilized. Faculty support as well as leadership support within VHS will be utilized.

**Program implementation resources and supports.** The first resource required is strong leadership support from VHS. Subject matter experts within the community may support the various classes when taught by partnering with the various schools and businesses to identify appropriate experts. Mentors to each participant will support their formal learning as well as be supportive to the participant outside of the program curricula.

### **Marketing Plan**

There was no marketing plan for the development of the program. However, once the leadership development program begins, the marketing department and human resources (HR) department can use the leadership development program to recruit nurses who are seeking opportunities in leadership. There are currently no comprehensive leadership development programs in nursing within any healthcare organization in the Las Vegas Valley. As such, VHS would be able to market their organization as the first healthcare system in the Valley with leadership training opportunities for nurses.

### **Financial Plan**

The cost of nursing leadership is measured by examining turnover, both RN and leadership, replacement costs, and the cost related to patient outcomes. According to Titzer et al. (2013), turnover is highest the first year of leadership, particularly among frontline leaders such as managers and charge nurses and can cost 75% - 125% of their annual salary. Recruitment costs range from 8%-15% for internal candidates and 15%-30% for external candidates (Ramseur et al., 2018). An average nurse manager salary within the hospital system is \$120,000/year. The costs of turnover for one nursing leader could range from \$90,000 -

\$150,000 and recruitment costs ranging from \$9,600 - \$36,000. Indirect expenses related to nursing leadership turnover include “loss of productivity from an experienced organizational leader, patient experience and safety, and work culture (Ramseur et al., 2018).

The cost of implementing this program is related to the cost of each participant’s license to take the LPI, which is \$220.00. There are hourly education costs for hourly employees which includes frontline nurses and clinical supervisors, but not salaried employees including managers, directors, and nurse executives. The cost of hiring an educational coordinator to run the program is estimated at \$120,000/year. If a total of 40 participants enroll in the program the first year, with 20 of them being hourly employees, the estimated cost of the program to the health system would be \$195,200.00. The organization could limit costs by having a specified number of participants each year and for the sustainment of the program, have a deliberate rotation of participants based on their annualized budgets. The cost of the coordinator of \$120,000/year is shared among all six hospitals within the system. Another cost reduction includes using the current educators, then the estimated cost would come down to \$75,000 annually. A reduction in turnover of just two nursing leaders would capture the return on investment (ROI) of the program.

### **Evaluation Plan**

The plan evaluation will first include outcome evaluation of the leadership development program. Since the LPI is the tool used to assess leadership skill according to Kouzes and Posner’s framework of the five exemplary practices of leaders, it will also serve as the evaluation tool. The pre-post-post test design will allow measurement of the skills acquired and sustained following successful completion of each role’s specific training. The assessment allows the

participant to measure their own learning as well as an unlimited number of observers to gauge the participant's incorporation of the newly acquired skills.

Outcome measures that are specific to the organization that allow for the measurement of an effective program include a decrease in RN turnover, decrease in nurse leadership turnover, a qualified pipeline of leadership candidates for the various leadership positions, and improvements in the employee engagement biennial survey in the questions specific to their manager and direct supervisor. Measuring organization specific outcomes will allow the correlation to be made between the skills acquired and the translation into practice.

### **Summary**

In conclusion, this final DNP project included the development and writing of the leadership development program for effective succession planning of nurses ready for leadership roles. There was an implementation plan created although that is not the scope of this DNP project. The project plan has identified the population of interest, measurement instruments, activities, and tasks to be completed. The timeline occurred from August 2018 through February 2019 and resulted in a final program that any institution may implement. The financial plan presents how an organization will recoup the ROI to assist them with making a sound financial decision.

## **Chapter V**

### **Results**

The leadership development program created followed the competencies suggested by the ANA along with their recommendation of required roles (See Appendix D). Twenty different lessons were created within the themes of Leading Yourself, Leading Others, and Leading the Organization. Each lesson followed the framework of Kouzes and Posner in the order of model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. Each lesson has an outline for the instructor to follow, a power point presentation, and pre-work that each participant must complete prior to attending the class. Lesson books are provided for both the instructor and each participant. The following is the Table of Contents for the lessons along with the roles of leaders. A full representation of the entire program is in Appendix E. It was bound into book form and presented at the project defense.

#### **Leading Yourself**

Adaptability: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager, Director, Nurse Executive

Image: Manager

Initiative: Frontline RN Leaders, Clinical Supervisor/Charge Nurse

Integrity: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager, Director, Nurse Executive

Learning Capacity: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager

Self-awareness: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager, Director, Nurse Executive

## **Leading Others**

Communication: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager, Director, Nurse Executive

Conflict: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager, Director, Nurse Executive

Diversity: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager

Employee Development: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager

Relationships: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager, Director, Nurse Executive

## **Leading the Organization**

Business Acumen: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager, Director, Nurse Executive

Change: Manager, Director, Nurse Executive

Courage: Manager, Director, Nurse Executive

Decision Making: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager

Influence: Manager, Director, Nurse Executive

Problem Solving: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager, Director, Nurse Executive

Project Management: Frontline RN Leaders, Clinical Supervisor/Charge Nurse, Manager, Director, Nurse Executive

Systems Thinking: Manager, Director, Nurse Executive

Vision and Strategy: Manager, Director, Nurse Executive

## Discussion

The literature supports that development of leadership skills through specific training programs and formal succession planning has positive impacts on nursing leaders. Nurses that participate in these programs document an increase in their perceived and actual leadership competencies (Morin et al., 2015; Ramseur, Fuchs, Edwards, & Humphreys, 2018; Titzer, Shirey, & Hauck, 2014). The creation of this program was founded on the principle of having a specific training program along with identifying the proper leadership candidates to participate in the program. As informal leaders, along with formal leaders, are selected as participants, they will go through each of the classes selected for their current role. Organizations that identify and develop internal leaders are found to improve role transitions, reduce nurse manager turnover rates, and decrease replacement costs (Titzer, Phillips, Tooley, Hall, & Shirey, 2013). The organizations that participate in this program will be required to select the appropriate candidates to be a part of the leadership development. Some of the outcome measures each organization will measure include results of the LPI assessment, RN turnover, and leadership turnover.

Whaley and Gillis (2018) identified four types of development programs: ongoing series, curriculum-based, management orientation, and mentoring, of which specific, structured, and comprehensive programs performed the best. This leadership development program is a comprehensive program that has 20 different lessons. Each participant will go through the lessons identified for their role in an ongoing series. Mentors will also be identified for each participant to help guide them through their courses as well as the transition to leadership.

Another theme supported by this leadership development program is that leadership development can encompass all stages of leadership, from frontline staff up through top executive leaders. Leadership development that starts with the bedside nurse provides them with



skills to influence others, increases their staff engagement and empowerment, and develops them professionally which leads to opportunities in leadership and higher education (Lacey et al., 2017). Other programs that have included bedside nurses found that participants became promoted to leadership positions after completion of their training. Programs that have included senior charge nurses have seen increased safety for patients and staff members (Agnew & Flin, 2013). This program was created to follow the suggested competencies from the ANA in leadership for frontline nurses, clinical supervisors/charge nurses, managers, directors, and nurse executives. As the participants transition into the next leadership role, they will participate in the courses for that role, if not previously taken.

The literature suggests that nurses in leadership roles need to demonstrate competence in specific leadership competencies. The ANA has identified nursing leaders should demonstrate competence in three defined areas, leading others, leading yourself, and leading the organization (ANA, 2013). The nurse leader needs to acquire skills in communication, conflict management, diversity, employee development, and relationships to demonstrate competence in leading others. Adaptability, image, initiative, integrity, learning capacity, and self-awareness comprise the skills for leading yourself. Leading the organization includes competence in business acumen, change management, decision making, influence, problem solving, project management, system thinking, and vision and strategy (ANA, 2013). Weber, Ward, and Walsh (2015) identified manager competencies included influence, emotional intelligence, driving for results, facilitating change, high-impact communication, and business acumen; while competencies for frontline unit leadership such as charge nurses, includes promoting patient and family relationships, aligning performance for success, building a successful team, leading through vision and values, building trust and facilitating change, and making healthcare operations decisions/problem solving. The

American Organization for Nurse Executives (AONE) has identified leadership competencies for the nurse manager and the nurse executive. The competencies for the nurse manager are divided into three categories: the science, the art, and the leader within (AONE, 2015). The science of nurse leadership is managing the business and includes the following skills: financial management, human resource management, performance improvement, foundational thinking skills, technology, strategic management, and clinical practice knowledge. The art of nursing leadership is leading the people which includes the following skills: human resource leadership skills, relationship management and influencing behaviors, diversity, and shared decision making. The final category, the leader within is creating the leader in yourself and includes the following skills: personal and professional accountability, career planning, personal journey disciplines, and optimizing the leader within (AONE, 2015). The AONE (2015) has also identified further competencies for the nurse executive which include communication and relationship management, professionalism, leadership, knowledge of health care environment, and business skills and principles. This program supports the literature by following the competencies identified by the ANA. The lessons are grouped into the ANA's three categories, leading yourself, leading others, and leading the organization. The competencies are further divided by required role as recommended by the ANA (2013).

The final advantage of leadership development programs identified in the literature is related to patient outcomes. Wong, Cummings, and Ducharme (2013) found that positive relational leadership was associated with an increase in patient satisfaction while decreasing patient mortality, medication errors, restraint use, and hospital-acquired infections (HAI). Lacey et al's. (2017) creation and development of the American Association of Critical-Care Nurses (AACN) Clinical Scene Investigator (CSI) Academy, a leadership development program for

bedside nurses, led to decreased patient falls, decreased ICU LOS and hospital LOS, decreased pressure ulcers, decreased CAUTIs, decreased CLABSIs, decreased ventilator days, and reduced communication incident reports. Agnew and Flin (2013) identified that supporting behaviors and envisioning change behaviors in senior charge nurses were linked with lower infection rates in patients. Organizations that participate in this leadership development program need to measure changes in patient satisfaction, hospital-acquired infections such as CAUTI and CLABSI, patient falls, and patient mortality. In addition to measuring patient outcomes, organizations will have the results in the LPI assessment as well as RN turnover and nurse leadership turnover.

### **Potential for Sustainability**

The plan for this program is to complete a pilot of the program with managers at one of the hospitals within VHS. The section of leading others will be followed for the role of managers. Mentors will be chosen for each manager and they will follow the lessons for that section. Feedback will be received to help identify improvements that can be made prior to implementing the entire program to VHS and their six hospitals. The sustainability of the program will require ongoing support from the organization and continuing to identify frontline nurses to participate as emerging leaders. Leaders hired into the formal positions of clinical supervisor, manager, director, and nurse executives will be required to participate in any of the courses for their role that they have not previously taken.

### **Utilization and Dissemination of Results**

The results of this project will be disseminated by publishing the DNP project dissertation in Proquest. An abstract will be submitted to AONE for submission for a podium presentation in their 2020 conferences. In addition to publishing in Proquest, all results of the LPI assessment will be shared with *The Leadership Challenge* according to the agreement and permissions to use

the LPI assessment. Each organization that participates in the leadership development program will monitor and report their hospital-acquired infections such as CAUTI and CLABSI, patient falls, and patient mortality. In addition to measuring patient outcomes, organizations will have the results in the LPI assessment as well as RN turnover, nurse leadership turnover, and creation of a strong pipeline of nursing leaders. The organizations will publish their own results and experiences with the program or share in a poster presentation.

### **Summary**

In conclusion, the program developed in accordance with the themes identified in the literature including the suggested elements of an effective program as well as expected outcomes. Leadership in nursing is important to patient outcomes. It is imperative that organizations recognize the importance to patient outcomes and organizational success that effective leadership contributes.

# Appendix A

## IRB Exclusion



### UNLV Biomedical IRB - Administrative Review Notice of Excluded Activity

**DATE:** May 7, 2018

**TO:** Mary Bondmas, PhD

**FROM:** UNLV Biomedical IRB

**PROTOCOL TITLE:** [1238247-1] Leadership Succession in Nursing: Planning from the Bedside to the Executive Suite

**SUBMISSION TYPE:** New Project

**ACTION:** EXCLUDED - NOT HUMAN SUBJECTS RESEARCH

**REVIEW DATE:** May 7, 2018

**REVIEW TYPE:** Administrative Review

Thank you for your submission of New Project materials for this protocol. This memorandum is notification that the protocol referenced above has been reviewed as indicated in Federal regulatory statutes, 45CFR46.

The UNLV Biomedical IRB has determined this protocol does not meet the definition of human subjects research under the purview of the IRB according to federal regulations. It is not in need of further review or approval by the IRB.

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

Any changes to the excluded activity may cause this protocol to require a different level of IRB review. Should any changes need to be made, please submit a Modification Form.

If you have questions, please contact the Office of Research Integrity - Human Subjects at [IRB@unlv.edu](mailto:IRB@unlv.edu) or call 702-895-2704. Please include your protocol title and IRBNet ID in all correspondence.

