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Transformational Leadership as a Means of Improving Patient Care and Nursing Retention

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Abstract

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Project Submitted in Partial Fulfillment

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Abstract

The Joint Commission (TJC) sets standards to assist healthcare organizations in improving performance. The hospital for which this project was developed did not meet national TJC benchmarks for patient satisfaction and nurse retention. Based on direct observation, discussion with staff, and results of the Multifactorial Leadership Questionnaire given to 39 staff nurses before this project was chosen, evidence suggested that the leadership style of the charge nurses was transactional, which is less effective than transformational leadership (TFL). Framed within the Plan, Do, Study, Act model, the purpose of this quality improvement project was to design an educational curriculum including didactic and competencies on TFL for unit charge nurses. A team approach was used for the project. Incorporating the American Organization of Nurse Executives recommendations on effective leadership, the curriculum encompassed the importance and management of TFL intertwined with the power, motivation, and characteristics of the transformational leader. Competencies governing TFL in practice were a significant part of the curriculum. The curriculum was evaluated by 4 content experts using a 12-item *yes* or *no* response for each of the criteria. One of the criteria was answered *no* in the learning objectives section and the design of the criteria was revised All other criteria were met. A recommendation was made for a change to the evaluation format for the leadership style identification portion of the curriculum. This project has important implications for social change as unit charge nurses strive to act on best practices in leadership, thus positively impacting the well-being and satisfaction of their patients and fellow nurses.

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Dedication

I dedicate this project to my family, both those present and those who have passed on since its' inception. I would not have been able to complete this project without the support and patience of those around me. I am blessed to have a team of support that allows me to continue my ministry in nursing. I have lost the most important man in my life during this process—my father, who has always supported me in whatever endeavors. To my children for the many, many hours in which they learned right along me with patience, love and keeping the end goal in sight. To my colleagues for their diligence and support to help guide me as I developed as a leader. To my Mother who encouraged me years' ago to teach and nursing allows me the opportunity to provide a piece of me in every interaction with every student, patient, and team members that I am blessed to interact with while practicing nursing.

Acknowledgments

I wish to thank my parents, children, my mother, siblings, Great Aunt, my partner for life, and my friends both in and out of academia who helped me with this project. I would also like to express my deepest regards to all the faculty at Walden University who helped me grow—especially Dr. Moon for her patience, continued diligence, and support throughout this final process.

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Section 1: Nature of the Project

Introduction

According to Essential VI of the American Association of Colleges of Nursing (AACN) Doctorate of Nursing Practice (DNP) Essentials, a DNP should have "preparation in methods of effective team leadership" (American Association of Colleges of Nursing, 2006, p.14). The DNP Essentials are a guide to denote key fundamental skills such as creative problem solving, organizational and systems' leadership, and time and risk management, needed for the practicing DNP.

The Joint Commission (TJC) is the accrediting body for the organization for which this project was to be developed. There are benchmarks for key quality indicators that need to be achieved in order to be fully accredited. In 2013, results of three quality indicators were below the benchmark as demonstrated by decreased patient satisfaction scores, decreased nursing retention scores, and increased patient care days. The organization hired a new chief nursing officer (CNO) with a directive to address the quality indicators that were below the benchmark criteria.

Nursing leaders met with unit staff, both individually and in groups, to try to decipher what factors attributed to the low scores. Through direct observation by leaders and discussions with staff, transactional leadership was felt to be the dominant leadership style. A quantitative assessment was conducted of the unit charge nurses using the Multifactorial Leadership Questionnaire (see Appendix A) (Bass & Avoilio, 2000). Results supported that the charge nurse leadership style was transactional. Transactional

leadership focuses on the contingent reward system with the person rewarded or punished based on his/her performance outcomes, (Antonakis & House, 2014).

After reviewing the results of the assessment, nursing leaders determined that education should be provided to bring transformational leadership to the units. Transformational leaders exhibit characteristics which focus on internal values and assist in aligning those values with those of the organization (Robbins & Davidhizer, 2007). A transformational leader sees the value of his or her actions, and adheres to the organizational plan to ensure goals are met (Hewitt, Davis, & Lashley, 2014). They take a personal responsibility to lead and embrace change. In that way, a transformational leader becomes personally responsible for company goals (Pieterse, van Knippenberg, Schippers, & Stam, 2010). Based on the desire to move the charge nurses from transactional leadership to transformational leadership, the nursing leaders sought to develop an educational program.

Background

This DNP project developed a curriculum to support the transition of charge nurses from a transactional leadership style to a transformational leadership style (see Appendix B). Pieterse et al. (2010) defined transactional leadership as an exchange relationship that clearly denotes the follower from the leader. Transactional leadership theory focuses on the contingent reward system, whereby the leader provides the follower with rewards if they adhere to job expectations. Focus is on the transaction of necessary nursing tasks and not on the holistic aspect of organizing, communicating, and facilitating evidence-based care. Focus is not on the outcomes but on the conceptualized reward

(Antonakis & House, 2014). This method of transactional leadership has not proven to be effective in providing quality care (Ali, Jan, Ali, & Tariq, 2014; Bono, Hooper, & Yoon, 2012).

Transformational leadership (TFL) theory, first developed by Bass and Avoilio (2000), is one that transforms the follower into a leader and emphasizes four key components to effective leadership. Achievement of this process occurs by elevation of the follower to a level that is not selfish, but is more concerned for the organization, society, and the well-being of others. Key characteristics of a transformational leader include optimism and the use of leadership skills that are of high morality, as opposed to the utilization of power in order to engage the participant (Bass & Avoilio, 2000). The transformational leader goes beyond the call of duty with fostering creative solutions to problems, serving as a mentor, creating a vision, and articulating plans for the achievement of that vision. McGuire and Kennerly (2006) noted that the implementation of the TFL style of the manager might also have a significant impact on the work environment and organizational commitment. A positive relationship between the nurse and nursing leadership can lead to increased nurse retention and patient satisfaction (McGuire & Kennerly, 2006).

The hospital's executive leadership team invested resources to improving the quality of care within the facility. The executive team requested that nursing leadership review nursing quality sensitive indicators and implement a plan for improvement.

Problem Statement

The problem addressed in this DNP project was the leadership style of the unit charge nurses. The charge nurses operated under a transactional leadership style that focused on task completion, which had proven not to be effective in providing quality care (Bono, Hooper, & Yoon, 2012). The transformational leader goes beyond the call of duty with fostering creative solutions to problems, serving as a mentor, creating a vision, and articulating plans for the achievement of that vision (Robbins & Davidhizer, 2007). McGuire and Kennerly (2006) noted that the implementation of the TFL style of the manager could also have a significant impact on the work environment and organizational commitment.

Purpose Statement

The purpose of this DNP project was to develop a transformational leadership educational curriculum and implementation plan (see Appendix C) for unit charge nurses at the hospital. Bromley and Kirschner-Bromley (2007) stated that transformational leadership is the preferred style of leadership for the nurse in leadership. Duygulu and Kublay found transformational leadership to be effective on the UCN level (middle-management) in a 2011 study. There is a gap in the literature on transformational leadership effectiveness and transactional leadership practiced by charge nurses on the unit. This project was meant to fill that gap.

Project Goal/Outcomes

Goal

The goal of this DNP project was to bring transformational leadership to the unit.

Outcomes

- Educational curriculum
- Implementation plan
- Evaluation plan
- Content expert evaluation of the curriculum
- Summative evaluation of my project and my role in the project development

Framework/Theory

The framework used to guide this project was the Plan-Do-Study-Act (PDSA) quality improvement model (Kong & Kong, 2013). Leadership uses the PDSA framework to guide all QI projects and is part of the institution's quality improvement (QI) process. This tool is simple but powerful when there is a need for accelerated change. The process involves implementation and evaluation or testing of change when an aim, a team, and measures are established. With framework grounded in the scientific method, this tool facilitates learning that is action-oriented (Hignetts, Griffiths, Sands, Wolf, & Costantinou, 2013).

Nature of the Project

I examined literature on TFL style in various professional fields to develop an evidence-based curriculum. The project began with a systematic review of the literature. In designing the project, I used a team-based approach with process evaluation (Celik, Abma, Klinge, & Widdershoven, 2012). Process evaluation documents the development

of a program. The leadership team received the review of the literature at the hospital. This team consisted of upper level management (nursing leadership, hospital leadership, the CEO, and the CNO), mid-level management (UCNs), information technology, and myself (DNP student) (see Appendix D). I designed the project with the intention of having these experts review my final products, my development as a leader, my curriculum content and design, my implementation plan for the project, and utilization within the organization. Due to leadership changes, the initial project plan disbanded. A second team of content experts who were not affiliated with the hospital completed the process evaluation (see Appendix E).

The health system uses the PDSA approach (Gillam & Siriwardena, 2013) for quality improvement projects, system change, and organizational improvement. The focus of care is on the patient and on safety. The PDSA cycle serves as a process improvement guide for a variety of organizations. PDSA delivers a framework for testing and implementing changes leading to improvement (Hignetts et al., 2013). The PDSA model is the chosen QI framework utilized by the project hospital that focuses on a rapid deployment of change, examines the issue, and aligns methods of improvement. Initially, the hospital team conducted the MLQ-5 short survey given to 74 nurses working on the acute care units of medical-surgical, telemetry, and intensive care units, with a survey response rate of 66%, and determined the leadership style to be transactional. The unit selected to pilot the QI project had a variety of concerns noted by nursing leadership. Selecting a section of the system allows the opportunity to determine project

effectiveness prior to mass distribution. The nature of PDSA involves testing on a smaller scale and, then, after testing, implementation at a larger scale (Hignetts et al., 2013).

The first team of QI team members were members from nursing education, charge nurses from the unit, the director of nursing, manager of medical-surgical unit, I.T. representatives, human resources, and myself, the DNP student. The initial QI project terminated due to numerous changes in nursing leadership. The new CNO decided to concentrate efforts on other, more pressing, concerns. As a result, two teams were created for this project and participated in its development, including the literature review and synthesis, though only one team was able to continue the project design process.

During team meetings, both the hospital and content experts provided feedback on my literature review, the transformational leadership curriculum, the implementation and evaluation plans, and myself (DNP student), and subsequently completed process evaluations. The second team of content experts participated in an evaluation of the curriculum that I developed.

Definition of Terms

The proposed project definitions of terms are as follows

- Charge Nurse – The person responsible for conducting leadership functions and decision making of the unit in organizations that employ nurses. The dedicated charge nurse at this institution is the one who is responsible for coordinating the duties and activities on the nurses, participation with leadership duties, and determining workflow and compliance with the unit/hospital goals (Duygulu & Kublay 2011).

- Nurse Retention – Those nurses who choose to stay and not leave an organization (Golden, 2008). The goal post project implementation is to see an incremental increase by 10% within one year.
- Patient Satisfaction - A set of patient expectations of care that include other psychosocial factors (Kelly, 2011).
- Patient Care days - A unit in the accounting of a system of accounting in healthcare whereby each day represents a unit of time in which a patient uses the services of the institution or facility (Kelly, 2011).
- Quality Improvement - The actions utilized in an organization aimed at increasing the effectiveness of activities and processes in the provision of added benefits to the organization (Kelly, 2011).
- Transactional leadership – Pieterse et al. (2010) defined transactional leadership as an exchange relationship that clearly denotes the follower from the leader.
- Transformational leadership – Leadership that entails the use of an exceptional type of authority that moves the follower to go beyond the usual expectations. Moreover, the theory supports that when the leaders expand and lift up the interests of their employees, the generation of awareness and acceptance of the mission and purpose of the group, the organization is the focus (van Dierendonck, Stam, Boersma, de Windt, & Alkema, 2014).