Office of Research Integrity - Human Subjects  
4505 Maryland Parkway - Box 451047 - Las Vegas, Nevada 89154-1047  
(702) 895-2734 - FAX: (702) 895-0805 - [IRB@unlv.edu](mailto:IRB@unlv.edu)

## Appendix B

### Leadership Practices Inventory Permission Letter

# WILEY

April 6, 2018

Janet Wright  
6412 Indian Peak Court  
North Las Vegas, NV 89084

Dear Ms. Wright:

Thank you for your request to use the LPI®: Leadership Practices Inventory® in your research. This letter grants you permission to use either the print or electronic LPI [Self/Observer/Self and Observer] instrument[s] in your research. You may *reproduce* the instrument in printed form at no charge beyond the discounted one-time cost of purchasing a single copy; however, you may not distribute any photocopies except for specific research purposes. If you prefer to use the electronic distribution of the LPI you will need to separately contact Joshua Carter ([jocarter@wiley.com](mailto:jocarter@wiley.com)) directly for further details regarding product access and payment. Please be sure to review the product information resources before reaching out with pricing questions.

Permission to use either the written or electronic versions is contingent upon the following:

- (1) The LPI may be used only for research purposes and may not be sold or used in conjunction with any compensated activities;
- (2) Copyright in the LPI, and all derivative works based on the LPI, is retained by James M. Kouzes and Barry Z. Posner. The following copyright statement must be included on all reproduced copies of the instrument(s): "Copyright © 2013 James M. Kouzes and Barry Z. Posner. Published by John Wiley & Sons, Inc. All rights reserved. Used with permission";
- (3) One (1) electronic copy of your dissertation and one (1) copy of all papers, reports, articles, and the like which make use of the LPI data must be sent promptly to my attention at the address below; and,
- (4) We have the right to include the results of your research in publication, promotion, distribution and sale of the LPI and all related products.

Permission is limited to the rights granted in this letter and does not include the right to grant others permission to reproduce the instrument(s) except for versions made by nonprofit organizations for visually or physically handicapped persons. No additions or changes may be made without our prior written consent. You understand that your use of the LPI shall in no way place the LPI in the public domain or in any way compromise our copyright in the LPI. This license is nontransferable. We reserve the right to revoke this permission at any time, effective upon written notice to you, in the event we conclude, in our reasonable judgment, that your use of the LPI is compromising our proprietary rights in the LPI.

Best wishes for every success with your research project.

Cordially,



Ellen Peterson  
Permissions Editor  
[Epeterson4@gmail.com](mailto:Epeterson4@gmail.com)

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## Appendix C

### Project Implementation Timeline

# Implementation Timeline



## Appendix D

### ANA Leadership Competencies for Recommended Roles

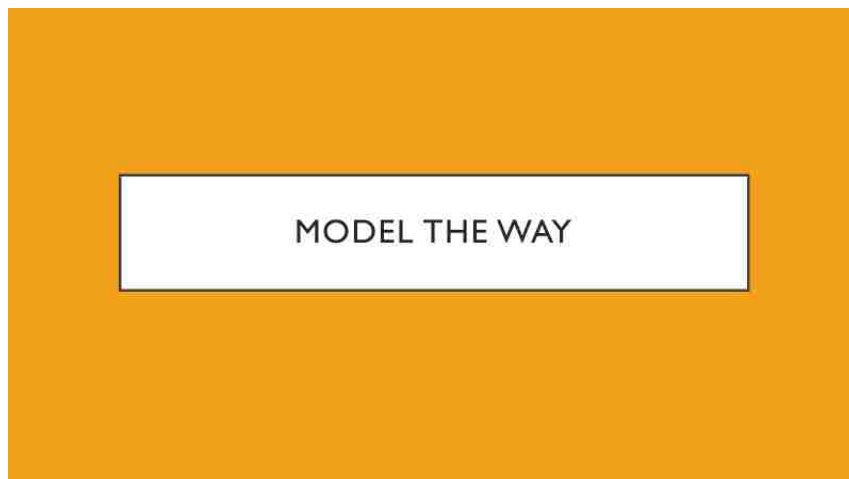
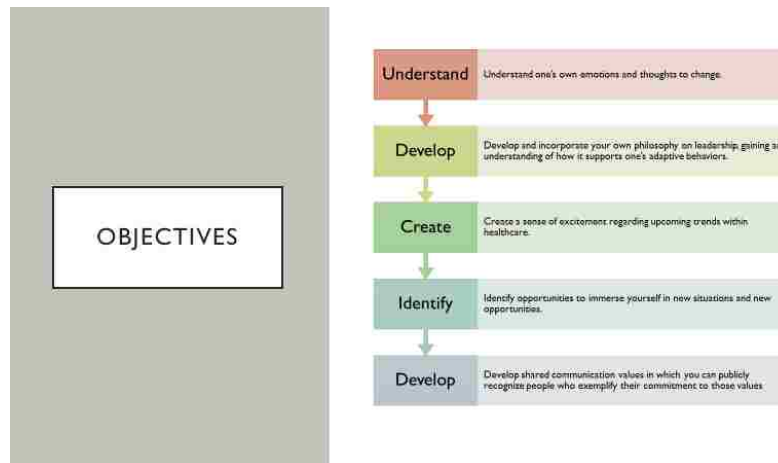
ANA Leadership Competencies		RN	CS	Mgr	Dir	Exec
Leading Others	Communication	X	X	X	X	X
	Conflict	X	X	X	X	X
	Diversity	X	X	X		
	Employee Development	X	X	X		
	Relationships	X	X	X	X	X
Leading Yourself	Adapatability	X	X	X	X	X
	Image			X		
	Initiative	X	X			
	Integrity	X	X	X	X	X
	Learning Capacity	X	X	X		
	Self-Awareness	X	X	X	X	X
Leading the Organization	Business Acumen	X	X	X	X	X
	Change			X	X	X
	Courage			X	X	X
	Decision Making	X	X	X		
	Influence			X	X	X
	Problem Solving	X	X	X	X	X
	Project Management	X	X	X	X	X
	System Thinking			X	X	X
	Vision and Strategy			X	X	X



## Appendix E

### DNP Project: Development Program Presentations

#### Leading Yourself: Adaptability

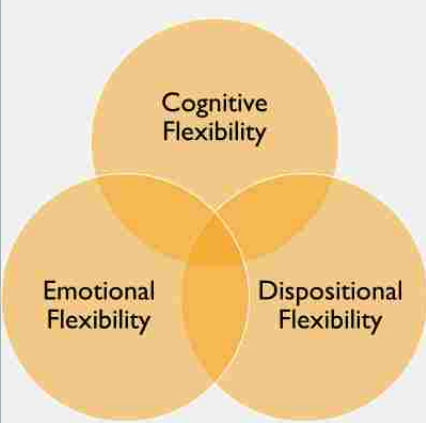


**MODEL THE WAY**

What are your own reactions to change?

Adaptable People have:


- Cognitive flexibility
- Emotional flexibility
- Dispositional flexibility



A Venn diagram consisting of three overlapping circles. The top circle is labeled 'Cognitive Flexibility'. The bottom-left circle is labeled 'Emotional Flexibility'. The bottom-right circle is labeled 'Dispositional Flexibility'. The circles overlap in the center and at the intersections between pairs of circles.

**MODEL THE WAY**

- I am clear about my philosophy of leadership.



A dark grey vertical bar on the left side of the slide. A white circle is positioned on the bar, containing the text 'MODEL THE WAY' in dark grey capital letters.

**INSPIRE A SHARED VISION**



A solid orange background. A white rounded rectangle is centered on the background, containing the text 'INSPIRE A SHARED VISION' in black capital letters.

### INSPIRE A SHARED VISION

- What are some of the ways healthcare is changing?
- Complexity
- Culture
- Markets
- Jobs/Roles



### INSPIRE A SHARED VISION

- I talk about future trends that will influence how our work gets done.

### CHALLENGE THE PROCESS

**CHALLENGE THE PROCESS**

How can you immerse yourself into new situations?

- People
- Activities
- Work Practices
- Change

**CHALLENGE THE PROCESS**

- I ask "What can we learn?" when things do not go as expected.

**ENABLE OTHERS TO ACT**

## ENABLE OTHERS TO ACT

Inflexible leaders limit adaptability in others.

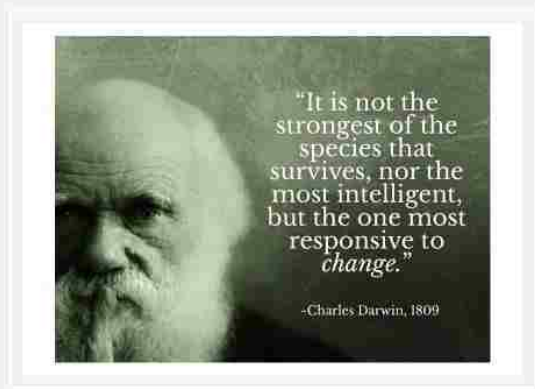
How can you as a leader help others develop adaptability?



## ENABLE OTHERS TO ACT

- I give people a great deal of freedom and choice in deciding how to do their work.

## ENCOURAGE THE HEART



### ENCOURAGE THE HEART

- Consider a current work scenario at work, how can you encourage people to embrace the change that must occur?




- I make it a point to let people know about my confidence in their abilities.

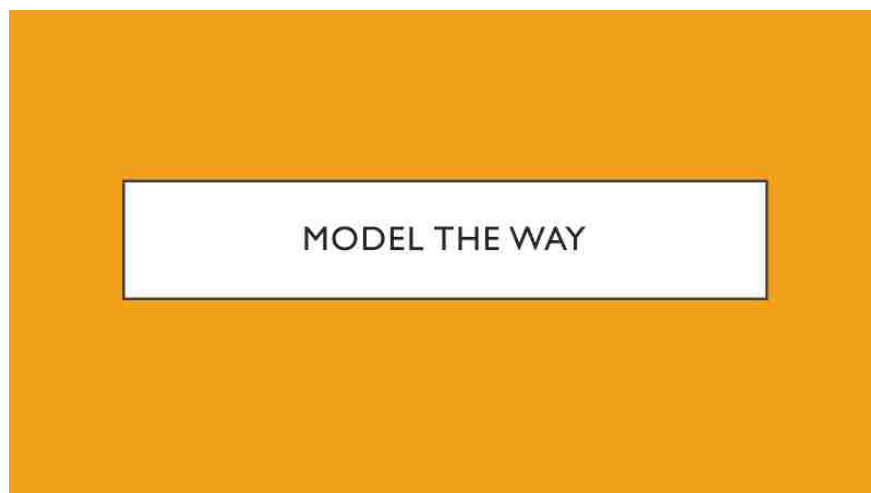
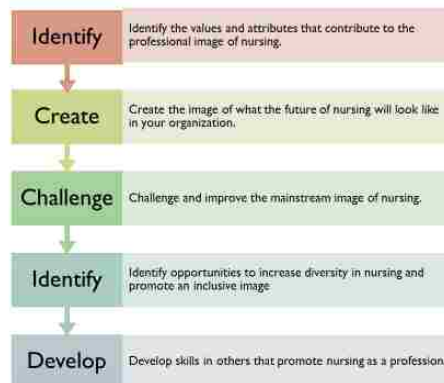


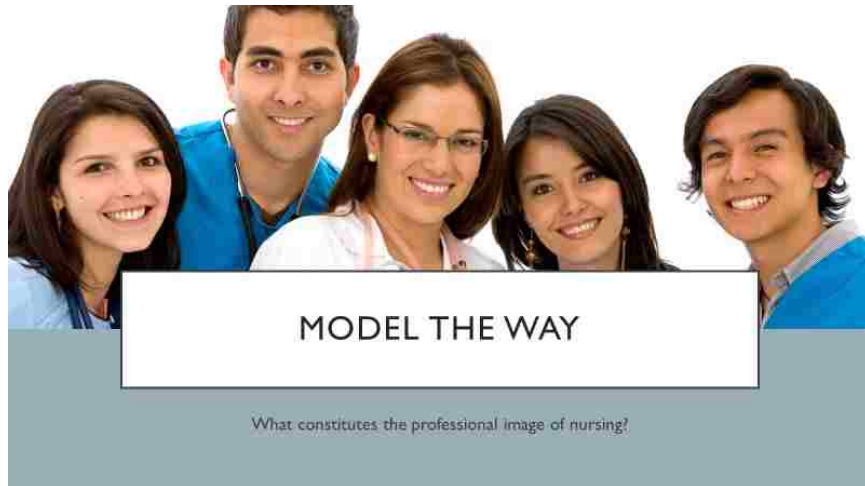
 What **knowledge** must you acquire in order to improve your adaptability?

 What **skills** must you exhibit to demonstrate effective adaptability?

 What **attitudes** will you possess that show you and others you have the ability to be adaptable?

## Leading Yourself: Image





## MODEL THE WAY

What constitutes the professional image of nursing?

MODEL  
THE WAY

- I set a personal example of what I expect of others.
- I am clear about my philosophy of leadership.

## INSPIRE A SHARED VISION



INSPIRE A SHARED VISION

How would your unit or organization look if it were operating on a "Level 10" related to nursing image?



INSPIRE A SHARED VISION

I describe a compelling image of what our future could be like

CHALLENGE THE PROCESS



## CHALLENGE THE PROCESS

How can we challenge and/or improve the image of nursing to the general public?