Assumptions/Limitations

One assumption is that the charge nurses will gain an understanding of their leadership styles, identify and develop attributes that will improve their use of the transformational leadership theory. Another assumption is that they will seek to and want to participate in this program. The nurses will be encouraged to assert themselves, but the culture that exists may prevent the nurses from finding their voice. This culture has traditionally led to distrust between the nurses and the leadership staff. Limitations of the project may be present related to the nurse level of education [i.e. Associate degree (ADN) in nursing versus Bachelors of Science in nursing (BSN)] because the BSN-prepared nurse traditionally has leadership courses while the ADN-prepared nurse does not.

Significance

This quality improvement DNP project is significant because the education will provide the charge nurse with the skills necessary to lead the unit and empower the nurses under their direction. The charge nurse is paramount and pivotal in helping to facilitate the infusion of the hospital missions, values, and goals into work routine processes for the attainment of such goals. Effective leadership style can lead to improvement in these outcomes with the charge nurse leading the transition.

Summary

The charge nurse is in a position to create an atmosphere that can improve key quality measures including decreasing patient days, increasing patient satisfaction, and improving nursing retention. Nursing leadership is complex and involves many variables,

but studies have shown that the transformational leadership theory can have a positive effect on organizational missions and goals. This DNP project is intended to help transform the unit leaders from transactional to transformational leaders. In Section 2, the literature review summarizes and describes the research related to the DNP project.

Section 2: Review of the Literature

Introduction

The problem addressed in this DNP project was the leadership style of the unit charge nurses. In order to confirm this, nursing leadership requested information technology to administer the MLQ 5X short. The purpose of this DNP project was to develop an educational curriculum and an implementation and evaluation plan for unit charge nurses on transformational leadership. Wong and Cummings (2007) cited the problems of errors and adverse events for the patient in American health care facilities and recommended changing nursing work environments to increase patient safety. The Institute of Medicine (IOM) report clearly outlines the role of the transformational leader and stresses that managers need to adopt this form of leadership so that they may create a culture of safety and improve patient outcomes (IOM, 2011).

Transactional leadership promotes compliance, which does not necessarily facilitate the incorporation of specific skills and knowledge by the individual (Antonakis & House, 2014). In other words, an individual performs his/her work based on task completion with little thought to overall departmental and organizational goals. This is a problem where nursing is involved because nurses operate on a reward and punishment system, seeking only to maximize rewards and minimize punishments (Wong & Cummings, 2007). When nurses seek to maximize rewards, nurses do not necessarily adhere to the goals and benchmarks put forth by an organization and may do the bare minimum to ensure continued employment (Wong & Cummings, 2007). Researchers have found that transactional style of leadership on nursing unit results in increased

patient care days, decreased nursing retention, and decreased patient satisfaction scores (Chaboyer, Johnson, Hardy, Gehrke, & Panuwatwanich, 2010). Based on the literature, one can conclude transformational style leadership offers organizations an opportunity to provide nurses on the unit with the inspirational and motivational guidance to help eliminate these problems.

Researchers have found that transformational leadership leads to personal commitment to the organization and results in above-and-beyond performance and personal goal development which lead to better organizational outcomes (Chaboyer et al., 2010). Boushon, Nielsen, Quigley, Rutherford, Taylor, and Rita (2012) examined the relationship between transformational leadership and the impact of patient care outcomes including fall reduction and organizational conditions (Wong, Cummings, & Ducharme, 2013). Due to its impact on personal and organizational outcomes, transformational leadership is needed in all organizations (Brady-Schwartz, Spencer, Wilson, & Wood, 2011). Buffington, Zwink, Fink, DeVine and Sanders (2012) conducted a literature review that investigated the influence of the transformational leadership style on organizational end results and the end results of the follower.

Literature Search Strategy

The literature search strategy included the use search engines including the following: Google Scholar, CINAHL, Cumulative Index for Nursing and Allied Health Literature, Education, a Sage full-text database, ProQuest Dissertation and Theses, and PUBMED, which includes Medline and Psych INFO. The time period examined included literature for the years of 2000-2015. Walden University Library was used to access these

databases. Keywords searched included: *transformational leadership*, *nurse*, *manager*, *nursing*, *nurse manager*, *curriculum development*, *leadership theory*, *conceptual development and framework*, *transformational leadership at the bedside*, *transactional leadership*, *leadership style*, *practice*, *training*, *theory*, *attributes*, *workshops*, *PDSA*, *learning inventory styles*, *leadership*, *change*, *facilitation*, *organizational change*, *organizational culture*, *qualitative*, and *educational programs for transformational leadership*. I reviewed approximately 209 sources and included approximately 62 in my review. The literature review terminated in the Spring of 2016.

Concepts, Models, and Theories

This section will describe the different concepts, models, and the theoretical framework relied upon to develop the curriculum.

Transformational Leadership Theory

Transformational leadership theory is crucial for any organization in goal attainment, unit management and encouraging a work environment that is healthy, goal, and team oriented (Bass, Avoilio, Jung, & Berson, 2003). TFL provides the leader with the characteristics to empower the follower to aspire to a higher level of ethics. The leader will work with those under their charge to embrace the need for change. The follower is motivated with an increased morale, a new identity and sense of self that becomes one with the organizational goals (Bass et al., 2003). Hardy, Jackson, Webster, and Manley (2013) discussed the components of transformational practice. The development of this practice should include a collaborative effort towards service improvement that will help to clarify shared goals and oriented innovation through

personal, team, and organizational transformation (Hardy et al., 2013). The program should incorporate varying amounts of different educational and creative inquiry and be applied in a structured and systematic way. Key to the success of any QI program involves engaging those who will be the end users or the key stakeholders in the process (Kelly, 2011). In conclusion, knowledge of TFL can assist in the creation of a unit that develops a team of leaders.

One of the main characteristics of TFL is to motivate the follower in numerous ways. Curtis and O'Connell (2011) stated that nurse leaders who exhibit a transformational leadership style can have a significant impact on the work environment, patient care outcomes, and organizational commitment. The authors noted that transformational leaders achieve greater performance by stimulating innovative ways of thinking, providing care and by helping to transform their followers' beliefs and aspirations. TFL leaders see the importance of organizational change, and can rally support to inspire the changes required. Curtis and O'Connell (2011) also discussed the role of the transformational leader and the effects of this style of leadership on nursing unit staff.

Building on these concepts and ideas regarding transformational leadership is Bass's theory. Bass's (1998) theory of transformational leadership (TML;as cited by Curtis & O'Connell, 2011) is comprised of four main components: idealized influence, charismatic leadership, inspirational motivation, and intellectual stimulation. One can conclude, that a leader with charisma and motivational skills will have relatively positive relationships with their followers. A positive relationship between the nurse and nursing

leadership can lead to increased nurse retention and patient satisfaction. Brown, Fraser, Wong, Muise, and Cummings (2013) noted that leadership behaviors are not only essential to staff personal investment but also lead to lower reported turnover intentions. The evidence has positioned the transformational leadership style as the preferred practice for management of the nursing unit (Brown et al., 2013). Attributes held by the transformational leader are essential to leading the motivation and development of staff (Curtis & O'Connell, 2011; McFadden, Henagan, & Gowen, 2009; Wong & Cummings, 2007). There is a gap in the literature, however, concerning how TFL theory's integration on the UCN level affects the nurses at the bedside. The implications of the research are that UCNs with TFL theory knowledge influence the nurses under their charge and this leads to better patient care outcomes and increased nursing retention, but there is limited information that indicates this.

To further illustrate the theory of transformational leadership, it is necessary to briefly investigate its roots as a theoretical framework. Transformational leadership as a theory was first developed by J.M. Burns who, curiously enough, is more famously known as an American Historian and Political activist, but the work he did in 1978, concerning leadership theory and how to best motivate people at all levels of a business is important to this project (Bass et al., 2003). One of the strongest and lasting components of his theory is that a transformational leader focuses on the values, beliefs and needs of their followers (Bass et al., 2003). In 1990, Bass further developed TFL theory, creating a training program meant for leadership models in numerous professions. The basis of this leadership training is more on moral and philosophical leadership than on technical

leadership (Bass et al., 2003). Technical leaders do not concern themselves with motivating their followers nor are their followers' values and beliefs a priority. In short, technical leaders treat the people in their service as cogs to a machine.

The four strategies for transformational leadership include

- the creation of a vision,
- the building a social architecture providing the framework for the generation of commitment and establishment of an organizational entity,
- the development of organizational trust, and
- the attention to the self-esteem of others in the organization (Bass, 1990; 2000).

The four strategies listed above, according to Bass, help establish a strong baseline for a relationship between the leaders and followers, promoting individuation while fostering a sense of unity in addition to creating an environment where individual goals are in-line with the overall goals of an organization. A strong leader both possesses the charisma and creativity to promote a vision and unity and the capacity to relate to those who follow him or her on a personal level.

Furthermore, in an organization, the leader is the person who is most qualified, most knowledgeable, and usually the strongest. People perceive the leader as the person in charge (Bromley & Kirschner-Bromley, 2007). True transformational leadership is guided by a convincing and encompassing view of the future (Bromley & Kirschner-Bromley, 2007). By leader's actions rather than his or her words, a leader establishes morale, integrity, a sense of justice, and a persuasive vision (Bromley & Kirschner-

Bromley, 2007). A transforming leader's actions maximize the needs of the follower by use of six central personality characteristics of transformational leaders. These characteristics are creativity, interaction, vision, empowerment, passion, and ethics. Transformational leadership involves letting go of the traditional transactional style of leadership (task oriented) and involves a thought process whereby the manager and staff work as a team. The manager or leader has the vision of what and how the unit is to function and the team has a voice in how to accomplish this vision (Robbins & Davidhizar, 2007). Strom, Sears, and Kelly (2014) noted that leaders' behaviors throughout the organization should be similar to their followers. Additionally, characteristics of the transformational leader should provide motivation and direction towards the organization's goals. A team that is comprised of members including nursing leadership, the nurse practice council, nursing education, and human resources, will be better qualified to assimilate and guide the process and project management.

Zilembo and Moteresso (2008) defined the transformational leader as the person who increases awareness and values of the task performed by focusing on the organizational goals, rather than individual interests, activating higher order needs and effecting change in their followers. Transformational leadership leads to improved patient care and empowers the nurse thereby effecting organizational change (Robbins & Davidhizar, 2007).

Plan, Do, Study, Act Model

The framework used to guide this project was the Plan-Do-Study-Act (PDSA) quality improvement model (Gillam & Siriwardena, 2013). The PDSA model is a

"systematic series of steps designed for continual improvement of a product or process" (Deming Institute, 2016). First and foremost, is planning. In the plan step, an organization establishes an identifiable goal, for example, an organization seeking to eliminate ventilator assisted pneumonia (VAP). The goal may be to seek to reduce the percentage of occurrence on the intensive care unit. After the goal is established, the organization moves on to the next step: "Do". In this step, the persons within the organization formulate a plan or schematic (change) to reach the goal established in the "plan" step. Using the example again, the organization would decide to suction the patient every six hours. The next step is called "Study". In this step, observation takes place, in which the organization analyzes the results/feedback from the changes previously implemented. Going back to the VAP example, the rate of VAP occurrence in the ICU would be fastidiously monitored and recorded. Lastly, the stage "act" closes the cycle. In this stage, the goal is re-evaluated to determine if the changes implemented were effective or ineffective and the cycle may start anew if determined necessary. In the VAP example, this might entail an organization discovering that the suction does in fact decrease the instances of VAP on the ICU and may experiment in decreasing the times between suction to see if this would be even more beneficial.