### CHALLENGE THE PROCESS

- I challenge people to try out new and innovative ways to do their work.

## ENABLE OTHERS TO ACT

## ENABLE OTHERS TO ACT

- As leaders, how can we encourage others to embrace their individuality while promoting their image within the nursing profession?



## ENABLE OTHERS TO ACT

- I actively listen to diverse points of view

## CLOSING



What **knowledge** must you acquire in order to improve your image?



What **skills** must you exhibit to demonstrate effective image?

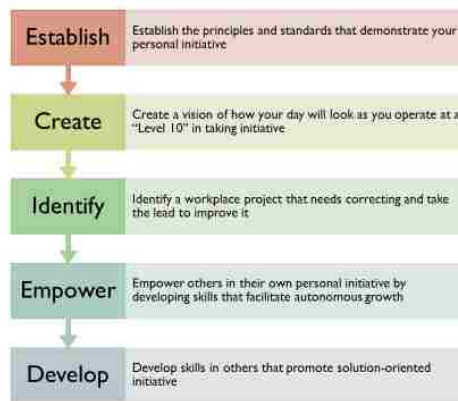


What **attitudes** will you possess that show you and others you have the ability to promote a professional image?

## Leading Yourself: Initiative

# LEADING YOURSELF: INITIATIVE

OBJECTIVES



MODEL THE WAY



## MODEL THE WAY

How do you set the example on taking initiative?



- I follow through on promises and commitments that I make.

## INSPIRE A SHARED VISION

## INSPIRE A SHARED VISION

- How would your day look if you were operating on a "Level 10" related to initiative?



## INSPIRE A SHARED VISION

- I paint the "big picture" of what we aspire to accomplish.

## CHALLENGE THE PROCESS

## CHALLENGE THE PROCESS

How can you take the initiative to improve a particular process at your current organization?



## CHALLENGE THE PROCESS

- I challenge people to try out new and innovative ways to do their work.

ENABLE OTHERS TO ACT

## ENABLE OTHERS TO ACT

As a leader, how can you encourage and support others when they demonstrate initiative?



## ENABLE OTHERS TO ACT

- I support the decisions that people make on their own.

## ENCOURAGE THE HEART



## ENCOURAGE THE HEART

- Leaders encourage and support others in their efforts. How can you do this while ensuring one's efforts are in alignment with your current organizational efforts?

Be not afraid of growing slowly, be afraid only of standing still

Chinese Proverb  
Afraid Of Standing Still Quotes  
www.brainquotes.org

## ENCOURAGE THE HEART

- I give the members of the team lots of appreciation and support for their contributions.

## CLOSING



What **knowledge** must you acquire in order to improve your initiative?

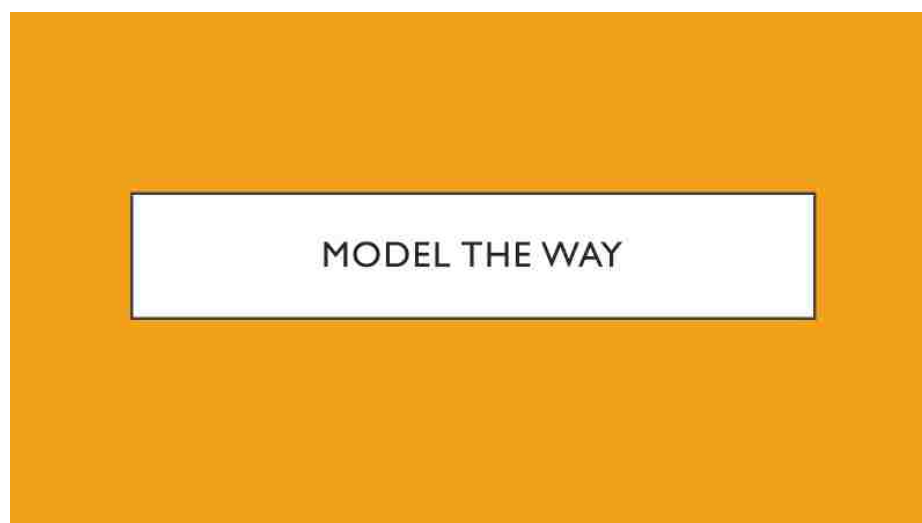
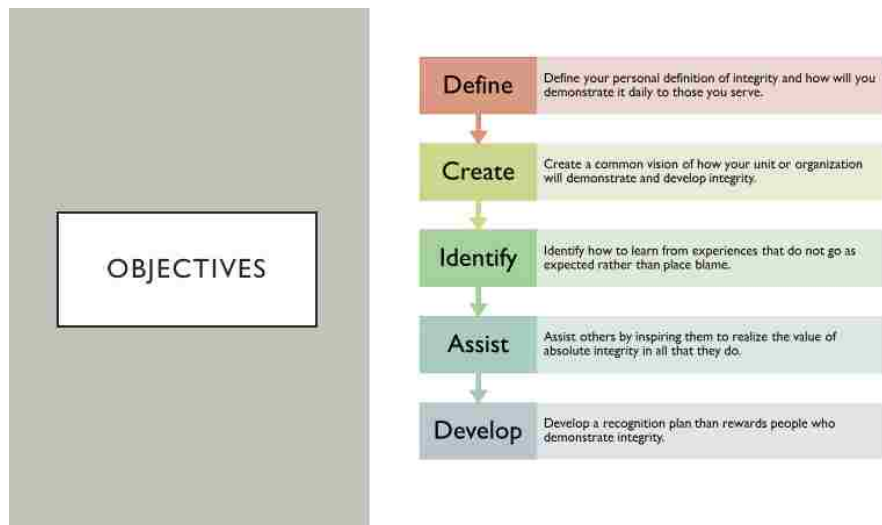


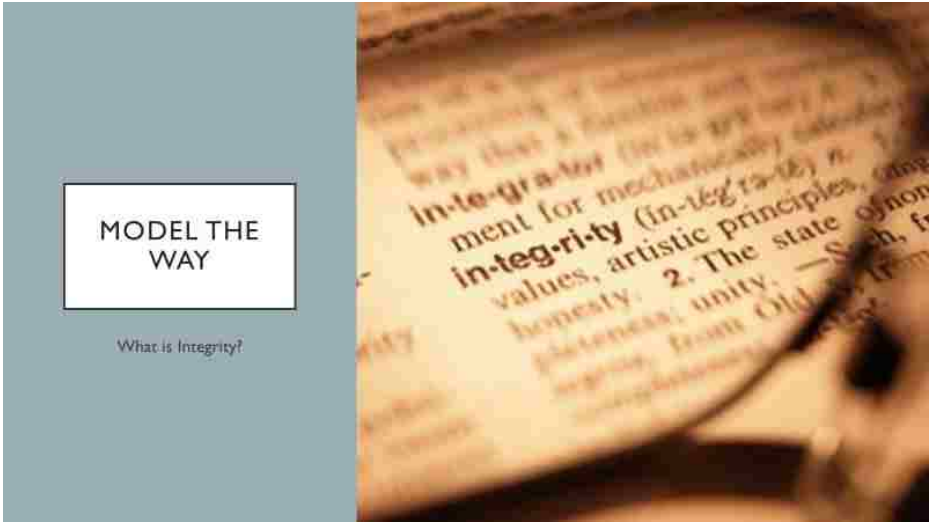
What **skills** must you exhibit to demonstrate effective initiative?



What **attitudes** will you possess that show you and others you have the ability to effectively improve initiative?

## Leading Yourself: Integrity





## MODEL THE WAY

What is Integrity?



- I set a personal example of what I expect of others.
- I follow through on promises and commitments that I make.
- I am clear about my philosophy of leadership.
- I ask for feedback on how my actions affect others' performance.



## INSPIRE A SHARED VISION

- Engaged employees exhibit the principle of integrity by doing the right things regardless of who is watching.
- As a leader, how will you inspire a vision to engage those you lead?



## INSPIRE A SHARED VISION

- I appeal to others to share an exciting dream of the future.

## CHALLENGE THE PROCESS



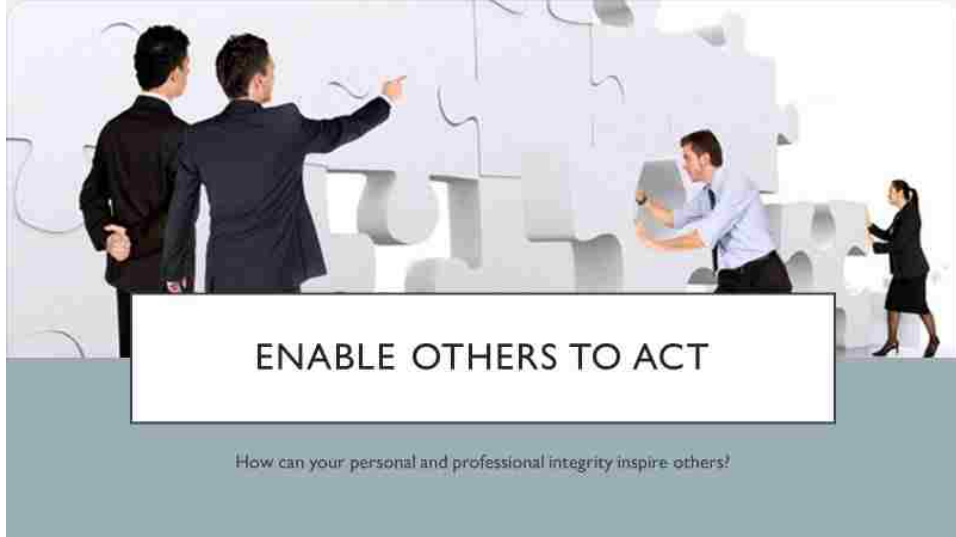
## CHALLENGE THE PROCESS

Self-reflection: "Do you behave differently at work when nobody is watching?"

### CHALLENGE THE PROCESS

- I ask, "What can we learn?" when things do not go as expected.

## ENABLE OTHERS TO ACT



**ENABLE OTHERS TO ACT**

How can your personal and professional integrity inspire others?

**ENABLE OTHERS TO ACT**

- I treat others with dignity and respect.

**ENCOURAGE THE HEART**



## ENCOURAGE THE HEART

How can you appeal to those you lead to promote integrity in your organization?

### ENCOURAGE THE HEART

- I make sure that people are creatively rewarded for their contributions to the success of our projects.

### CLOSING



What **knowledge** must you acquire in order to improve your integrity?



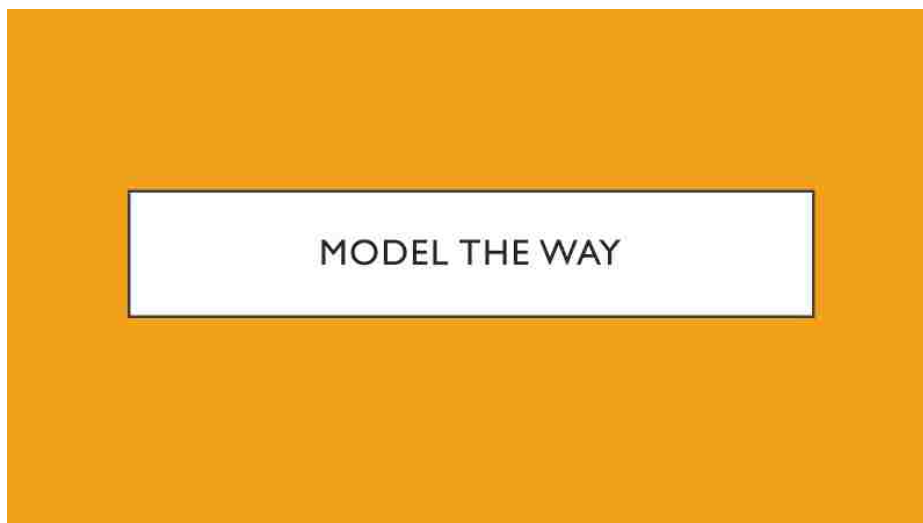
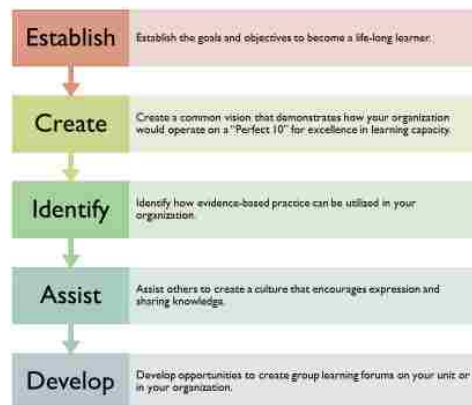
What **skills** must you exhibit to demonstrate integrity?



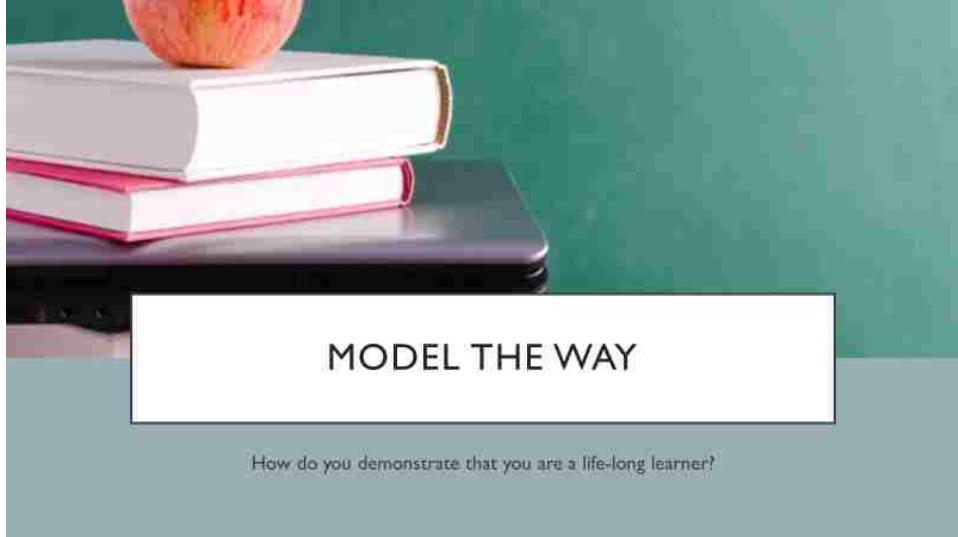
What **attitudes** will you possess that show you and others you have integrity?

## Leading Yourself: Learning Capacity

# LEADING YOURSELF: LEARNING CAPACITY







**MODEL THE WAY**

- I set a personal example of what I expect of others.



## INSPIRE A SHARED VISION

- How would your unit/organization look if they were functioning on a "Perfect 10" in maximizing each individual's learning capacity?



## INSPIRE A SHARED VISION

- I describe a compelling image of what our future could be like.

## CHALLENGE THE PROCESS

# 5 A's of Evidence Based Practice Process

**CHALLENGE THE PROCESS**

How can you research and incorporate evidence-based practice to your organization?



- Ask
- Acquire
- Appraise
- Apply
- Analyze

**CHALLENGE THE PROCESS**

- I seek out challenging opportunities that test my own skills and abilities
- I challenge people to try out new and innovative ways to do their work.

**ENABLE OTHERS TO ACT**

## ENABLE OTHERS TO ACT

How can you facilitate others to voice their opinions and develop evidence-based solutions for the greater good?



## ENABLE OTHERS TO ACT

- I support the decisions that people make on their own.

## ENCOURAGE THE HEART

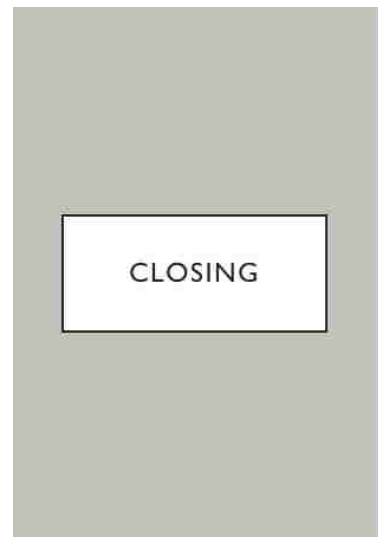


## ENCOURAGE THE HEART

How can a leader encourage and recognize group learning?




- I give the members of the team lots of appreciation and support for their contributions.



 What **knowledge** must you acquire in order to improve your learning capacity?

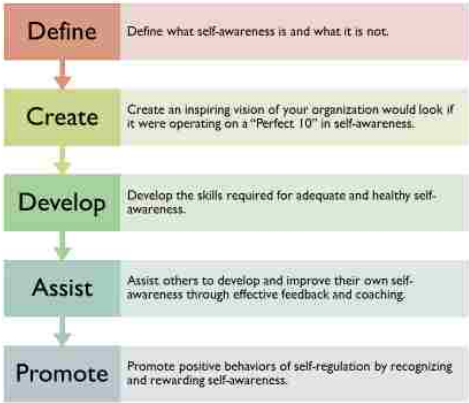
 What **skills** must you exhibit to demonstrate effective learning capacity?

 What **attitudes** will you possess that show you and others you have the ability to increase learning capacity?

Leading Yourself: Self-Awareness

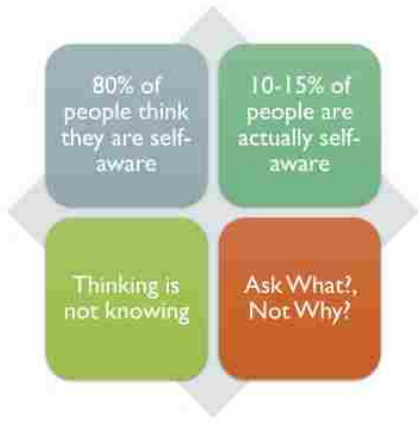
# LEADING YOURSELF: SELF-AWARENESS

OBJECTIVES



MODEL THE WAY

SELF-REFLECTION



MODEL THE WAY

- I ask for feedback on how my actions affect other's performance.

INSPIRE A SHARED VISION

## INSPIRE A SHARED VISION

- How would your department or organization look if colleagues were operating on a "Perfect 10" in self-awareness?



## INSPIRE A SHARED VISION

- I show others how their long-term interests can be realized by enlisting in a common vision.

## CHALLENGE THE PROCESS



# REFLECTION

- What is being done?
- Why is it being done?
- Can it be done differently?
- Can doing it differently make it better?

# CHALLENGE THE PROCESS

- Ways to Improve Self-Awareness
  - Self reflection
  - Journaling
  - Gratitude Journal
  - Meditation
  - Exercise: Yoga, Tai Chi, Walking, Running, etc.
  - Spiritual Rituals



# CHALLENGE THE PROCESS

- I ask, "What can we learn?" when things do not go as expected.

## ENABLE OTHERS TO ACT

### ENABLE OTHERS TO ACT

In your leadership position, how can you help others become more self-aware?

Self-awareness is developed with others, not in isolation.



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### ENABLE OTHERS TO ACT

- I ensure that people grow in their jobs by learning new skills and developing themselves.

## ENCOURAGE THE HEART



Emotional self-awareness is the building block of the fundamental emotional intelligence: being able to shake off a bad mood

- Daniel Goleman  
Emotional Quotes

@ www.brainquotes.org

ENCOURAGE  
THE HEART

- I publicly recognize people who exemplify commitment to shared values:

## CLOSING



What **knowledge** must you acquire in order to improve your self-awareness?



What **skills** must you exhibit to demonstrate effective self-awareness?



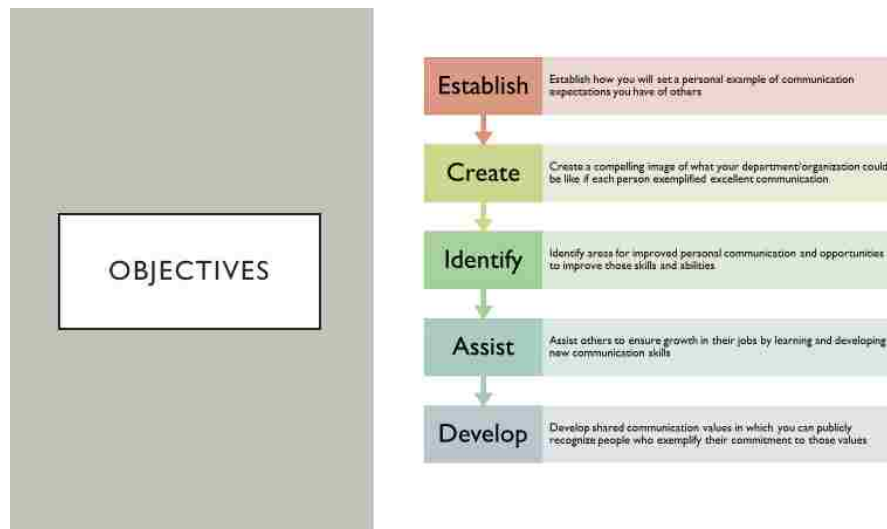
What **attitudes** will you possess that show you and others you have the ability to effectively be self-aware?

## REFERENCES

Eurich, T. (2018). *Increase your self-awareness with one simple fix*. Retrieved from <https://youtu.be/DjCWcGHeylU>

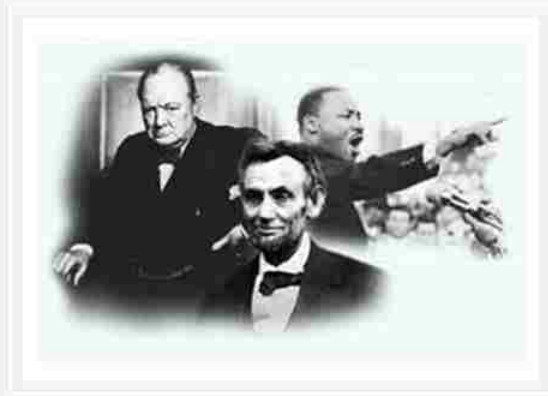
## Leading Others: Communication

# LEADING OTHERS: COMMUNICATION



## MODEL THE WAY

"The art of communication is the language of leadership."  
James Humes



## MODEL THE WAY

- Who is one of the greatest communicators you can think of?
- What makes them a great communicator?

## MODEL THE WAY

- What are the attributes of a great communicator that you would like to emulate as you set a personal example of how you expect others to communicate?

## INSPIRE A SHARED VISION

"Don't tell me the moon is shining; show me the glint of light on broken glass."  
Anton Chekhov

## INSPIRE A SHARED VISION

What would happen if your unit or organization excelled at communication?



## INSPIRE A SHARED VISION

- How would you describe a compelling image of what your department/organization could be like if each person exemplified excellent communication?

## CHALLENGE THE PROCESS

"Effective communication is 20% what you know and 80% how you feel about what you know."  
Jim Rohn

## CHALLENGE THE PROCESS

- Are you a great communicator? Why or why not?
- What areas of communication require improvement? How do you know this?



## CHALLENGE THE PROCESS

- How will you seek out challenging opportunities that test your own skills and abilities regarding improving communication?

## ENABLE OTHERS TO ACT

"The two words 'information' and 'communication' are often used interchangeably, but they signify quite different things. Information is giving out; communication is getting through." Sydney J. Harris



## ENABLE OTHERS TO ACT

- As a leader in the organization, what can you do to support others as they improve their communication skills?
- What components of communication need to improve in your organizations?



## ENABLE OTHERS TO ACT

- How will you ensure that people grow in their jobs by learning new communication skills and developing themselves?

## ENCOURAGE THE HEART

"My belief is that communication is the best way to create strong relationships."  
Jada Pinkett Smith



## ENCOURAGE THE HEART

- Praising effectively is not only a part of communication but it is a tool to facilitate continued positive behavior
- Inspiring others to feel good about their efforts as well as continue to try, even if they fail, is what leaders must be able to accomplish

## ENCOURAGE THE HEART

- What communication behaviors will you look for to publicly recognize people who exemplify commitment to shared communication values?
- What are various ways you can celebrate accomplishments around improved communication?

## CLOSING



What **knowledge** must you acquire in order to improve your communication skills?



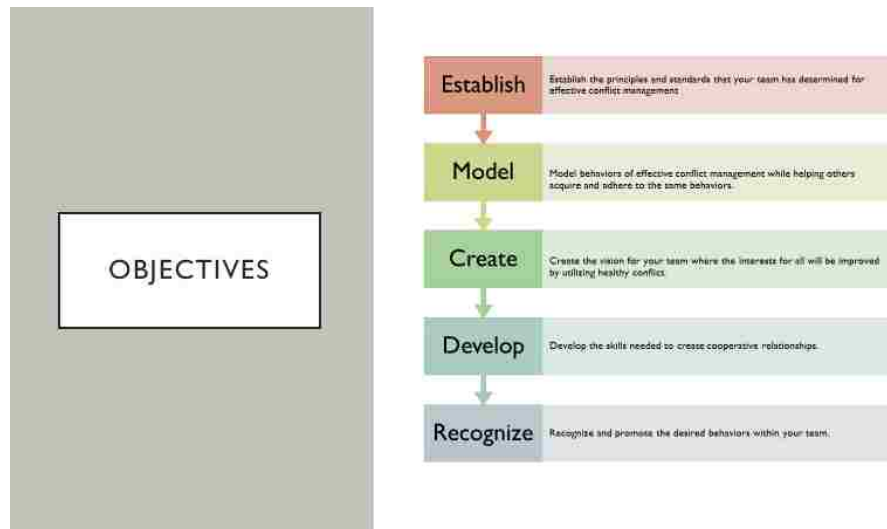
What **skills** must you exhibit to demonstrate effective communication?



What **attitudes** will you possess that show you and others you have the ability to effectively communicate?

## Leading Others: Conflict

# LEADING OTHERS: CONFLICT



# MODEL THE WAY

## MODEL THE WAY

What are the various sources of conflict within healthcare?

As leaders or peers, how do we stay out of the emotional side of the conflict and help the parties come to solutions?



## MODEL THE WAY

- I set a personal example of what I expect of others regarding conflict and conflict resolution.
- I spend time and energy making certain that the people I work with adhere to the principles and standards that we have agreed upon.