The leaders at the project hospital use the PDSA framework to guide all QI projects. The PDSA model is simple but powerfully effective when there is a need for accelerated change (Gillam & Siriwardena, 2013). The process involves implementation and evaluation or testing for change when an aim, a team, or measure is developed. With

a framework grounded in the scientific method, this tool facilitates learning that is action-oriented (Hignetts et al., 2013).

According to Kelly (2011), deployment of the PDSA change model will move the organization to examine the issue and align methods to obtain the end goal of the competent practice of the transformational leadership theory by the charge nurse. PDSA steps are congruent with the nursing process of assessment, diagnosis, planning, implementation, and evaluation. By utilization of a test cycle on a small scale and then replication on a larger scale until the achieved outcome, the PDSA strategy can be implemented rapidly (Hignetts et al., 2013). Change at the bedside must include those who will implement the change (Kelly, 2011).

Nadeem, Olin, Hill, Hoagwood, and Horwitz (2013) performed an overview of the many quality improvement collaborative techniques and found that regardless of the many models found, the multi-disciplinary approach resulted in more buy-in, consistency and the ability to sustain the project throughout time. The in person QI model from the synthesis of the data for seventeen studies that focused on didactic training found that the training should include the inclusion of quality improvement techniques, such as that used in the PDSA cycle. In using this method, a key finding based in the literature review was the barrier of implementation of the project by non-ownership. Ways around potential barriers included a fostering of local ownership and the creation of a culture, an atmosphere that embraces continuous quality improvement activities.

Gundersen, Hellesøy, and Raeder (2012) conducted a study to identify the effectiveness of the behaviors of the transformational leader. The authors hypothesized

that transformational leadership is positively related to team performance. A survey was dispersed to 544 employees working in an oil company, with a survey response rate of 57%. Transformational leadership was measured into six key behavioral dimensions: expression of a vision, model appropriateness, promote the acceptance of the group goals, expectations of high performances, support that is individualized, and logical inspiration. The results using the Likert scale yielded an internal consistency of 0.96. Team performance was positively related with a standardized regression coefficient of 0.50 with a medium to large effect support the hypothesis.

George and Lovering (2013) examined the skills exhibited by the chief nursing officer in an integrated hospital system. The results from the implementation of various strategies including shared governance resulted in positive outcomes including increased nursing satisfaction, nurse retention, and benchmarked nurse-sensitive quality outcomes. RN satisfaction scores were improved from T-scores (51.52) mean from the previous mean (47.96). Additionally, the nursing turnover improved significantly from 17.1%. to 9%.

Salanova, Lorente, Chambel, and Martínez (2011) examined the link between transformational leadership and the nurses' extra-role performance. Studied in this research project were the nurses' behaviors to help facilitate fulfillment of the hospital's mission and to promote healthy work environments, specifically if there is a link between the transformational leadership and staff nurses' extra-role performance as mediated by nurse self-efficacy and work engagement. In all, seventeen supervisors evaluated nurses' extra-role performance, from various services in a large Portuguese hospital. The rate of

participation was 76 for the staff nurses and 100% for supervisors. Data collection was during the period of 2009 using the social cognitive theory model. Structural Equation Modeling tests a theory-driven model between the characteristics of the transformational leader and self-efficacy, work engagement and nurses' extra-role performance. The results from the analysis of the data did support a full mediation model in which transformational leadership and work engagement.

Transformational Relevance to Nursing Practice

The following section addresses the ways in which transformational leadership is relevant to the practice of nursing, to nursing leadership, to patient care, nurse retention, patient care days, and lastly, curriculum development.

Many studies have examined transformational leadership effect in the workforce, (Hardy et al., 2013). There have also been studies examining methodology for teaching transformational leadership, (Hardy et al., 2013). There are few studies in the literature regarding curriculum development in nursing on transformational theory. However, other industries including education and business were consulted in the search of best practice. The evidence researched has positioned the transformational leadership style of management as the preferred practice for management on the nursing unit, and the attributes held by the transformational leader have been shown to be essential to leading the motivation and development of staff (Curtis & O'Connell, 2011; McFadden, Henagan, & Gowen, 2009; Wong & Cummings, 2007). Hauck, Winsett, and Kuric (2013) discuss the multifaceted, complex aspects that an effective leader at the bedside should possess.

Hardy et al. (2013) discussed the components for the development of transformational practice. The development of this practice should include a collaborative effort towards service improvement that will help to clarify shared goals and oriented innovation through personal, team, and organizational transformation. The program should incorporate varying amounts of different educational and creative inquiry and be applied in a structured and systematic way. The key to the success of any program involves engaging those who will be the end users, the primary stakeholders in the process (Kelly, 2011).

Wong and Cummings (2007) cite the problems of errors and adverse events for the patient in American health care facilities and recommend changing the nursing work environments to increase patient safety. The Institute of Medicine (IOM) report clearly outlines the role of the transformational leader and stresses that this form of leadership needs to implement management practice that creates a culture of safety and improved patient outcomes (IOM, 2011).

Effective leadership can link to lifelong learning that can lead to lifelong change. Knowles, Holton, and Swanson, (2011) notes that key characteristics that are inherent in the transformational leader, includes commitment, and relationship building that is inherent in bringing about change. This change will build and improve the organization's nursing sensitive patient care outcomes.

Nursing Leadership

In today's healthcare arena, when nurse managers are both responsible for retention and performance, leadership style is critical to achieving both outcomes

(McGuire & Kennerly, 2006). The Nursing Agenda for the Future reports that "it is essential to fully make use of the expertise and skills of professional nurses and to guarantee their retention in the profession" (American Association of Colleges of Nursing, 2002, p. 36). Kotzer and Arellana (2008) found that increased nurse turnover had a tremendous effect on the financial resources, operations, and the quality of patient care delivered within the healthcare environment. In these unstable economic times, nurse leaders are challenged with finding creative and economical ways to obtain, train, and retain high-quality nursing staff. The quality of patient care, continuity of care, and consistency of care are important to an organization's health and welfare. In a position statement, the American Nurses Association (ANA, 2002) listed key agenda items for the future. One key item noted was the promotion in the recruitment and retention as a primary focus for nurse leaders (ANA, 2002). The shortage of hospital nurses is of worldwide concern and influences the effective overall operation and quality of care (Kotzer & Arellama, 2008).

Sherman and Pross (2010) also examined the role that nursing leadership plays in developing leaders at the bedside. The authors cited that the traditional top-down, command and control style type of leadership no longer sustains healthy work environments at the unit level. The proposed solution: a paradigm-shift toward a transformational style of leadership. This form of leadership builds employee morale and creates an atmosphere that leads to motivation; enhanced performance of the followers. Also noted in the review of the literature the authors cited that a competency model is in wide use at the unit level known as the Nurse Manager Leadership Collaborative

(NMLC) Learning Domain Framework. This model consists of three domains. Domain 1 speaks to the development of the leader within. The nurse Manager must display and exhibit confidence in and of themselves, this will lead to trust and the ability to empower others. This model also recognizes that the nurse manager knows that their communication and the actions they take may affect others and are cautious in their interactions with others. Domain 2 includes a review of the art of the ability to lead. Key in this domain is the discussion of getting them to play as a team. This includes guiding members to resolve conflict, and communicate towards their goal of working as high performance (Sherman & Pross, 2010) The last domain discusses the role of the leader and the ability to manage the business of healthcare.

Duygulu and Kublay (2011) conducted a research study at an adult and children's Hospital of a major university system in Turkey. The project aim was to develop a program that would instruct the unit charge nurses UCNs on five sections

1. Management, leadership and transformation leadership (TL).
2. Process of influencing power.
3. Motivation.
4. Exemplary leadership practices.
5. Becoming an effective leader.

A volunteer sample of 30 baccalaureate-prepared unit charge nurses (UCNs) participated. Their leadership competencies and individual effectiveness in their roles was the basis for selection. Staff nurses represented approximately half the total number of the nursing workforce who worked with the UCNs participated as the observers of the

charge nurse behavior. Their role was to evaluate the UCN based on a data tool, the Leadership Practices Inventory (LPI). Both the UCN and the observers completed this tool, validated by previous Turkish validity and reliability studies that scored the leadership style of the UCNs (Duygulu & Kublay, 2011). Four times during the period of December 2005 to January 2007, LPI data was collected and applied.

The results from the LPI outlined what would be included in the development of the educational program to educate on the transformational characteristics needed for the UCNs. The program consisted of 14 hours of theoretical study and 14 hours of individual study. The follow-up results post implementation according to the Leadership Practices Inventory-Self and Observer ratings, showed that leadership practices increased and were statistically significant with the implementation of the program. The results concluded that the most frequent leadership behavior in the first and fourth evaluations was consistent with transformational leadership. Encouraging the heart and encouraging others to act was the most frequent leadership behavior of the UCNs. Encouraging employees, conveying a sense of mission and solving current problems with diverse means were identified at all levels during the LPI analysis. These behaviors were consistent with TL behavior.

Hardy et al. (2013) discussed the use of transformational development through the education of advanced level practice within complex health care workplace environments. This process involves both the practitioner and other key stakeholder groups. Critical evaluation in conjunction with the transformational education program leads to an all- inclusive and clear promotion of a transformative workplace environment.

The overarching theme and intent of this process are supportive collaborative attainment of service improvement and clarification of shared goals. Care delivery can be improved when the leader undergoes personal, team, and organizational transformation. Innovation is necessary to promote such a model, and a focus on solutions will require a change in the nurse curriculum that involves telling one what the focus is, to one utilizing the logic and creativity, deductive and inductive thinking, imagination and reason, action planning and solution searching (Hardy et al., 2013).

Wong and Cummings (2007) conducted a system-wide review on the relationship between leadership style and patient care outcomes in healthcare organizations. They defined leadership as the process whereby an individual purposefully attempts to reach an objective. Wong and Cummings (2007) reviewed 1,214 studies with 99 meeting the criteria for inclusion. Studies that were included for review were both qualitative and quantitative studies and those studies of leaders who had direct reports. Indirect and direct relationships between the leader and patient care outcomes were reviewed. There was a significant relationship reported between the transformational leaders on patient outcomes and nursing with increased unit effectiveness and the nurse perceptions of the units' effectiveness.

Nurse Retention

The nursing shortage has yet again reached critical levels with no relief in sight. The average age of nurses is 43.3 years with one-third of the nursing workforce over 50. The expected registered nurse (RN) vacancy will be 20% by 2020 with a deficiency of one million nurses by 2010 (Bowles & Candela, 2005). Nursing programs have not

graduated adequate numbers of new nurses to meet these demands. Additionally, nurses are reporting increased dissatisfaction and stress with nursing. One in 5 nurses plans to leave the profession within the next 5 years (Bowles & Candela, 2005). Duffield, Roche, Blay, and Stasa (2011) found that in the USA the turnover rate for registered nurses is around 20% per year. The costs associated with replacing a new nurse with orientation, including direct and indirect costs can range from $10,000– $60,000 per nurse. In a study by McGuire and Kennerly (2006), 30% of new nurses left after one year of employment in their first nursing position. In today's healthcare arena when nurse managers are both responsible for retention and performance, leadership style is critical to achieving both outcomes (McGuire & Kennerly, 2006).