## INSPIRE A SHARED VISION

## INSPIRE A SHARED VISION

- What is your ideal vision for conflict in your organization?
  - Is it conflict free?
  - Or is it collaborating through conflict to come to the best solution?
- How do you communicate the vision?



## INSPIRE A SHARED VISION

- I show others how their long-term interests can be realized by enlisting in a common vision.

## CHALLENGE THE PROCESS

## CHALLENGE THE PROCESS

- Conflict Ruts
  - Conflict is bad
  - I am right
  - High emotions
- Conflict Growth
  - Try something different
  - Embrace the challenge
  - Effective conflict promotes growth



## CHALLENGE THE PROCESS

- I challenge people to try out new and innovative ways to do their work.

## ENABLE OTHERS TO ACT

## ENABLE OTHERS TO ACT

- Invite participants to role play in a conflict resolution.
- Mediator
- Agree to reach a solution
- Establish rules of meeting
- Hear each side
  - Clarify understanding
- Establish consensus
- Steps going forward



## ENABLE OTHERS TO ACT

- I develop cooperative relationships among the people I work with.

## ENCOURAGE THE HEART



## ENCOURAGE THE HEART

How do you promote healthy conflict versus "fighting"?

ENCOURAGE  
THE HEART

- I publicly recognize people who exemplify commitment to shared values.

CLOSING



What **knowledge** must you acquire in order to improve your conflict resolutionskills?



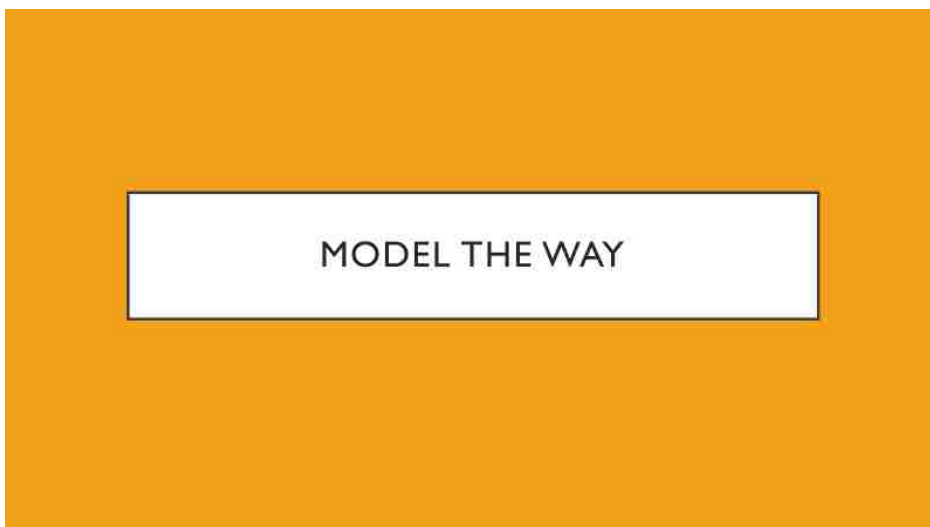
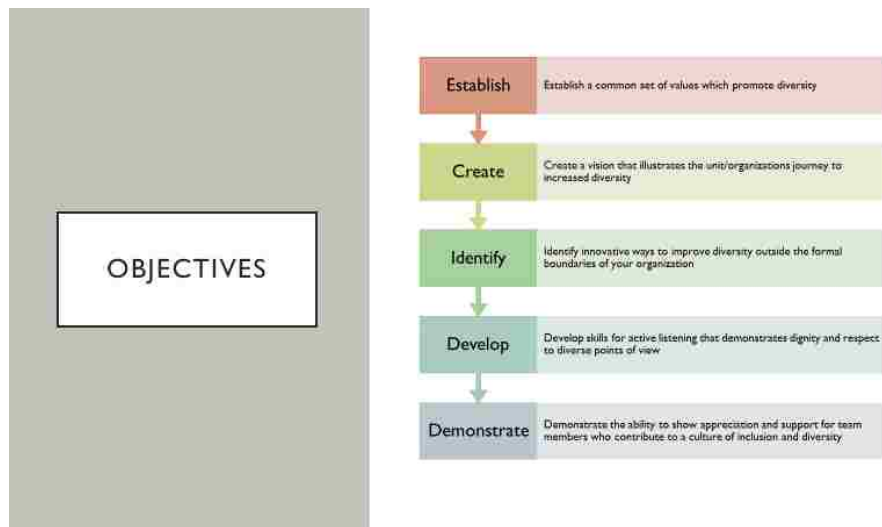
What **skills** must you exhibit to demonstrate effective conflict resolution?



What **attitudes** will you possess that show you and others you have the ability to effectively resolve conflict?



## Leading Others: Diversity



## MODEL THE WAY

### Generational Diversity in the Workplace

Traditionalists – Disciplined & Loyal

Baby Boomers – Optimistic & Hardworking

Generation X – Self-reliant & Task-oriented

Millennials – Self-directed & Eager

Generation Z – Creative & Flexible (Grayston, 2019)



## MODEL THE WAY

- Other Workplace Diversity
  - Race
  - Religion
  - Sex
  - Sexual Identity
  - Sexual Orientation
  - Disabilities



## MODEL THE WAY

- I build consensus around a common set of values for running our organization related to diversity.

## INSPIRE A SHARED VISION

### INSPIRE A SHARED VISION

- Culture of Inclusion
  - Inclusion embraces belongingness and uniqueness
  - Persons perceive they bring unique perspective to and are valued members of a group
  - Environment of respect where backgrounds, perspectives, and ideas are viewed as valuable (Alley, Brown, Friese, & Dugan, 2016)



### INSPIRE A SHARED VISION

- I paint the "big picture" of what we aspire to accomplish.

## CHALLENGE THE PROCESS

### CHALLENGE THE PROCESS

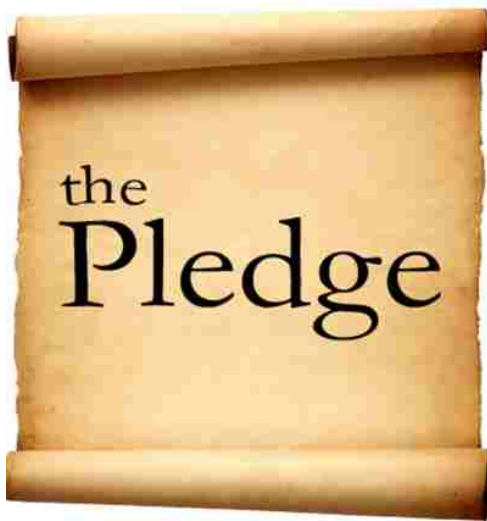
- Exclusive Behaviors
  - Incivility
  - Workplace violence
  - Bullying
  - Powerlessness
- Inclusive Behaviors
  - Respect
  - Support
  - Dignity
  - Integrity



### CHALLENGE THE PROCESS

- I search outside the formal boundaries of my organization for innovative ways to improve what we do.

## ENABLE OTHERS TO ACT



### ENABLE OTHERS TO ACT

- Pledge for Nurses: A Commitment to Inclusion:
  - As a professional nurse, I commit to inclusive behaviors with my patients, students, colleagues, the profession, and society as a whole. The values underlying these behaviors are dignity, autonomy, altruism, justice, and integrity. I believe that I can achieve professional integrity by acting in a legal, ethical, and fair manner and through self-regulation. By signing below, I promise to abide by the ANA's Code of Ethics and the behaviors outlined in the Code of Conduct.

### ENABLE OTHERS TO ACT

- I actively listen to diverse points of view.
- I treat others with dignity and respect.

## ENCOURAGE THE HEART

### ENCOURAGE THE HEART

- Promoting inclusion and diversity improves:
  - Patient Outcomes
  - Staff Engagement
  - Cultural Competence (Alley et al., 2016)



### ENCOURAGE THE HEART

- I give the members of the team lots of appreciation and support for their contributions to promoting a culture of inclusion and supporting diversity.

## CLOSING



What **knowledge** must you acquire in order to improve your cultural competence?



What **skills** must you exhibit to demonstrate inclusion and promotion of diversity?



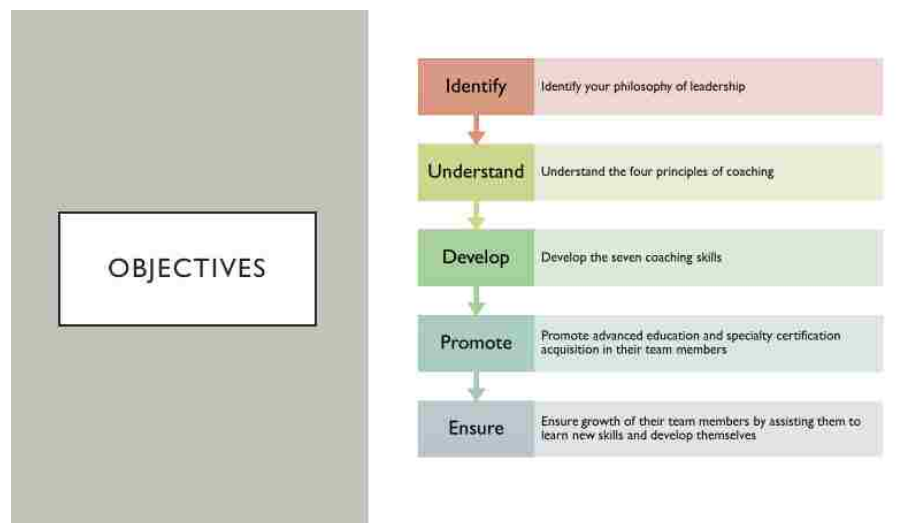
What **attitudes** will you possess that show you and others you have the ability to effectively promote diversity?

## REFERENCES

- Ailey, S. H., Brown, P., Friese, T. R., & Dugan, S. (2016). Building a culture of inclusion: Disability as opportunity for organizational growth and improving patient care. *Journal of Nursing Administration, 46*(1), 9–11. <https://doi.org/10.1097/NNA.0000000000000286>
- Graystone, R. (2019). How to build a positive, multigenerational workforce. *Journal of Nursing Administration, 49*(1), 4-5. <https://doi.org/10.1097/NNA.0000000000000698>
- Hendricks, J. M., & Cope, V. C. (2013). Generational diversity: What nurse managers need to know. *Journal of Advanced Nursing, 69*(3), 717–725. <https://doi.org/10.1111/j.1365-2648.2012.06079.x>
- Schmidt, B. J., MacWilliams, B. R., & Neal-Boylan, L. (2017). Becoming inclusive: A code of conduct for inclusion and diversity. *Journal of Professional Nursing, 33*(2), 102–107. <https://doi.org/10.1016/j.profnurs.2016.08.014>

## Leading Others: Employee Development

# LEADING OTHERS: EMPLOYEE DEVELOPMENT

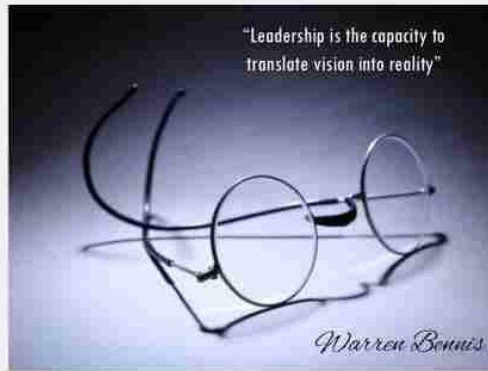


## MODEL THE WAY



## MODEL THE WAY

- Authoritarian Leadership
- Participative Leadership
- Delegative Leadership
- Transformational Leadership
- Transactional Leadership
- Servant Leadership
- Situational Leadership



## MODEL THE WAY

- I am clear about my philosophy of leadership.

## INSPIRE A SHARED VISION



## INSPIRE A SHARED VISION

- Principles of Coaching
  - Trust
  - Potential
  - Commitment
  - Execution

## INSPIRE A SHARED VISION

- 7 Coaching Skills
  - Build Trust
  - Challenge Paradigms
  - Seek Strategic Clarity
  - Execute Flawlessly
  - Give Effective Feedback
  - Tap into Talent
  - Move the Middle



## INSPIRE A SHARED VISION

- I speak with genuine conviction about the higher meaning and purpose of our work.

# CHALLENGE THE PROCESS

## CHALLENGE THE PROCESS

How do we continually improve how we develop others as well as ourselves?

- Formal Education
- Certification
- Professional Organizations
- Journal Subscriptions
- Continuing Education



## CHALLENGE THE PROCESS: ADVANCING EDUCATION

- Educational Plans & Goals
- BSN vs. ADN presentations
- Master's Degrees for Leadership presentations



## CHALLENGE THE PROCESS: SPECIALTY CERTIFICATION


Specialty Certifications in Nursing  
Certification Presentations



## CHALLENGE THE PROCESS


- I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.

ENABLE OTHERS TO ACT



ENABLE OTHERS TO ACT

- As a leader, how can you help others develop their skills?
- How do we "move the middle"?



ENABLE OTHERS TO ACT

- I ensure that people grow in their jobs by learning new skills and developing themselves.

ENCOURAGE THE HEART

## ENCOURAGE THE HEART

- Celebrate Successes
- Spotlight
- Congratulatory Card
- Certificate of Achievement
- Walls of Fame
- Career Ladders
- Become a Mentor
- Assist in Establishing Goals



## ENCOURAGE THE HEART

- I praise people for a job well done.
- I make it a point to let people know about my confidence in their abilities.

## CLOSING



What **knowledge** must you acquire in order to improve your employee development skills?



What **skills** must you exhibit to demonstrate effective employee development?

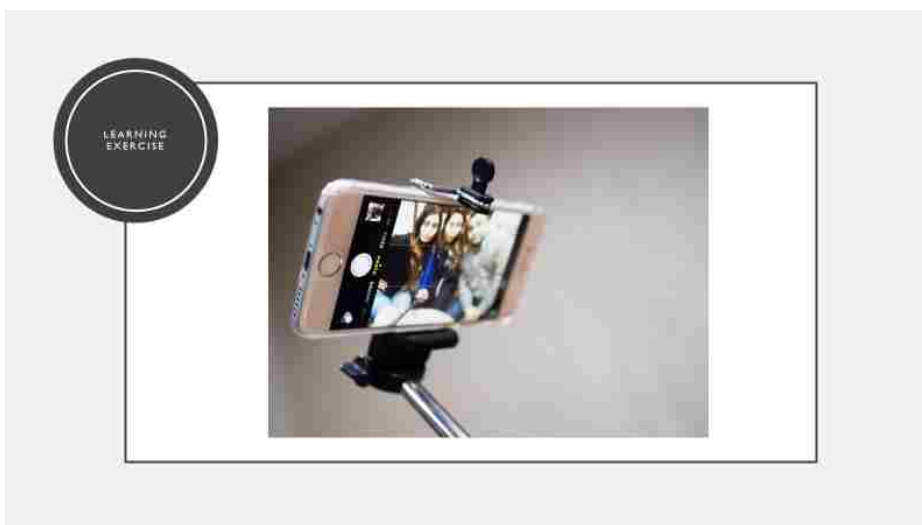
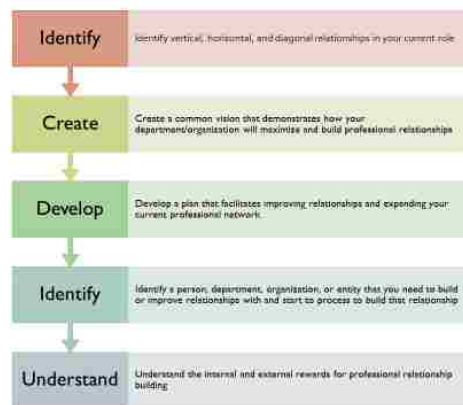


What **attitudes** will you possess that show you and others you have the ability to effectively develop employees?

## Leading Others: Relationships

# LEADING OTHERS: RELATIONSHIPS

## OBJECTIVES



## MODEL THE WAY

### MODEL THE WAY

- Vertical Relationships (Up/Down)
  - Boss
  - Subordinate
- Horizontal Relationships
  - Peers
- Diagonal Relationships
  - Different employees in different departments
  - Outside your organization



### MODEL THE WAY

- I set a personal example of what I expect of others.
- I ask for feedback on how my actions affect other's performance.



## INSPIRE A SHARED VISION



## INSPIRE A SHARED VISION

How would your department or organization look if it was functioning at a perfect "10" in relationship building?

## INSPIRE A SHARED VISION

- I appeal to others to share an exciting dream of the future.

## CHALLENGE THE PROCESS

### CHALLENGE THE PROCESS

- How do you build relationships?
- When was the last time you sat next to someone different in a meeting?
- Do you venture outside your comfort zone?
- Which type of relationship do you need to work on most?



### CHALLENGE THE PROCESS

- Experiment and take risks even when there is a chance of failure.

## ENABLE OTHERS TO ACT



### ENABLE OTHERS TO ACT

- Identify a person, department, organization, or entity that you need to build or improve relationships with.

### ENABLE OTHERS TO ACT

- I develop cooperative relationships among the people I work with.

## ENCOURAGE THE HEART

### ENCOURAGE THE HEART

- What are of the internal rewards for improved relationship building?
- What are the external rewards for improved relationship building?



### ENCOURAGE THE HEART

- I make sure that people are creatively rewarded for their contributions to the success of our projects.

## CLOSING



What **knowledge** must you acquire in order to improve your relationship building skills?



What **skills** must you exhibit to demonstrate effective relationship building?



What **attitudes** will you possess that show you and others you have the ability to effectively build relationships?

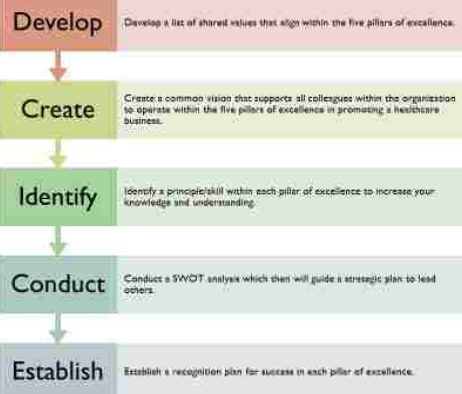
## REFERENCES

Bianco, C., Dudkiewicz, P.B., & Linette, D. (2014). Building nurse leader relationships. *Nursing Management*, 45(5), 42–48. <https://doi.org/10.1097/01.NUMA.0000442635.84291.30>

## Leading the Organization: Business Acumen

# LEADING THE ORGANIZATION: BUSINESS ACUMEN

OBJECTIVES



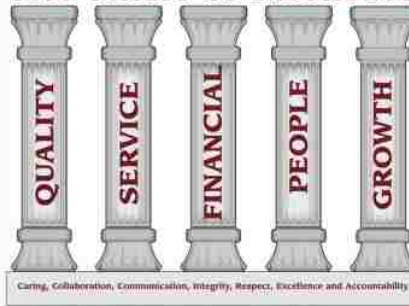
MODEL THE WAY

## MODEL THE WAY

- 5 Pillars of Excellence

- Quality
- Service
- Finance
- People
- Growth

### Five Pillars of Excellence



## MODEL THE WAY

- I spend time and energy making certain that the people I work with adhere to the principles and standards that we have agreed upon.
- I follow through on promises and commitments that I make.
- I build consensus around a common set of values for running our organization.

## INSPIRE A SHARED VISION

### INSPIRE A SHARED VISION

- How would your organization look and behave if everyone was operating on a "Perfect 10" in Business Acumen?



### INSPIRE A SHARED VISION

- I talk about future trends that will influence how our work gets done.
- I describe a compelling image of what our future could be like.
- I show others how their long-term interests can be realized by enlisting in a common vision.

### CHALLENGE THE PROCESS





- I challenge people to try out new and innovative ways to do their work.
- I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.
- I experiment and take risks even when there is a chance of failure.

ENABLE OTHERS TO ACT

ENABLE  
OTHERS TO  
ACT



ENABLE  
OTHERS TO  
ACT

- I support the decisions that people make on their own.
- I give people a great deal of freedom and choice in deciding how to do their work.
- I ensure that people grow in their jobs by learning new skills and developing themselves.

ENCOURAGE THE HEART

## ENCOURAGE THE HEART

- How can you recognize people for their contributions to the five pillars of excellence?
- Success in Quality
- Success in Service
- Financial Success
- Success in People
- Successful Growth



## ENCOURAGE THE HEART

- I make it a point to let people know about my confidence in their abilities.
- I make sure that people are creatively rewarded for their contributions to the success of our projects.
- I publicly recognize people who exemplify commitment to shared values.

## CLOSING



What **knowledge** must you acquire in order to improve your business acumen?



What **skills** must you exhibit to demonstrate effective business acumen?

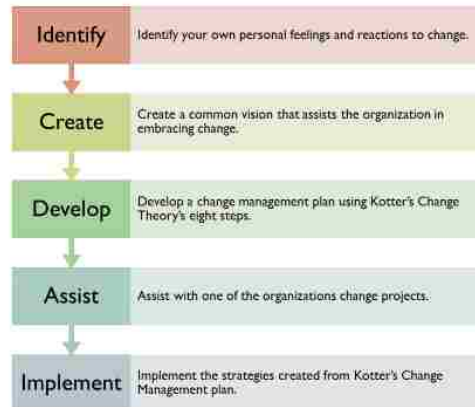


What **attitudes** will you possess that show you and others you have strong business acumen?

## Leading the Organization: Change

# LEADING THE ORGANIZATION: CHANGE

OBJECTIVES



MODEL THE WAY



MODEL THE WAY

- I build consensus around a common set of values for running our organization.



## INSPIRE A SHARED VISION

- Create the vision how your unit/organization would be if operating on a "Perfect 10" related to change.



## INSPIRE A SHARED VISION

- I appeal to others to share an exciting dream of the future.

## CHALLENGE THE PROCESS

CHALLENGE THE PROCESS



CHALLENGE THE PROCESS

- I seek out challenging opportunities that test my own skills and abilities.
- I challenge people to try out new and innovative ways to do their work.

ENABLE OTHERS TO ACT

## ENABLE OTHERS TO ACT

Which steps in Kotter's Change Theory would you focus on to enable others to act?

How will you do this for your particular change project?



## ENABLE OTHERS TO ACT

- I develop cooperative relationships among the people I work with.
- I actively listen to diverse points of view.

## ENCOURAGE THE HEART



ENCOURAGE THE HEART

- Kotter's Theory utilizes the ability to generate short-term wins. What short-term wins can you celebrate with your change project?

Growth is painful.  
**Change is painful.**  
But nothing is as  
painful as staying  
stuck somewhere  
you don't belong.  
*Mandy Hale*

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ENCOURAGE THE HEART

- I praise people for a job well done.
- I make it a point to let people know about my confidence in their abilities.

CLOSING



What **knowledge** must you acquire in order to improve your change management?



What **skills** must you exhibit to demonstrate effective change management?

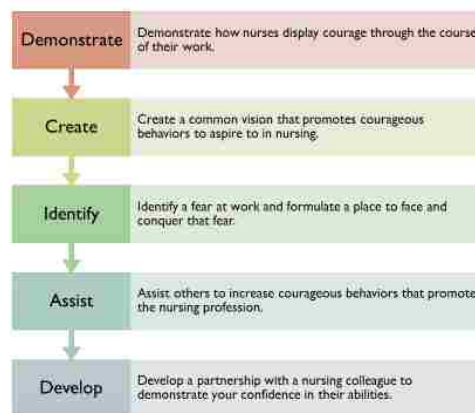


What **attitudes** will you possess that show you and others you have the ability to effectively create change?

## Leading the Organization: Courage

# LEADING THE ORGANIZATION: **COURAGE**

## OBJECTIVES



## MODEL THE WAY

# Courage to Care

## MODEL THE WAY

Present your essay on "Why Do Nurses Need Courage?"

### MODEL THE WAY

- I set a personal example of what I expect of others.

## INSPIRE A SHARED VISION

## INSPIRE A SHARED VISION

- Create a common vision that demonstrates how you would act if you had "Perfect 10" courage as a leader.

**Courageous leadership** is about using your influence to **challenge the way things are** and where we're headed because you know **we need to do better.**

- Tanveer Naseer

## INSPIRE A SHARED VISION

- I speak with genuine conviction about the higher meaning and purpose of our work.

## CHALLENGE THE PROCESS



- I challenge people to try out new and innovative ways to do their work.

ENABLE OTHERS TO ACT

**ENABLE  
OTHERS TO  
ACT**

How can you support others to have courage as a nurse?



**ENABLE  
OTHERS TO  
ACT**

- I ensure that people grow in their jobs by learning new skills and developing themselves.

**ENCOURAGE THE HEART**





ENCOURAGE  
THE HEART


ENCOURAGE  
THE HEART

- I make it a point to let people know about my confidence in their abilities.

CLOSING

 What **knowledge** must you acquire in order to improve your courage?

 What **skills** must you exhibit to demonstrate courage?

 What **attitudes** will you possess that show you and others you have courage?

## Leading the Organization: Decision Making

# LEADING THE ORGANIZATION: DECISION MAKING

OBJECTIVES



MODEL THE WAY



## MODEL THE WAY

What is your "True North" that guides all your nursing decisions?

How do you ensure your decisions are patient centric?



## MODEL THE WAY

- I build consensus around a common set of values for running our organization.
- I am clear about my philosophy of leadership.

## INSPIRE A SHARED VISION



How would your organization look if it were operating on a "Perfect 10" related to decision making?

INSPIRE A SHARED VISION

INSPIRE A SHARED VISION

- I paint the "big picture" of what we aspire to accomplish.
- I speak with genuine conviction about the higher meaning and purpose of our work.

CHALLENGE THE PROCESS

## CHALLENGE THE PROCESS

- What is your decision making process?
- Is it different when you're at work?