Staff attrition creates operational costs in the recruitment and orientation of new staff. In addition, these vacancies have a negative impact on the morale of senior staff asked to work short or extra shifts resulting in staff burnout (Kotzer & Arellana, 2008). This topic of leadership style, nurse orientation, and nurse retention is important to study because of the critical shortage that exists in the workplace today. The Nursing Agenda for the Future reports that "it is essential to fully make use of the expertise and skills of professional nurses and to guarantee their retention in the profession" (American Association of College of Nursing, 2002, p.36). The realities of the nursing shortage and future forecasts compel the examination of factors that continue to influence the ability of organizations to retain nurses for inpatient (Karlowicz & Ternus, 2009).

Buffington et al. (2012) examined factors that affected nurse retention. The burden of replacing a nurse financially who leaves an institution can range from $42,000

to $64,000. The authors conducted a study by surveying RN with the Revised Casey-Fink Nurse Retention Survey. This survey consists of six sections with 33 items related to work environment, support, and encouragement. The survey utilized the Likert scale of (1, strongly disagree, to 4, strongly agree). A total of (n = 614, 91%) of 677 nurses completed the survey. The results found four key determinants that predicted RN retention: job satisfaction, work group cohesion and collaboration, nurse organizational commitment, and personal characteristics. The results also revealed an indirect relationship between RN retention and the relationship with the nursing supervisor.

Brown et al. (2013) also reviewed factors that influence intentions of the RN to stay: perceptions regarding retention and the RN perception of the nurse leader. The aim of the study looked at these two factors. The study examined the differences in 22 perceptions regarding the staff nurses and their managers' work environment and the potential regarding the influence on turnover. The results concluded that the environment perceived by the staff nurses as well as the involvement of the nurse leader on the staff nurse growth affected turnover.

Patient Satisfaction

Johnson, Johnson, Nicholson, Potts, Raiford, and Shelton (2012) discussed the nurse manager's role in encouraging employees, specifically the implementation of new practices and how to incorporate these changes into daily practice. The transformational leadership style structured the employees' education. The involvement of the nurse manager in implementing new practices ultimately affects new practices and can be crucial in the care at the bedside.

Wong, Cummings, and Ducharme (2013) conducted a system-wide review of the evidence that examined the relationship between leadership and patient outcomes. The process of content analysis grouped nineteen patient outcomes into five categories. One category was the relationship between leadership and patient satisfaction. In 30% (n = 6) of the studies that were examined primarily the family or patient satisfaction, the patient care outcomes were collected prospectively. Across all studies, 43 relationships between leadership and patient outcomes were examined and 63% (n = 27) of these were significant. Patient satisfaction was examined in a total number of studies (n = 7) relating to leadership practices. The results proved a significant association between leadership and increased patient satisfaction in four of the seven studies. The remaining three did not show significant results. Verschueren, Kips, and Euwema (2013) examined the leadership styles of the head nurse and the relationship in patient safety and quality of care. Transformational leadership was the most reviewed style in the 10 studies. The analysis revealed a trend that suggested the formation of a trusted relationship between the head nurse and those who were insubordinate, which seemingly fueled the achievement of patient outcomes.

Patient Care Days

Cabana et.al (2006) examined the effectiveness of a continuing medical education program, coupled with Physician Asthma Care Education, in the improvement of the pediatricians' asthma therapeutic, communication skills, and patients' health care utilization for asthma. The program featured two interactive seminar sessions, which evaluated the national asthma guidelines, communication skills, and important

educational messages. The program collected information on the perceived parent perceptions on the physicians' communication, the child's asthma symptoms, and patients' asthma health care utilization; outlined patient care days. The physicians who attended the program had patients with a greater decrease in patient care days limited by asthma symptoms (8.5 vs 15.6 days).

Curriculum Development

Fennimore and Wolf (2011) discussed the use of the Nurse Manager Leadership Collaborative model in developing the framework for their leadership development program. The program encompassed three domains, including the science of managing the business, the art of leading people, and the leader within: creating the leader in you. The obtained competencies were developed by the American Organization of Nurse Executives (AONE); the curriculum for the organization will focus on the four components for transformational leadership as outlined by Hewitt, Davis, and Lashley (2014). These components are

1. Development of a shared vision.
2. Building goal consensus.
3. Building structures to enable collaboration.
4. Modeling valued behaviors, beliefs, and values.

Many other areas of industry have utilized transformational leadership to guide and mold mentees and staff in leadership development. In the educational setting transformational curriculum, development is set up so that the teacher instructs the students to be leaders. Hallinger (2003) described that the transformational teacher

provides the student with numerous occasions to demonstrate the recently attained Transformational Leadership skills. This instruction is taught in low-risk situations. For example, these practices and learn occasions can be used in the healthcare setting allowing the charge nurse the ability to show material taught was understood without trepidation of disappointment or embarrassment. Eventually, the confidence built in these demonstrations accrues, allowing for the promotion and mastery of skills. Giddens and Morton (2010) described how applied transformational leadership evaluated the nurse concept-based baccalaureate-nursing curriculum. The notably ongoing evaluation of the curriculum served to ensure the delivery of quality education. Findings from the surveys and focus groups identified strengths of the new curriculum to students and early changes that could be made to improve the curriculum. The evaluation used is what is known as the planned summative evaluation and analysis, an all- inclusive program that assesses the educational activity, course, or program. The focus is on the program as a whole and the outcomes to be achieved. Giddens and Morton (2010) noted that during the implementation of this program the process entailed reviewing key concepts such as early preceptor experiences in all settings including clinical intensives. These sessions allowed the student to select their clinical experiences of interest and preference, which also lead to increased engagement.

Hardy et al. (2013) examined education of transformational practice at the advanced level of practice in the health care workplace. The process encompassed using a variety of different critical creative inquiry approaches with the intention of providing a foundation of support. This support clarified shared goals through personal, team and

organizational transformation. Key in this process was engaging the stakeholders, the end users, and providers. The fundamental change required acknowledgment and discovery of concealed examples of cultural influences that can compel one's thinking and behavior (Hardy et al., 2013). Once known the practitioners can analyze the decision-making, conflict, the use of power critically, and learn from practice. The transformative educational practice incorporates pedagogy that the student is the critical agent and that use of language that is supportive is necessary to create the critical consciousness, and strategies needed change to take place. The nursing students' knowledge is built not by simply providing the values and beliefs to the students, but by recognizing that simply focusing on problems in terms of learning will not help the nurse to coordinate their actions and think proactively. This component is key to learning how to be a transformational leader (Hardy et al., 2013).

Frazzini and Finch (2011) reviewed a program on mentoring for students at The University of Minnesota. The program for transformational mentoring incorporated the concepts cited by Sharon Daloz Parks' which are noted as: "(1) becoming critically aware of one's own composing of reality, (2) self-consciously participating in an ongoing dialogue toward truth, and (3) cultivating a capacity to respond—to act—in ways that are satisfying and just" (Frazzini & Finch, 2011, p. 6). The pilot study focused on developing the leadership and personal growth of the students. Two years of student evaluations were examining with mentor feedback looking at the process of implementing the leadership program mentoring. The mentoring curriculum core focus that centered on discussion of career opportunities and coaching, and informational mentoring, needed to be revised.

The growth that occurred was deemed more effective, as outlined in the framework the Social Change Model of Leadership Development, and should be a development that will not center on the mere transmission of information but rather to grow and prepare the students to transform. The focus moved from individual mentoring to large and small discussions in-group, outings, and projects in the community. Fifty students could be supported in the program with weekly seminars explaining the core concepts evolution of self, problem-solving, and critical examination of self-direction. The training units consisted of topics inclusive of

1. Review the role of mentors for personal development.
2. Define and understand the difference between mentoring and advising.
3. Outline mentor expectations to enhance personal development.
4. Mentor feedback in the form of a group meeting partway through the program to evaluate successes, failures and new directions if necessary.
5. Ending the mentoring relationship (Frazzini & Finch, 2011, p.4).

The overall results of the pilot study resulted in a design change for the mentoring program that focused on the development of leadership and personal growth, incorporating several aspects of the transformational theory. The pairing of a student with a mentor across all departments also aided in the answer to feedback from the application and interview information provided by the student.

Local Background and Context

In 2013, a change came to the organization, and in nursing leadership, including a new CNO. With this change, many aspects of the nursing care were closely examined. A

directive was given from executive leadership to the nursing division to meet key quality indicators that were consistently below the hospital and TJC benchmark criteria. Patient satisfaction scores were at 49%, nursing retention was at 64%, and patient care days were up. Nursing leadership met with unit staff, both individually and in groups, to try to decipher what was at the root of the problem.

The planning portion of the PDSA process involves the establishment of a team that collaborates to identify a problem and decide on an aim to resolve (Kong & Kong, 2013).The plan established by executive leadership included an analysis of the unit charge nurse's leadership style using the validated MLQ survey. The MLQ is a widely used and highly valid tool for measuring leadership in a variety of organizations. Avoilio et al. (1995) famously tested its reliability and validity further solidifying its effectiveness as a tool for leadership measurement, (Antonakis, 2001). After examining and analyzing the results, the determination reached was that the UCNs exhibited characteristics of the transactional leader. Leadership decided to educate the UCNs on the transformational leadership theory identified by the AONE as the leadership style of choice. The AONE has promoted TFL as the leadership style of choice and organizations should look to shape the nurse at the bedside, (Bromley & Kirschner-Bromley, 2007). The plan to change the leadership style involved researching best practice on leadership style and the provision of education on the TFL theory.

According to the nurse director, "[t]he nurses need a UCN [UCNs] who are strong, and often times are not sure what to do and how to manage the team on many occasions. This had led to work around and incomplete care that has led to faulty

processes" (Nurse Director, personal communication, December 2, 2014). The UCNs are unable to direct staff, provide instruction on managing the team, and are not seen as effective leaders on the unit. The nurses under their charge fail to complete required quality improvement activities, communication with the interdisciplinary staff is insufficient or incomplete, and attention to task takes precedence over patient satisfaction. Transformational leadership style would help eliminate these occurrences.

Summary

The literature supports the notion that the charge nurse is in a front line position to the staff engaged in patient care. With the implementation of the leadership style of transformation, the charge nurse can significantly influence the work environment and organizational commitment of the employee. A positive relationship between the nurse and nursing leadership can lead to increased nurse retention and patient satisfaction (McGuire & Kennerly, 2006). Studies over the last 10 years have shown a relationship between leadership behaviors and nursing job satisfaction, indirectly affecting patient care outcomes. The evidence researched has positioned the transformational leadership style of management as the preferred practice for management on the nursing unit and the attributes held by the transformational leader are essential to leading the motivation and development of staff. The successful development of transformational practice involves the development of a collaborative effort towards service improvement that will help to clarify shared goals and oriented innovation, through personal, team, and organizational transformation. The program should incorporate varying amounts of different educational and creative inquiry applied in a structured and systematic way (Curtis & O'Connell,

2011). In Section 3, the approach and methods section will describe the manner in which the charge nurses will be educated in transformational leadership.

Section 3: Project Plan

Introduction

The purpose of this DNP project was to develop an educational curriculum and implementation plan for unit charge nurses on transformational leadership. The outcomes for this project were:

- Educational curriculum
- Implementation plan
- Evaluation plan
- Content expert evaluation of the curriculum
- Summative evaluation of my project and my role in the project development

The following section discusses the approach and methods for completion of the project.

Role of the DNP Student

My role with the hospital team was to collaborate with interdisciplinary personnel to examine best practices in the design of the educational curriculum on transformational leadership. After the initial team was disbanded due to changes in hospital leadership, the curriculum was presented to a second team of who were also content experts. My role with this team was to facilitate meetings, present the literature and the curriculum design, implementation and evaluation plans to the team.

Role of the Project Team

The role of the first project team was identification of the problem in the hospital and research best practice to develop the curriculum to help solve the problem. The team

reviewed the information provided and discussed what should be included, and how the curriculum would be rolled out in the hospital. The second team of experts' role was to review the curriculum, the implementation plan, and evaluation plan. The experts were also tasked with evaluation of the curriculum's content, clarity, and conciseness. The second team of experts was tasked with participating in a summative evaluation of the DNP project, and myself assessing such skills as communication, timeliness, clarity, organization, and motivation.

Methods and Approach

Framed within the PDSA model, this project was a team effort. Ezziane, Maruthappu, Gawn, Thompson, Athanasiou, and Warren (2012) noted that teamwork, in all organizations, could not be underestimated. The front line leader or, in this case, the charge nurse was pivotal to enacting change, largely because they embodied the organization's ambitions in completing the goal. Nadeem et al. (2013) stated that QI team members should come from across the organizational system and be representative of staff who will be in charge of carrying out the interventions towards the goal. Kelly (2011) noted that in the achievement of internal objectives employee involvement has a powerful effect on both the organizational and individual patient-sensitive outcomes. Considering these perspectives, an essential characteristic for a leader is to be consistently on level with the ambitions, expectations, and direction of the organization. Only when there is similarity between the leader and the overall organization, are followers more likely to unify.

The overall effectiveness of the team hinges on the ability to include those parties who are skilled in their own areas of practice and who are ultimately affected by this [policy] change (Kelly, 2011). As noted by Boushon et al. (2012), the Institute for Healthcare Improvement further recommended that all teams should provide for someone who is in clinical leadership, one who is an expert in technology, someone from the day-to-day leadership staff, and a sponsor for the project.

Grumbach and Bodenheimer (2004) discussed five key elements of team building

- Clear goals with measurable outcomes.
- Clinical and administrative systems.
- Division of labor.
- Training.
- Communication.

Effective teams work in collaboration toward a common goal. The team members are chosen for inclusion due to their various skill sets and characteristics. The effective team is also built on ensuring an appropriation of labor that is fair and within the capabilities of a team member so that each team member is armed with a skill set to accomplish their specific task. If training proves to be a necessity training is provided and communication occurs on a continual basis (Grumbach & Bodenheimer, 2004).

A summary of the benefits of TFL was presented to the hospital QI team and collaboration on developing the curriculum design was begun. The team members were experienced professionals familiar with acute-care hospital settings, having worked as charge nurses, educators, or in hospital leadership. They continued with the development

and evaluation aspects of the project. Initially, the QI team from the institution participated in the formative evaluation and provided continual feedback on curriculum design. Soon after, due to change in nursing leadership, the team of professionals who initially supported the project resigned. The new nursing director did not support moving the project forward.

After the initial project team disbanded, a second team of content experts was gathered. These experts were also familiar with acute-care hospital settings, having experience in roles as educators, charge nurses, and nursing leadership. One nurse educator is a Master's prepared board certified family nurse practitioner and is currently working in the inpatient arena as a nurse educator in addition to being responsible for the education of the charge nurses on the floor. One is currently a nurse educator who is Master's prepared in nursing and is a doctoral candidate. This person is a former charge nurse and nurse manager and is also responsible for teaching all aspects of nursing to nurses preparing for their Bachelors of Nursing. One nurse is a Master's prepared board certified family nurse practitioner and is an associate professor responsible for teaching all aspects of nursing to nurses preparing for their Associate degree in nursing. The final nurse educator is a Master's prepared board certified family nurse practitioner currently working as an adjunct in the clinical arena. This person is also a preceptor for the charge nurses on the unit and clinical instructor for BSN in training nurses on the medical and telemetry units in the acute care setting. This second group was tasked with finalizing the development of the curriculum, review of the evaluation and implementation plans, and completing the evaluation portions of the project.

Ongoing process evaluation occurred as reflected in meeting minutes with qualitative responses. Content evaluation of the curriculum by the content experts was conducted (see Appendix F). Furthermore, the content experts completed a summative quantitative evaluation using a Likert scale to evaluate my performance in curriculum design and leadership (Appendix G). The Likert scale according to Munshi (2014) provides for generalized measurement of topics, thoughts, opinions, and data that is specific to factors that contribute significantly. For this reason, the Likert scale was utilized for the evaluation.

The new project team met four times via conference call. Each team member received an agenda in advance and subsequently provided feedback adhering to the guidelines set by myself. Team members received copies of all communications via email to maintain transparency. Relying on the literature for example, the team conducted ongoing process evaluation. The literature supported revisions and amendments for improvement continuously (Mitchel et al., 2012). In the meetings, the team outlined the goals which included

- Presentation of the synthesis of the literature (Meeting 1).
- Presentation of the curriculum/content evaluation (Meeting 2).
- Discussion of summative evaluation /Content evaluation (Meeting 3).
- Final presentation of the project and completion of the summative evaluation (Meeting 4).

Section 4 presents and discusses qualitative evaluations gathered from responses in the meeting minutes.

Outcomes

Outcome 1 Educational Curriculum

The proposed program is divided into three modules for the UCN. The curriculum plan includes two weeks of classroom instruction for a total of six hours each day. The two weeks of study includes didactic, independent self-study, and online modules. Weeks three through six include real-time observation with RN educator, feedback and implementation on the unit. The nurse educator will continue mentorship for a minimum of six months, with an allowed maximum period of one year. Student evaluations will be conducted at three and six-month intervals respectively using the post TFL competency survey.

The charge nurse will be instructed on the style, attributes, and characteristics displayed by the transformational leader. The classroom instruction Module 1 includes a didactic learning curriculum, case studies, role-play and other interactive exercises. Module 1 will cover the theoretical aspect of transformational leadership, including the four components of what constitutes a transformational leader from various other styles of leadership. This module explores and defines the difference between the transformational leader versus the transactional and laissez-faire leader.

Outcome 2 Content Expert Evaluation of the Curriculum

The content experts from the second team conducted content evaluation, consisting of review of the curriculum design, and the evaluation of the curriculum's content. This curriculum evaluation was conducted using a 12-item, "yes/no" curriculum content evaluation tool designed by me. Each individual item could receive a maximum

possible score of four points and a minimum of zero. Content experts were also encouraged to provide feedback on the evaluation tool.

Outcome 3 Implementation Plan

The implementation is not a part of this DNP project. The team of experts reviewed the designed nurse educator evaluation plan for effectiveness. The evaluation plan includes a proposed method for evaluating the nurses who complete the TFL theory program and the nurse educator who presents the program. The content experts reviewed the items created by me for the ability of the evaluations' items to meet the learning objectives and goals of the TFL curriculum. Additionally, the team evaluated me in my role as presenter of the curriculum and the DNP project. They based their evaluation on my effectiveness and integrative transformational leadership characteristics. The two evaluations developed for these purposes were

- Evaluation for the nurses who complete the program (see Appendix H).
- Evaluation for the nurse educator who presents the program (see Appendix I).

Outcome 4 Evaluation of the Implementation Plan

The content experts reviewed the implementation plan for practicality and sensibility. This entailed items such as appropriate times/shifts for implementation, leadership project meeting times, plans for curriculum rollout, and timeline for reevaluation.

Post TFL Competency Survey. The team of experts reviewed a 7-item evaluation meant for administration to charge nurses upon completion of the program.

The items evaluate the student using a Likert scale of 1 to 5, with one being the lowest possible score and five being the highest for any one item. The test also details the method of evaluation and provides space for the evaluator to leave feedback for any item scored "3" or lower. This test is meant to evaluate the unit charge nurse's ability to describe, define, and demonstrate the components of TFL theory. The experts were tasked with reviewing this item to determine if the item adequately assesses the learning objectives in TFL theory.

Nurse Educator Evaluation. The team of experts reviewed a 17-item evaluation meant for administration to unit charge nurses upon completion of the program. The items evaluate the TFL instructor using a Likert scale of 1 to 5, with one being the lowest possible score and five being the highest for any one item. This test evaluates the effectiveness of the nurse educator as determined by the students.

Outcome 5 Summative Evaluation of the Project and My Role

The team of experts also completed an evaluation of the DNP project and myself. The 17-item test assesses the project and my abilities to incorporate TFL theory, as well as presentation style, clarity, and conciseness. The test utilized a Likert scale of 1 to 5 with one being the lowest possible score and five being the highest for any one item. A "1" rating indicates that the item's goal was ignored, "2" rating means goal was addressed but not met throughout the duration of the project, "3" rating means goal was neither met/nor ignored but addressed, "4" indicates the item's goal was addressed and met adequately, and a "5" rating indicates that the item's goal was addressed, and met in a manner that exceeded expectations. A perfect average score would be a 5.00.

Population

Team members who were also the content experts provided the data for the project.

Ethics

The process for IRB approval consists of the student submission of an IRB application to the Chair for approval. The chair will submit the IRB application to the IRB application to the IRB chair at IRB@waldenu.edu. The IRB will notify the student of approval via email. With consideration to ethics, the information pertaining to participants in in this design-only was kept confidential to ensure that identifying information is not distributed, (My-Peer Toolkit, n.d.). Walden University IRB approval was obtained (see Appendix J). The approval of this project was confirmed on October 13, 2015 and the IRB record number is 10-13-15-0423676.

The next section discusses the project's analysis, including analysis of curriculum content evaluation results, analysis of content evaluation and review of the implementation and evaluation plans.

Data Analysis

Outcome 1 Curriculum Content Evaluation

Descriptive analysis of the yes no responses with qualitative recommendations.

Outcome 2 Summative Evaluation

Descriptive analysis of the Likert scale results. Qualitative recommendations for improvement.

Summary

Section 3 described the project within the PDSA model related to approach, methods, and evaluation. Challenges and changes in leadership led to an unforeseen delay in moving forward with the TFL QI DNP project at the bedside. However, the design aspect of the project yielded several outcomes, including TFL curriculum design and evaluation plan, reviews of the curriculum and implementation plan, reviews of the post-TFL competency tool and nurse educator evaluator tool, evaluation of the TFL curriculum, and, lastly, an evaluation of myself and the DNP project. The content experts considered all tools developed to be effective and meet the goals put forth by myself. Section 4 will discuss the findings, evaluation, and discussion as well as the implications, strengths, and limitations of the project and self-analysis.