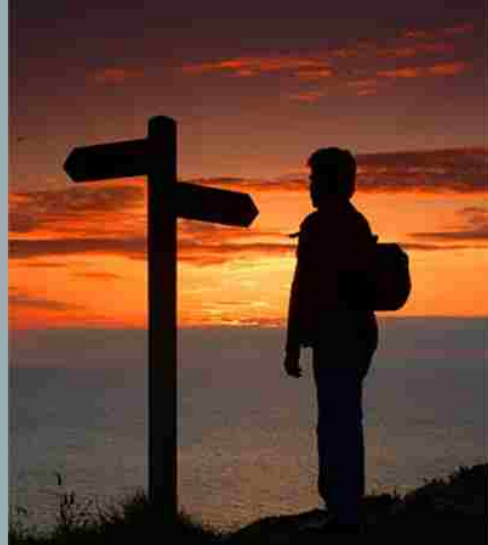
## CHALLENGE THE PROCESS

- I challenge people to try out new and innovative ways to do their work.
- I experiment and take risks even when there is a chance of failure.

## ENABLE OTHERS TO ACT

## ENABLE OTHERS TO ACT

*As a leader, how can you help others make informed decisions?*



## ENABLE OTHERS TO ACT

- I give people a great deal of freedom and choice in deciding how to do their work.
- I ensure that people grow in their jobs by learning new skills and developing themselves.

## ENCOURAGE THE HEART

## ENCOURAGE THE HEART

How can you encourage others to learn from poor decisions and value the lessons learned?



## ENCOURAGE THE HEART

- I give the members of the team lots of appreciation and support for their contributions.

## CLOSING



What knowledge must you acquire in order to improve your decision making?



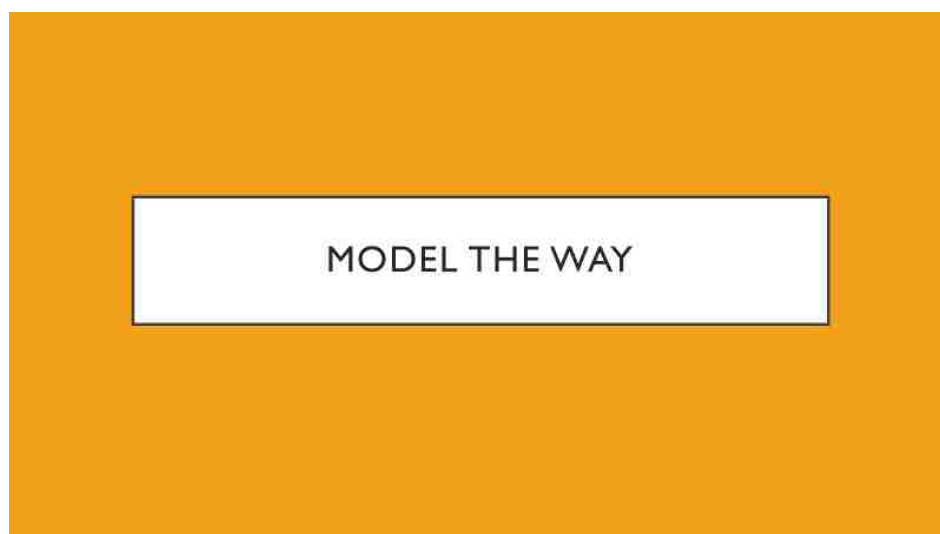
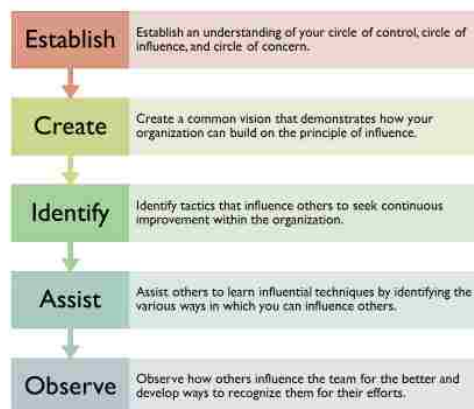
What skills must you exhibit to demonstrate effective decision making?

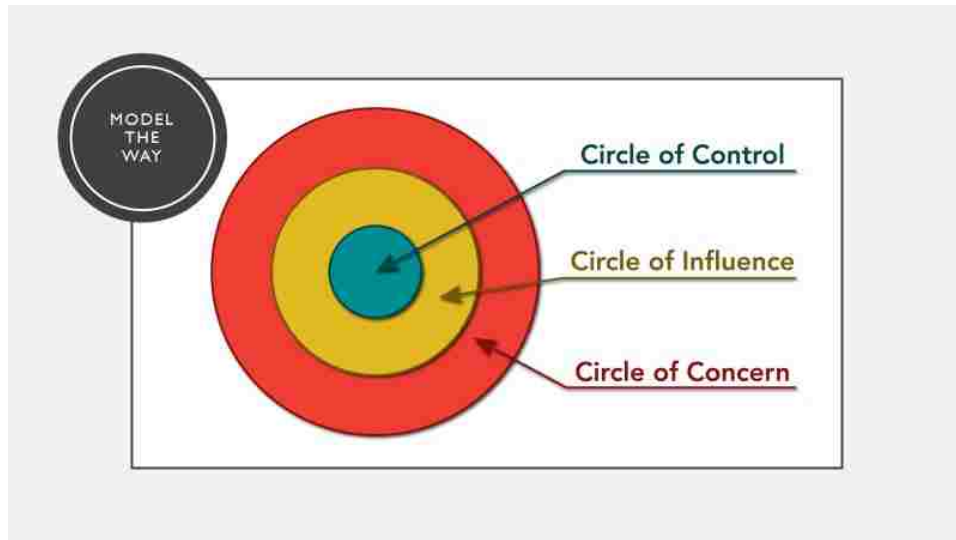


What attitudes will you possess that show you and others you have the ability to effectively make decisions?

## Leading the Organization: Influence

# LEADING THE ORGANIZATION: INFLUENCE





MODEL THE WAY

- I build consensus around a common set of values for running our organization.
- I am clear about my philosophy of leadership.

INSPIRE A SHARED VISION





## CHALLENGE THE PROCESS

- How can you influence others to seek continual improvement and not become complacent with the status quo?



## CHALLENGE THE PROCESS

- I challenge people to try out new and innovative ways to do their work.
- I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.

## ENABLE OTHERS TO ACT



How can you influence others to act?

ENABLE OTHERS TO ACT

- I develop cooperative relationships among the people I work with.
- I ensure that people grow in their jobs by learning new skills and developing themselves.

ENCOURAGE THE HEART



## ENCOURAGE THE HEART

How can you recognize when someone on your team has influenced the team for the better?

### ENCOURAGE THE HEART

- I publicly recognize people who exemplify commitment to shared values.
- I find ways to celebrate accomplishments.

### CLOSING



What **knowledge** must you acquire in order to improve your influence?



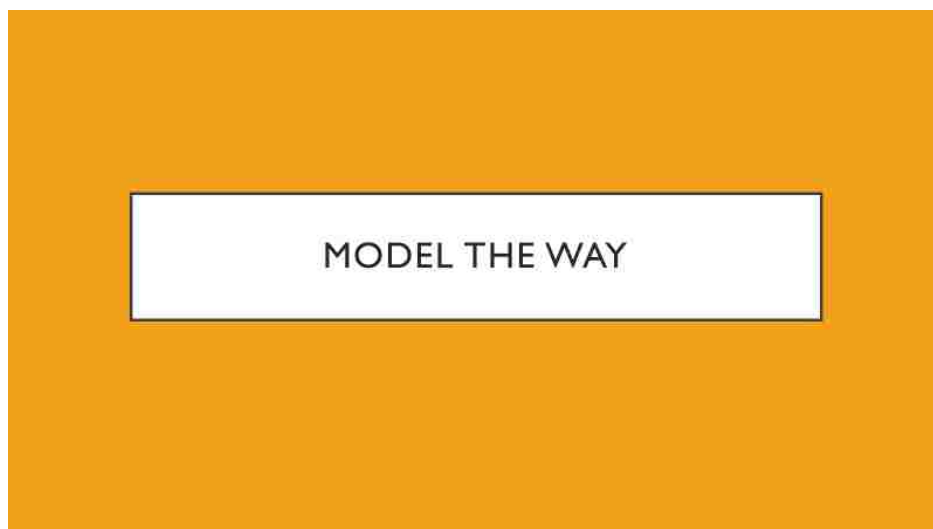
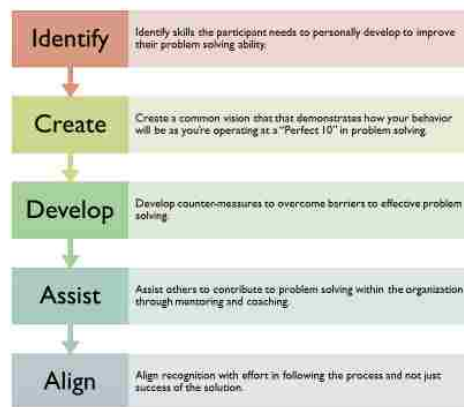
What **skills** must you exhibit to demonstrate influence?



What **attitudes** will you possess that show you and others you have the ability to effectively influence?

## Leading the Organization: Problem Solving

# LEADING THE ORGANIZATION: PROBLEM SOLVING



## MODEL THE WAY

- How would others describe your ability to problem solve?
- Are you where you want to be?
- How do you improve?



## MODEL THE WAY

- I follow through on promises and commitments that I make.
- I build consensus around a common set of values.
- I ask for feedback on how my actions affect others' performance.

## INSPIRE A SHARED VISION



INSPIRE A SHARED VISION

- I show others how their long-term interests can be realized by enlisting in a common vision.
- I paint the "big picture" of what we aspire to accomplish.
- I speak with genuine conviction about the higher meaning and purpose of our work.



## CHALLENGE THE PROCESS

As a leader, how can you mitigate barriers that may affect your problem solving ability?

### Problem Solving Challenges



4

## CHALLENGE THE PROCESS

- I challenge people to try out new and innovative ways to do their work.
- I search outside the formal boundaries of my organization for innovative ways to improve what we do.

## ENABLE OTHERS TO ACT



## ENABLE OTHERS TO ACT

As a leader, how can you promote your team to help solve problems?

### ENABLE OTHERS TO ACT

- I develop cooperative relationships among the people I work with.
- I actively listen to diverse points of view.

## ENCOURAGE THE HEART



## ENCOURAGE THE HEART

How can you recognize people's efforts to problem solve and not just the successful solutions?



## ENCOURAGE THE HEART

- I praise people for a job well done.
- I make it a point to let people know about my confidence in their abilities.

## CLOSING



What **knowledge** must you acquire in order to improve your problem solving ability?



What **skills** must you exhibit to demonstrate effective problem solving?

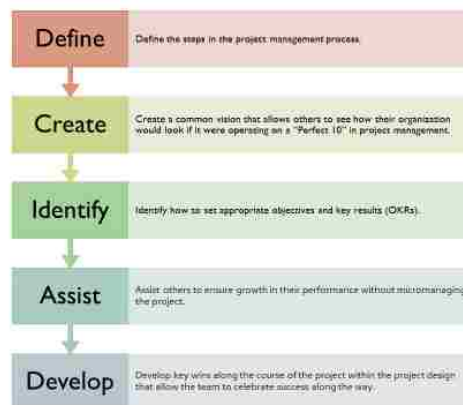


What **attitudes** will you possess that show you and others you have the ability to effectively solve problems?

## Leading the Organization: Project Management

# LEADING THE ORGANIZATION: PROJECT MANAGEMENT

OBJECTIVES



MODEL THE WAY



## MODEL THE WAY

What is Project Management?



MODEL THE WAY

- I spend time and energy making certain that the people I work with adhere to the principles and standards that we have agreed upon.
- I build consensus around a common set of values for running our organization.

## INSPIRE A SHARED VISION

## INSPIRE A SHARED VISION

- What would your organizations look like if they were operating at a "Perfect 10" in project management?



## INSPIRE A SHARED VISION

- I talk about future trends that will influence how our work gets done.
- I speak with genuine conviction about the higher meaning and purpose of our work.

## CHALLENGE THE PROCESS

## CHALLENGE THE PROCESS

How can you ensure you set the correct Objectives and Key Results (OKR)?



## CHALLENGE THE PROCESS

- I ask, "what can we learn?" when things do not go as expected.
- I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.

## ENABLE OTHERS TO ACT



## ENABLE OTHERS TO ACT

How can you effectively project manage without micromanaging?

## ENABLE OTHERS TO ACT

- I treat others with dignity and respect.
- I support the decisions that people make on their own.
- I give people a great deal of freedom and choice in deciding how to do their work.
- I ensure that people grow in their jobs by learning new skills and developing themselves.

## ENCOURAGE THE HEART

## ENCOURAGE THE HEART

- As a project manager, how can you build into the project plans, small wins that promote excitement?
- How do you sale the "Why" behind the project?



## ENCOURAGE THE HEART

- I give members of the team lots of appreciation and support for their contributions..

## CLOSING



What **knowledge** must you acquire in order to improve your conflict project management?



What **skills** must you exhibit to demonstrate effective project management?