Section 4: Findings and Recommendations

Introduction

The purpose of this DNP project was to develop an educational curriculum for unit charge nurses on transformational leadership. The goal of this quality initiative project was to bring transformational leadership knowledge to the unit. The outcomes for this project were:

- Educational curriculum
- Implementation plan
- Evaluation plan
- Content expert evaluation of the curriculum
- Summative evaluation of my project and my role in the project development

The following section's purpose is to present key findings, evaluation, and discussion related to the project. The implications, strengths, and limitations of the project will also be discussed. Lastly, I will analyze myself as a project leader.

Evaluation, Findings and Discussion

The purpose of this project was met through the development and evaluation of the outcome products. The outcomes for the project were the educational curriculum, implementation plan, evaluation plan, content expert evaluation of the curriculum, summative evaluation of the project and my role in the development of the project. The goal of the project was not met because the original organization for which the project was to be developed had a change in leadership and project implementation ceased.

However, a new team outside of the first organization was formed as described in Section 3.

Outcome 1. Educational Curriculum and Outcome 4. Content Expert Evaluation

The TFL curriculum was designed and evaluated by content experts for effectiveness in meeting the objective of teaching the fundamentals of the TFL theory in addition to evaluating the AONE competencies of the charge nurse. The evaluation occurred through formative feedback during a series of meetings and through content evaluation of the final curriculum plan. This formative evaluation included presentation by myself of the purpose of the project and formative evaluation, presentation of the literature review, curriculum presentation, and DNP QI project design.

Evaluation. Formative evaluation of the curriculum occurred in the meetings and are reflected in the minutes. Upon completion of the curriculum content review, each member of the content expert team completed a curriculum content evaluation tool to assess the items within the curriculum for clarity, conciseness, acceptability, and applicability to the nurses at the bedside. The 12-item tool, consisting of a series of yes/no questions, included space to provide feedback in the event of a disagreement.

Findings. Three of the four content experts scored the curriculum content 12 out of 12 points (i.e., 100%), meaning the curriculum content was clear and relevant to the nurses at the bedside, thus, meeting the objective for this aspect of the project. One expert answered “no” for item B in the Learning Objectives section recommending a change to the evaluation format for the leadership style identification portion of the curriculum. Following the recommendation and curriculum revision, a second evaluation was

administered. The results of this evaluation returned a score of 12/12 (100%) for all four content experts.

Discussion. Revisions were made to the curriculum with respect to the feedback provided during meetings and from the second team content experts' evaluations. The format for post evaluation of the leadership style identification portion of the curriculum was changed from essay to multiple choice. After revisions the content experts reevaluated the curriculum. In the second evaluation, all four of the content experts rated the items 12/12 (100%).The team of content experts approved the curriculum as a tool for providing TFL theory knowledge to the nurses at the bedside.

Outcome 2. Implementation Plan and Outcome 3. Plan for Evaluation

Evaluation. The implementation plan consisted of the planned execution of the project, team member responsibilities, and steps in the process of implementation. The plan for evaluation consisted of tools and methods for evaluating the RN educator teaching the curriculum and the RNs who complete the TFL educational curriculum.

Findings. The implementation plan and plan for evaluation was presented to the content experts but was not evaluated.

Discussion. One content expert did remark on the components of the implementation plan and thought that it would be a worthwhile project to implement. Discussion also occurred about possible implementation of the project at the content expert's facility that was similar to the project hospital. The content experts provided some feedback on the evaluation plan, suggesting that the testing times for the RNs that complete the program be adjusted, allowing for more real time observation. Overall, the

content experts' considered the tools and methods and the plans for evaluation to be adequate in assessing the RN educator and the UCN's incorporation of TFL theory knowledge. However, the plan for evaluation was not formally evaluated.

Outcome 5. Summative Evaluation of Project and My Role

Summative evaluation projects are conducted at the completion of the project design, to help determine if the project should move forward (Celik et al., 2012).

Evaluation. Using these criteria as a guide, a summative evaluation was developed. The questionnaire is a 17- item, 5-point Likert scale evaluation, the goal of which was to assess the project and the project leader (myself), with the scale ranging from 1 value representing an ignored item to 5 representing an item goal being met in a manner that exceeded expectations. A perfect score would net an average of 5.00. The questions related to the project's problem, goal, and outcomes/objectives, and my leadership.

Findings. The summative evaluation of the project/myself yielded positive results. The average overall score of all 17 items was 4.41 out of a maximum possible average score of 5.00 (n = 4, μ=4.41). The specific lowered scored items were item numbers 5, 7, 8, 13, and 14. These items returned an average maximum score of 3.75 and a minimum average score of 3.25. Items 4, 11, and 12, yielded average scores ranging from 4.00 to 4.50. Items 1, 2, 3, 6, 9, 10, 15, 16, and 17 returned average scores of 4.75 or higher, with items 1, 2, 6, 9 and 10 receiving the highest possible average (5.00). Respondents were also given opportunity to comment on the questionnaire. Positive comments were: "a worthwhile project" and "would like to present the project to a group

of nursing leaders for possible implementation at my hospital". One respondent suggested providing an outline of the implementation plan within the design review. Moreover, the addition of a planning committee who are members of the QI team initiative could assist with the planning for the EBP project. One other comment was to limit the evaluation to 10 questions in the future to ensure completion.

Discussion. Overall, the results from the summative evaluation of the project and my role were positive, reflective of my organization and presentation capabilities as well as the project incorporation of TFL theory. The content experts gave the highest average score for items pertaining to timeliness of the meetings, the objectives being clearly stated, schedule of meeting the objectives on time, my ability to engage the content experts, the curriculum content and format, the clarity of stating the initial problem, verbal communication skills, my potential success in the DNP program, and my potential to complete the DNP program. The criteria of timeliness, the objectives being clearly stated, my ability to engage the content experts, the curriculum content and format, and clarity of the problem received a maximum average score from the content experts indicating that these criteria were exceedingly met.

Items of the evaluation pertaining to my method of content presentation, my analysis and synthesis of the evidence based literature, and my listening skills as far as acknowledging and incorporating the content experts' input also received relatively high scores of 4.00, 4.50, and 4.50 respectively, indicating that the content experts' determined these criteria to be adequately met.

The results from the summative evaluation also indicate possible revision may be needed for some aspects of the designed project. The criteria for project organization and the project's integration of software and technology received average scores of 3.75 and 3.50 respectively, meaning that while these criteria were met, the experts determined that they were only moderately addressed. One recommendation specifically suggested utilizing Microsoft PowerPoint for future presentations. Furthermore, the summative evaluation results suggest that my written communication skills and my critical thinking abilities may need improvement, with both criteria receiving an average score of 3.50, meaning they were moderately met. The lowest-rated criteria (M=3.25) was my ability to answer questions.

In the future, these deficiencies may be addressed by integration of technology in the presentation. Additionally, the DNP student may make provide copies of all project materials to members of the evaluation team including a review of the literature, to assist in eliminating miscommunication. Due to the limitations of the project and time constraints, revisions to the project were not made. However, possible revisions may be adjusting the presentation format and incorporating technology to a greater extent in the project as these categories were all scored moderately on the summative evaluation.

Implications

The following section will discuss the numerous ways TFL can be beneficial in practice and contains my recommendations for TFL appropriate use.

The end result of all health care is the prompt and effective care of patients in our care. Nurses who practice TFL will present a leader who is confident in meeting

department goals, demonstrate communication, and leadership skills to lead at the bedside (Casida & Parker, 2011). Bernard (2014) noted that the unit that practices the TFL style of leadership will help to develop the charge nurses' self-esteem and increase nursing satisfaction with the added tools acquired to manage the unit. This education will help to develop the nurses' confidence at the bedside as well as securely providing a strong set of skills meant to transform the bedside nurse into a person capable of making appropriate decisions and being competent and secure in the decisions he or she makes. Transformational leadership has also been shown to have indirect effects on objectively measured patient outcomes. By increasing nursing satisfaction, nurse retention, and benchmarked nurse-sensitive quality outcomes, transformational leadership impacts the environment that the nurses work in, providing for a supportive practice atmosphere. For nurses, a more secure environment to learn and grow in, as well as an opportunity to prolong the duration within that environment cultivates a sense of organizational citizenship as opposed to organizational business, with a greater respect and attention to patient care safety, and this is directly related to transformational leadership.

Policy

The potential to influence organizational or strategic planning includes alignment with the organizational strategic goals aimed at increasing patient satisfaction, and nurse retention and patient length of stay. Policies that relate to the processes and clinical practice can be developed with an interdisciplinary focus that includes communication, decision management trees, staff development, and responsibilities. Human resource policies that involve performance standards and leadership competencies should be

reviewed and revised to ensure incorporation of the competencies as discussed in the TFL theory and outlined by the AONE.

Managers must look past previous transactional and laissez-faire styles of leadership and augment their practice to ensure organizational goals are met. UCNs are positioned at the bedside and have a direct impact on those who fall under their immediate management. Unit managers must extend their leadership practices beyond the traditional style and develop the nurse at the bedside. The literature supports and this DNP project has provided the rationale for the employment of transformational leadership practices to align unit based goals with the system-wide goals. Managers must look to role model TFL leadership as they inspire, motivate, and recognize the nurse at the bedside who excel and move toward professional.

Practice

TFL can help improve communication, autonomy, confidence, and development of skills to manage the patient's care. The nurse at the bedside will be more satisfied in the work performed, manage care more efficiently, and practice patient-centered care geared toward positive outcomes. As supported by the literature, implementation of the TFL theory at the bedside can lead to positive nurse-sensitive patient outcomes (Wong, Cummings & Ducharme, 2013). Additionally, since the project is not necessarily limited in scope, meaning the project is not geared toward any specific type of unit or nurse, the project can be utilized in numerous settings at local, national, and international levels.

Leadership can be taught and the UCNs can incorporate TFL leadership concepts in their practice, (Hallinger, 2003). The evidence supports that nurses prepared in

continuing education programs and leadership training designed to teach TFL have successes in role effectiveness and linked to higher educational levels (Pieterse et al., 2010). The organization and/or senior nursing leadership have a professional and moral obligation to demonstrate the support of and assisting the first line leader in evidence-based leadership best practice (Raes et al., 2013).

Impact on Social Change

The role of TFL education as an agent or instrument of social change can occur when there is a need to change or when humans need change. The existing system has failed to meet the needs of the patient and the nurses who are struggling to meet the needs of the patient. With the introduction of these important and evidence-based concepts, the nurse will build their base of knowledge and continue to grow in a system that requires growth (Mitchell et al., 2012). The charge nurse knowledgeable in transformational leadership theory will have high expectations of their supporters. This leads to the nurse at the bedside buying into the mission that is a direct reflection of the followers' values and effects the followers' self-esteem. The staff nurse will be empowered in the knowledge that he/she can make a difference in the organization and overall competence in the capacity to achieve the work desired with improved skill and efficiency. The charge nurse will be able to transform their followers' needs and values so that those who follow are able to reach their full potential. This social change will lead to care that is patient-centered, quality driven, and focused on positive patient care outcomes (Kastenmüller et al., 2014).

The implementation of this curriculum can provide the necessary skills, traits, and characteristics to the UCN which can improve the quality of patient-centered care. The results of this project may be disseminated to a larger audience seeking to change leadership practices and culture at the bedside.

Strengths and Limitations

Strengths

The strengths of the project included the collaboration of the stakeholders who are experts in the field of nursing education and leadership, and who have experience in developing and implementing EBP projects. Furthermore, the incorporation of the UCN in the QI team is a strength because they are the first contact with the persons who are supposed to be affected by the change. Kelly (2011) noted that effective changes brought about in organizational projects is reliant on the cooperation and collaboration of the person's highest in the organizational operations as well as those persons in middle-management roles.

Limitations

The limitations of this project include the inability to implement on the unit. Another limitation is the inability to carry this work further within the organization due to leadership changes. A theoretical limitation considers the cost of implementing this project on the unit, (Kong & Kong, 2013). Even within the structure of the program, the curriculum does require individuals to be taken off the unit floor for a period of time until the project is completed, which, depending on how facilities choose to schedule, may

complicate coverage and care on the unit. The level of education of the nurses on the unit may also prove to be a limitation, (Hardy et al., 2013).

Recommendation for Future Projects

Recommendations include working with leadership to provide evidence-based support to utilize other models that have proven effective in nurse-driven QI projects including Benner and Lewin's change model theory, (Christensen, 2013). In addition, the curriculum could be incorporated into nursing student curriculum in the leadership course. For example, the project, although not implemented, is being considered by one of the educators for implementation in a hospital in the Chicagoland area faced with similar challenges.

For the future, the team of stakeholders would like to see the curriculum implemented at an institution that is seeking to improve departmentally based outcomes and development of the UCNs in transformational leadership. One nurse educator stated that the EBP project would be an excellent program to implement to all nurses in the unit, not solely directed to the UCN.

Analysis of Self

Analysis of Self as Scholar

Hospital leadership had identified problems at the bedside thought to be due to the use of transactional leadership. The research was conducted on best practice that supported the leadership's desire to educate the UCNs on the TFL theory. The intent with this education is to provide the UCN with the skills needed to assist the nurses under their leadership in managing the team of nurses to support nursing retention, nursing

satisfaction, and most importantly patient care outcomes. I was able to thoroughly engage in research, interact with leadership on various levels, and provide the appropriate feedback and direction, up to and including design. The research of this theory increased my knowledge as a scholar and met the personal goals of meeting DNP Essentials I and II (AACN, 2006).

Analysis of Self as Practitioner

As a practitioner, the DNP must continually learn and work to stay current in the evidence. Utilizing the leadership skills acquired during this program, an increased knowledge in project development was acquired by using evidence-based research. The commitment to advancing all nurses to ensure continued growth through evidence-based practice is also renewed. Planned for me in the future is to continue to teach in various areas of nursing including community health, inpatient, and the student nurse at the Baccalaureate level. Personal growth in this journey has been achieved through coursework and scholarly writing in collaboration with nurses who serve as leaders, educators, hospital leadership, and at the bedside has spoken to DNP Essential VI, which relates to healthcare policy and leadership roles (AACN, 2006).

Analysis of Self as Project Developer

This project met a significant barrier when the team was disbanded but through personal resilience, dedication to education, and tenacity this barrier was overcome. Ultimately, personal evolution as a leader occurred with working and collaborating with many personalities and functioning as a leader in the development. Activities that included the gathering of data from all sources, not discounting one that may seemingly

seem to have a minimal role in the project, and self-examination of communication, strengths and weaknesses were all key in design and development. Although difficult to endure, the process of working with members of a team both for and against, allowed growth and learning on how to collaborate with the leadership team in order to ensure that change continued to occur. I have learned additional critical thinking skills, how to become even more flexible, and to share my experiences in an effort to ensure that quality patient-centered care continued to be the focus.

Contribution to Professional Development

This project has resulted in a professional development that has included opportunities to collaborate in a professional capacity on other projects with nursing leadership. The development of leadership curriculum that will include TFL as the premier leadership style will be introduced to faculty at the community college level in 2016. Personal future professional development will include continued courses in leadership and certification as a certified nurse educator. Research at the bedside and publication of the many problems found during the development of this project will also be examined. Further affirmed is the knowledge that nursing will continue to change and that learning must continue to ensure that quality care is delivered at the bedside. The DNP student is now personally armed with additional knowledge and skills to practice at the highest area in nursing, which correlate with the DNP Essential VIII (AACN, 2006). In leadership and education, the DNP student is committed to developing nurses and to provide them with the tools and skills necessary to practice at the highest level within their scope of practice. (AACN, 2006).

Summary

The previous section detailed the results of this project as well as its implications for nursing practice and future QI projects. Though the project was not implemented, the outcomes from the project were evaluated by content experts and determined to be beneficial for providing TFL knowledge and skills to charge nurses on the unit. Collaborative efforts between the leadership of the organization and the middle-management team strengthen the project, though there are areas where cost-effectiveness and staff education level may be limitations. In the next and final section, I will discuss project dissemination.

Section 5: Scholarly Product

Dissemination Plan

Section 5 is the final phase for this DNP project and dissemination of the project findings. Using the project submission guidelines from the American Organization of Nurse Executives (AONE) (see Appendix K), the scholarly product is a poster for presentation at their 2017 (see Appendix L). This venue works to increase the leadership ability of nurses to advance health and lead change. The abstract for the poster is provided in this section. This section also includes the 3 main learning objectives for the TFL education curriculum. The focus of the poster presentation centers on a design only project for the development of the TFL theory-based curriculum for the UCN and the implication the utilization of this curriculum can have for the nurses at the bedside. Locally, at the project hospital, nurse educators will use the information from this project to discuss implementation of curriculum-based changes in leadership courses at the Associate degree level.

Abstract for Project Poster

Transformation leadership (TFL) has been implemented extensively in various organizations to increase outcomes and to empower and grow the transformational leader. TFL curriculum is a model of clinical education that would utilize a team approach to educate a hospital unit charge nurse (UCN) on the components of the theory. This design-only project would provide a method for bringing TFL theory knowledge to hospital nurse educators, nursing leadership, and, indirectly, nurses at the bedside. TFL empowers

UCNs, encouraging a strong personal investment in organizational goals which results in improved patient care outcomes and increases nurse retention.

The Main Learning Objectives of TFL Theory-based Curriculum

- The learner will demonstrate the style, attributes, and characteristics of the TFL.
- The learner will identify the components of the TFL.
- The learner will demonstrate effective communication techniques.
- The learner will demonstrate leadership competencies identified by the AONE.

Summary

Outcome driven organizations in health care and beyond have processes that focus on patient and nurse satisfaction and clinical indicators that measure leadership behavior. Important to any implementation of change within an organization is a baseline assessment to determine leadership style of key figures in the organization being studied (Brady-Schwartz et al., 2011). Misalignment with organizational goals and management goals cause organizational problems, specifically when the followers become aware of this discord between the overall organization and the more readily accessible leader. In my opinion, TFL education is one key that can engage the unit staff members, increase their autonomy, communication, and commitment to an organization. TFL education has the potential to promote a sense of ownership to the organization's goals and missions with an end resulting in positive patient care outcomes. AONE has acknowledged and positions TFL as the essential component for creating the base and processes vital to successful management in any leadership level.

Transformational leadership theory is the premier leadership theory for the nurse leader in practice at the bedside today. Magnet organizations across the country have embraced and practice TFL and this has resulted in nursing sensitive outcomes that are continuously at or above national benchmark percentile levels set forth by The Joint Commission and other accredited organizations. Professional organizations recognize that the multiple tasks carried out by the healthcare professional and the multiple comorbidities that exist in today's healthcare arena call for a leader at the bedside who can inspire, motivate, and create and effect changes. The AONE, the premier organization for the nurse leader, has endorsed TFL as the leadership style of choice.

For any business model to be successful the business model must have the support of all of its members. For the actualization of organizational goals, members within the organization have to be personally invested in said goals. Results from studies on TFL suggest that the implementation of TFL theory facilitates a personal investment in organizational goals on a middle-management level, including a study that also correlates unit charge nurses with TFL theory knowledge and increased patient satisfaction scores and increased nursing retention. Though a gap in the literature exists, the implications are that charge nurses with TFL theory knowledge also indirectly influence the personal investment of nurses at the bedside, encouraging an accurate understanding of organizational goals as well as a motivation and determination to see said goals accomplished.

The rigors of nursing and all that nursing entails can be overwhelming to the bedside nurse. The skills acquired in the technical aspect of nursing are not enough to

deal with the various requirements and quality evidence-based care that is needed at the bedside. Organizations must inspire the nurse to work harder, in many cases with less resources, take care of patients that are sicker today than they were in years' past, in less than half of the time that was afforded in years' past, at approximately half the cost. As a result, innovation, team-building, cooperation, problem-solving, problem identification, and self-analysis are key characteristics that must drive the nurse at the bedside. The TFL characteristics build on commitment, build on outcomes that are patient-centered, and still results in a decrease in costs to the organization. TFL looks at the logistics in terms of the organizational bottom line, allows the leader to manage the team and not let the team lead the leader.

TFL influences the followers and restructures their personal values so that they are more closely aligned with the organizational missions and goals. In integrating and building upon the follower's strengths, TFL inspires the follower to go above and beyond to meet the goals and objectives that are mutually agreed upon by the organization. TFL stimulates the follower to want to better themselves and use the newly acquired knowledge on the unit to strive to improve processes and structures to deliver timely, quality-driven, patient-centered care.

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Appendix A: Multifactorial Leadership Questionnaire

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MLQ Multifactor Leadership Questionnaire Leader Form (5x-Short)

My Name: _____ Date: _____

Organization ID #: _____ Leader ID #: _____

This questionnaire is to describe your leadership style as you perceive it. Please answer all items on this answer sheet. **If an item is irrelevant, or if you are unsure or do not know the answer, leave the answer blank.**

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits you. The word "others" may mean your peers, clients, direct reports, supervisors, and/or all of these individuals.

Use the following rating scale:

Not at all	Once in a while	Sometimes	Fairly often	Frequently or always
0	1	2	3	4

1.	I provide others with assistance in exchange for their efforts	0	1	2	3	4
2.	I re-examine critical assumptions to question whether they are appropriate	0	1	2	3	4
3.	I fail to interfere until problems become serious	0	1	2	3	4
4.	I focus attention on irregularities, mistakes, exceptions, and deviations from standards	0	1	2	3	4
5.	I avoid getting involved when important issues arise	0	1	2	3	4
6.	I talk about my most important values and beliefs	0	1	2	3	4
7.	I am absent when needed	0	1	2	3	4
8.	I seek differing perspectives when solving problems	0	1	2	3	4
9.	I talk optimistically about the future	0	1	2	3	4
10.	I instill pride in others for being associated with me	0	1	2	3	4
11.	I discuss in specific terms who is responsible for achieving performance targets	0	1	2	3	4
12.	I wait for things to go wrong before taking action	0	1	2	3	4
13.	I talk enthusiastically about what needs to be accomplished	0	1	2	3	4
14.	I specify the importance of having a strong sense of purpose	0	1	2	3	4
15.	I spend time teaching and coaching	0	1	2	3	4

Continued =>
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Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