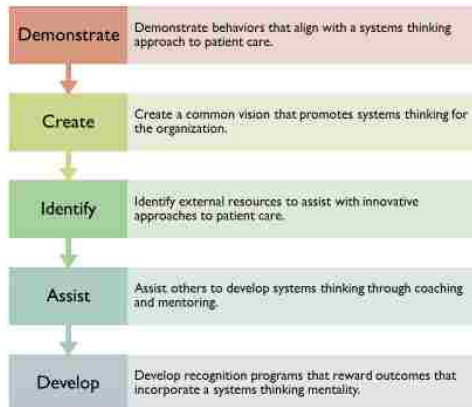


What **attitudes** will you possess that show you and others you have the ability to effectively manage projects?

## Leading the Organization: Systems Thinking

# LEADING THE ORGANIZATION: SYSTEMS THINKING

OBJECTIVES



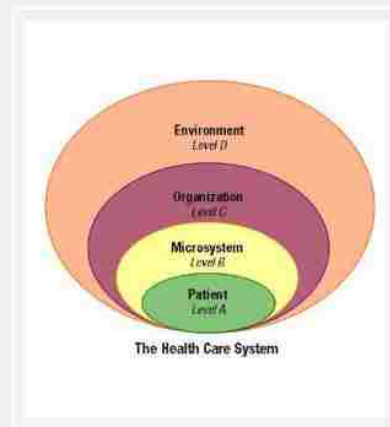
MODEL THE WAY



## MODEL THE WAY

What comprises your healthcare system?

How can you ensure your behavior supports a "Systems Thinking" approach?



## MODEL THE WAY

- I follow through on promises and commitments that I make.
- I build consensus around a common set of values for running our organization.

## INSPIRE A SHARED VISION



## INSPIRE A SHARED VISION

How would your organization look if it were operating at a "Perfect 10" in systems thinking?

INSPIRE A  
SHARED  
VISION

• I paint the "big picture" of what we aspire to accomplish.

CHALLENGE THE PROCESS

## CHALLENGE THE PROCESS

- Identify external stakeholders within the healthcare system.
- How can they help to improve the product we deliver?



## CHALLENGE THE PROCESS

- I search outside the formal boundaries of my organization for innovative ways to improve what we do.

ENABLE OTHERS TO ACT



## ENABLE OTHERS TO ACT

How can you help others develop a systems thinking approach?

### ENABLE OTHERS TO ACT

- I develop cooperative relationships among the people I work with.
- I actively listen to diverse points of view.

## ENCOURAGE THE HEART

## ENCOURAGE THE HEART

- What types of recognition programs can you implement that promote a systems thinking approach to patient care?



## ENCOURAGE THE HEART

- I publicly recognize people who exemplify commitment to shared values.
- I give members of the team lots of appreciation and support for their contributions.

## CLOSING



What **knowledge** must you acquire in order to improve your systems thinking?



What **skills** must you exhibit to demonstrate effective systems thinking?

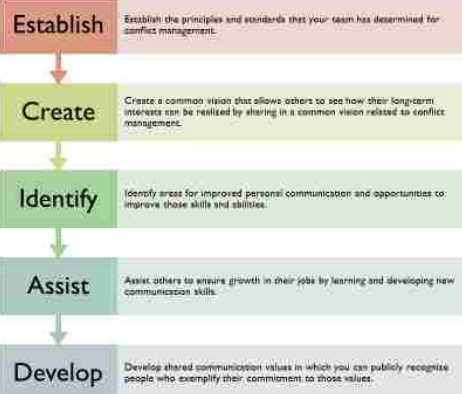


What **attitudes** will you possess that show you and others you have the ability to effectively incorporate systems thinking?

## Leading the Organization: Vision & Strategy

# LEADING THE ORGANIZATION: VISION & STRATEGY

OBJECTIVES



MODEL THE WAY

## MODEL THE WAY

- What is the "Vision" of your organization?
- Does your nursing strategy align with the vision of the organization?



## MODEL THE WAY

- I set a personal example of what I expect of others.
- I am clear about my philosophy of leadership.

## INSPIRE A SHARED VISION



## INSPIRE A SHARED VISION

- What would your organizations look like if they were aligned with the vision and strategy at a "Perfect 10"?



- I describe a compelling image of what our future could be like.
- I appeal to others to share an exciting dream of the future.
- I paint the "big picture" of what we aspire to accomplish.
- I speak with genuine conviction about the higher meaning and purpose of our work.





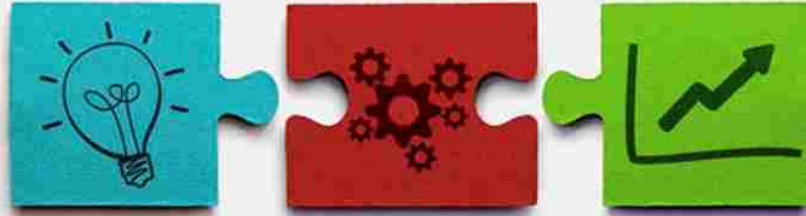
CHALLENGE  
THE PROCESS



CHALLENGE  
THE  
PROCESS

- I ask, "What can we learn?" when things do not go as expected.
- I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.

ENABLE OTHERS TO ACT



## ENABLE OTHERS TO ACT

How do you align others with the vision and strategic plan of the organization?

### ENABLE OTHERS TO ACT

- I actively listen to diverse points of view.
- I ensure that people grow in their jobs by learning new skills and developing themselves.

## ENCOURAGE THE HEART



## ENCOURAGE THE HEART

Develop a recognition plan that recognizes contributions to the vision and strategic plan.

### ENCOURAGE THE HEART

- I make sure that people are creatively rewarded for their contributions to the success of our projects.
- I publicly recognize people who exemplify commitment to shared values.
- I give members of the team lots of appreciation and support for their contributions.

### CLOSING



What **knowledge** must you acquire in order to improve your vision and strategic planning?



What **skills** must you exhibit to demonstrate effective vision and strategy alignment?



What **attitudes** will you possess that show you and others you have the ability to align the vision and strategy?

## References

- Agnew, C., & Flin, R. (2014). Senior charge nurses' leadership behaviours in relation to hospital ward safety: A mixed method study. *International Journal of Nursing Studies*, 51(5), 768-780. doi:10.1016/j.ijnurstu.2013.10.001
- American Nurses Association (2013). ANA leadership institute: Competency model. Retrieved from [http://www.dphu.org/uploads/attachements/books/books\\_5520\\_0.pdf](http://www.dphu.org/uploads/attachements/books/books_5520_0.pdf)
- American Organization of Nurse Executives. (2015). *AONE Nurse Executive Competencies*. Chicago, IL: Author. Retrieved from <http://www.aone.org/resources/nurse-leader-competencies.shtml>
- American Organization of Nurse Executives. (2015). *AONE Nurse Manager Competencies*. Chicago, IL: Author. Retrieved from <http://www.aone.org/resources/nurse-leader-competencies.shtml>
- Barginere, C., & Franco, S. (2013). Succession planning in an academic medical center nursing service. *Nursing Administration Quarterly*, 37(1), 67-71. doi: 10.1097/NAQ.0b013e31827857a7
- Campbell, R. (2008). Change management in health care. *Health Care Manager*, 27(1), 23-39. Retrieved from <http://ezproxy.library.unlv.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=105915469&site=ehost-live>
- Cantrell, S. (2017). Catheter-care trifecta: compliant, cost-effective, innovative. *Healthcare Purchasing News*, 41(1), 20–23. Retrieved from <http://ezproxy.library.unlv.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=120484636&site=ehost-live>

- Chappell, K. K., & Willis, L. (2013). The Cockcroft difference: An analysis of the impact of a nursing leadership development programme. *Journal of Nursing Management*, 21(2), 396-402. doi:10.1111/j.1365-2834.2012.01425.x
- Clarke, N., & Higgs, M. (2016). How strategic focus relates to the delivery of leadership training and development. *Human Resource Management*, 55(4), 541-565. doi:10.1002/hrm.21683
- Cummings, G., Lee, H., MacGregor, T., Davey, M., Wong, C., Paul, L., & Stafford, E. (2008). Factors contributing to nursing leadership: a systematic review. *Journal of Health Services Research & Policy*, 13(4), 240-248. Retrieved from <http://ezproxy.library.unlv.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=105564076&site=ehost-live>
- Fitzpatrick, J., Modic, M. B., Van Dyk, J., & Hancock, K. K. (2016). A leadership education and development program for clinical nurses. *Journal of Nursing Administration*, 46(11), 561-565. doi:10.1097/NNA.0000000000000405
- Griffith, M. B. (2012). Effective succession planning in nursing: A review of the literature. *Journal of Nursing Management*, 20(7), 900-911. doi:10.1111/j.1365-2834.2012.01418.x
- Hooper, V. (2016). The Institute of Medicine report on the future of nursing: Where are we 5 years later? *Journal of Perianesthesia Nursing*, 31(5), 367-369. doi:10.1016/j.jopan.2016.08.013
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington DC: National Academies Press. Retrieved from <https://www.nap.edu/read/12956/chapter/2>
- Kotter, J. & Cohen, D. (2002). *The heart of change: Real life stories of how people change their organization*. Boston, MA: Harvard Business School Press

- Kouzes, J. M., & Posner, B. Z. (2002). *The leadership challenge* (3<sup>rd</sup> Ed.). San Francisco, CA: Jossey-Bass
- Lacey, S. R., Goodyear-Bruch, C., Olney, A., Hanson, D., Altman, M. S., Varn-Davis, N. S.,...Cox, K. S. (2017). Driving organizational change from the bedside: The AACN clinical scene investigator academy. *Critical Care Nurse*, 37(4), e12-e25.  
doi:10.4037/ccn2017749
- Morin, K., Small, L., Spatz, D. L., Solomon, J., Lessard, L., Williams Leng, S. (2015). Preparing leaders in maternal-child health nursing. *Journal of Obstetric, Gynecologic, & Neonatal Nursing* 44(5), 633-643. doi:10.1111/1552-6909.12730
- National Council of State Boards of Nursing (2019). Active RN licenses: A profile of nursing licensure in the U.S. Retrieved from <https://www.ncsbn.org/6161.htm>
- Pappas, S. (2008). The cost of nurse-sensitive adverse events. *Journal of Nursing Administration*, 38(5), 230-236. doi:10.1097/01.NNA.0000312770.19481.ce
- Ramseur, P., Fuchs, M. A., Edwards, P., & Humphreys, J. (2018). The implementation of a structured nursing leadership development program for succession planning in a health system. *Journal of Nursing Administration*, 48(1), 25-30.  
doi:10.1097/NNA.0000000000000566
- Shirazi, M., Emami, A. H., Mirmoosavi, S. J., Alavinia, S. M., Zamanian, H., Fathollahbeigi, F., & Masiello, I. (2016). The effects of intervention based on supportive leadership behaviour on Iranian nursing leadership performance: A randomized controlled trial. *Journal of Nursing Management*, 24(3), 400-408. doi:10.1111/jonm.12335

- Swearingen, S. (2009). A journey to leadership: Designing a nursing leadership development program. *The Journal of Continuing Education in Nursing*, 40(3), 107-112.  
doi:10.3928/00220124-20090301-02
- Taylor-Ford, R. L., & Abell, D. (2015). The leadership practice circle program: An evidence-based approach to leadership development in healthcare. *Nurse Leader*, 13(2), 63-68.  
doi:10.1016/j.mnl.2014.07.014
- Thompson, J. (2012). Transformational leadership can improve workforce competencies. *Nursing Management - UK*, 18(10), 21-24. Retrieved from <http://ezproxy.library.unlv.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=104530789&site=ehost-live>
- Titzer, J., Phillips, T., Tooley, S., Hall, N., & Shirey, M. (2013). Nurse manager succession planning: synthesis of the evidence. *Journal of Nursing Management*, 21(7), 971-979.  
doi:10.1111/jonm.12179
- Titzer, J., Shirey, M., & Hauck, S. (2014). A nurse manager succession planning model with associated empirical outcomes. *Journal of Nursing Administration*, 44(1), 37-46.  
doi:10.1097/NNA.0000000000000019
- Trepanier, S., & Crenshaw, J. T. (2013). Succession planning: A call to action for nurse executives. *Journal of Nursing Management* 21(7), 980-985. doi:10.1111/jonm.12177
- Vitello-Cicciu, J. M., Weatherford, B., Gemme, D., Glass, B., & Seymour-Route, P. (2014). The effectiveness of a leadership development program on self-awareness in practice. *Journal of Nursing Administration* 44(3), 170-174. doi:10.1097/NNA.0000000000000046
- Weber, E., Ward, J., & Walsh, T. (2015). Nurse leader competencies: A toolkit for success. *Nursing Management* 46(12), doi: 10.1097/01.NUMA.0000473505.23431.85

Whaley, A., & Gillis, W. E. (2018). Leadership development programs for health care middle managers: An exploration of the top management team member perspective. *Health Care Management Review, 43*(1), 79-89. doi:10.1097/HMR.0000000000000131

Wong, C. A., Cummings, G. G., & Ducharme, L. (2013). The relationship between nursing leadership and patient outcomes: A systematic review update. *Journal of Nursing Management, 21*(5), 709-724. doi:10.1111/jonm.12116



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Assistant Chief Nursing Officer: Summerlin Hospital  
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