16.	I make clear what one can expect to receive when performance goals are achieved	0	1	2	3	4
17.	I show that I am a firm believer in "If it ain't broke, don't fix it."	0	1	2	3	4
18.	I go beyond self-interest for the good of the group	0	1	2	3	4
19.	I treat others as individuals rather than just as a member of a group	0	1	2	3	4
20.	I demonstrate that problems must become chronic before I take action	0	1	2	3	4
21.	I act in ways that build others' respect for me	0	1	2	3	4
22.	I concentrate my full attention on dealing with mistakes, complaints, and failures	0	1	2	3	4
23.	I consider the moral and ethical consequences of decisions	0	1	2	3	4
24.	I keep track of all mistakes	0	1	2	3	4
25.	I display a sense of power and confidence	0	1	2	3	4
26.	I articulate a compelling vision of the future	0	1	2	3	4
27.	I direct my attention toward failures to meet standards	0	1	2	3	4
28.	I avoid making decisions	0	1	2	3	4
29.	I consider an individual as having different needs, abilities, and aspirations from others	0	1	2	3	4
30.	I get others to look at problems from many different angles	0	1	2	3	4
31.	I help others to develop their strengths	0	1	2	3	4
32.	I suggest new ways of looking at how to complete assignments	0	1	2	3	4
33.	I delay responding to urgent questions	0	1	2	3	4
34.	I emphasize the importance of having a collective sense of mission	0	1	2	3	4
35.	I express satisfaction when others meet expectations	0	1	2	3	4
36.	I express confidence that goals will be achieved	0	1	2	3	4
37.	I am effective in meeting others' job-related needs	0	1	2	3	4
38.	I use methods of leadership that are satisfying	0	1	2	3	4
39.	I get others to do more than they expected to do	0	1	2	3	4
40.	I am effective in representing others to higher authority	0	1	2	3	4
41.	I work with others in a satisfactory way	0	1	2	3	4
42.	I heighten others' desire to succeed	0	1	2	3	4
43.	I am effective in meeting organizational requirements	0	1	2	3	4
44.	I increase others' willingness to try harder	0	1	2	3	4
45.	I lead a group that is effective	0	1	2	3	4

Appendix B: Transformational Leadership (TFL) Curriculum

Transformational Leadership (TFL) Curriculum

Problem: The problem addressed in this design-only DNP project is the leadership style of the unit charge nurses which were found to be transactional in nature as opposed to transformational.
Purpose: The purpose of this design only DNP project was to provide an educational initiative for unit charge nurses on transformational leadership, through education of the charge nurses from a transactional style of leadership to the development of transformational leadership skills.
Goal: The goal of this quality improvement project was to bring transformational leadership to the unit.

Objectives	**Content Outline**	**Evidence**	**Method of Presentation**	**Method of Evaluation (Practice/Posttest)**
Individual will identify the main objectives for this educational curriculum plan in regards to the background, project significance, and proposed outcomes	A. Review project purpose 1. Background 2. Project significance 3. Proposed outcomes	Duygulu, S. & Kublay, G. (2011) American Organization of Nurse Executives (AONE), 2016	Oral presentation and Powerpoint	Posttest evaluation
Individual will be able to describe the reasons "why" behind the implementation of		Casida, J. & Parker, J., (2011)	Oral presentation and Powerpoint	

the project				
Individual will define the 3 styles of leadership pertaining to the transformational, laissez-faire, and transactional leader	B. Different styles of leadership 1. Transformational leader (TFL) 2. Laissez-faire leader (LF) 3. Transactional leader (TL)	Brady-Schwartz, D., Spencer, T., Wilson, B., & Wood, K., (2011) Antonakis, J. & House, R. J., (2014)	Oral presentation and Powerpoint	
Individual will identify and differentiate styles, attributes, and characteristics s of the transformational leader, the laissez-faire leader, and the transactional leader	C. Identify and differentiate the styles, attributes, and characteristics of the TFL, LF, and TL leader	Brady-Schwartz, D., Spencer, T., Wilson, B., & Wood, K., (2011) Antonakis, J. & House, R. J., (2014)	Oral presentation and Powerpoint	
Individual will list the 4 components of the TFL theory	D. Four components of the TFL theory 1. Development of a shared vision 2. Building goal consensus 3. Building structures to enable collaboration 4. Modeling valued behaviors, beliefs, and values	Hewitt, Davis, & Lashley, (2014) Bass, B. M., Avoilio, B.J., Jung, D. I., & Berson, Y., (2003)	Oral Presentation and Powerpoint	Posttest

Individual will provide examples of the 4 components of TFL theory.			Online module	
Individual will explain the principles of management and leadership, the process of influencing power, motivation exemplary leadership practices, and becoming an effective leader	E. Principles of: 1. Management & leadership 2. The process of influencing power 3. Motivation 4. Exemplary leadership practices 5. Becoming an effective leader	Sherman, R., & Ross, E., (2010). Verschueren, M., Kips, J., & Euwema, M. (2013).	Oral presentation and Powerpoint Group study	Posttest
Apply knowledge of the TFL, LF, and TL leader to identify the TFL leader	F. Case study the TFL, LF, and TL leader	Ross, E. J., Fitzpatrick, J. J., Click, E. R., Krouse, H. J., & Clavelle, J. T. (2014)	1-minute clinic Group study	Posttest
Demonstrate characteristics of the TFL leader	G. Role play TFL, LF, and TL leader	Ross, E. J., Fitzpatrick, J. J., Click, E. R., Krouse, H. J., & Clavelle, J. T. (2014)	Group study	Clinical practice environment
Define and apply the AONE	H. AONE competencies	American Organization of	Lecture	Posttest

competencies governing the nurse leader		Nurse Executives (AONE), 2016		
Individual will demonstrate communication and relationship building	I. Communication and relationship building 1. Effective communication 2. Relationship management 3. Influence of behaviors 4. Ability to work with diversity 5. Share decision-making	American Organization of Nurse Executives (AONE), 2016	Lecture	Clinical Practice Environment
Individual will describe and demonstrate knowledge of the healthcare environment	J. Knowledge of the healthcare environment	Wolf, G., Bradle, J., & Nelson, G., (2005)	Lecture Online module	Posttest

Individual will describe and demonstrate clinical practice knowledge	K. Clinical practice knowledge 1. Patient care delivery models and work design knowledge 2. Healthcare economics knowledge 3. Understanding of governance 4. Understanding of evidence-based practice	American Organization of Nurse Executives (AONE), 2016	Lecture Online module	Posttest Clinical practice environment
Individual will describe and demonstrate competency in outcome measurement	L. Outcome measurement 1. Knowledge of and dedication to patient safety 2. Understanding of utilization/case management 3. Knowledge of quality improvement and metrics	American Organization of Nurse Executives (AONE), 2016	Lecture Online module Clinical practice environment	Posttest (Post-implementation evaluation tool)

Individual will demonstrate leadership skills	M. Leadership skills include 1. Foundational thinking skills 2. The ability to use systems 3. Change management N. Professionalism 1. Personal and professional accountability 2. Career planning 3. Ethics 4. Evidence-based clinical and management practice 5. Advocacy for the clinical enterprise and for nursing practice	American Organization of Nurse Executives (AONE), 2016 Sherman, R. & Pross, E. (2010)	Clinical practice environment	Posttest (Post-implementation evaluation tool)
Individual will pass self-study modules related to each competency track			Online module	Posttest
Clinical competencies			Clinical practice environment	

Clinical instruction observation will take place on the unit and individual based on student need.

Student Learning Outcomes-Theory:
Upon completion of the educational series the student will be able to:

1. Identify the style, attributes, and characteristics of the TFL
2. Demonstrate the style, attributes, and characteristics of the TFL
3. Differentiate the different styles of leadership, TFL, Laissez-Faire, and the transactional leader
4. Know the components of the TFL
5. List the AONE competencies for the nurse leaders
6. Demonstrate effective communication techniques
7. Recognize and define areas of the health care environment including:
   Clinical practice knowledge
   Patient care delivery model and work design
   Health care economics
   Governance
   Evidence based practice
   Outcome measurement
   Knowledge of patient safety
   Utilization/case management
   Quality improvement and metrics

Student Learning Outcomes-Clinical:
Upon completion, the student will be able to:

1. Demonstrate characteristics of the Transformational leader
2. Formulate an individualized learning plan that identifies areas of strengths and those in need of improvement
3. Demonstrate dedication to patient safety
4. Utilize various areas of the health care environment including clinical practice, patient safety, and various modalities.
5. Demonstrate leadership skills including the ability to use systems thinking and change management.
6. Demonstrate professional including personal and professional accountability and career planning.
   Develop self-study related to competencies

Appendix C: Implementation Plan for the DNP Project

Topic	**Date / Time**	**Attendees**	**Purpose**
Needs assessment	11/2014	Education, Nursing Leadership, Staff RN's Nursing Leads	To conduct a needs assessment to identify leadership style and problems at the bedside. Problems communication, patient satisfaction, increase patient care days and decreased nursing retention. Identify profiles, profile leads and sub-committee team members.
Needs assessment presented to Senior Leadership	January 2015	President, Human Resources, Quality Improvement, Education, Nursing Leadership, Staff RN's Nursing Leads	To provide leadership with the plan to address problems at the bedside. Problem thought to be leadership style of the

Topic	Date / Time	Attendees	Purpose
			nurses at the bedside
Pretest Leadership survey	January 2015	Quality Improvement, Education, Nursing Leadership, Staff RN's Nursing Leads	To analyze leadership style of the nurses at the bedside
EBP project presented to Nursing Leadership	February 2015	Education, Nursing Leadership, Staff RN's Nursing Leads	To provide a comprehensive literature review supporting leadership's theory that management at the bedside was a problem
Selection of Charge nurses	March 2015	Project Manager, Nursing and Education Leads, DNP student	Gather information and begin initiating the detailed education plan.
Education Planning Meeting	April 2015		Plan, Do, Study, Act (PDSA) Planning
Design/Development of Curriculum	April – June 2015	DNP student Nursing Leadership	Working with Nursing leadership staff on

Topic	Date / Time	Attendees	Purpose
			contents for curriculum
Weekly meetings to discuss/revise implementation	February – July 2015	Education, Nursing Leadership, Staff RN's Nursing Leads, Quality liaison, Human resources	To orient the hospital, unit nurses, and charge nurses on the planned EBP project
Pre test UCN feedback	August 2015	DNP student, Nursing leadership	Evaluation data
Curriculum rollout DNP/Educator instruction 6 weeks	September – October 2015	DNP student, Education department, UCN's	Provide education on the TFL curriculum.
Plans for future meetings, and have an opportunity to discuss ideas, goals and expectations.	November 2015, and ongoing	DNP student, Education department, UCN's	To review clinical workflow, evaluate for curriculum effectiveness, measure outcomes. Act on any changes suggested. Plan, Do, Study, Act

Topic	Date / Time	Attendees	Purpose
			(PDSA)
Go-Live Preparation Meeting	November 2015	DNP student, Education department, UCN's	To review the Go-Live plan to ensure all personnel and plans are in place for Go-Live.
Go-Live	November 2015	All Go-Live Participants	Roll out new education curriculum
UCN Education	Week of November 2, 2015 – December 7, 2015	30% of Nursing Staff Week 1, Week 2, Week 3 over a 6-week cycle Education Department, DNP student	
Post test UCN feedback	Post education session	DNP student, Education department, UCN's	Evaluation data
Monthly meetings to discuss/revise implementation	January 2016 and ongoing	Education, Nursing Leadership, Staff RN's Nursing Leads,	To orient the hospital, unit nurses, and charge nurses on the planned

Topic	Date / Time	Attendees	Purpose
		Quality liaison, Human resources	EBP project
Data Set Review Meeting #1	January 2016	Education, Nursing Leadership, Staff RN's Nursing Leads, Quality liaison, Human resources	Clinical representatives from each profile will be scheduled to review the first draft of the Data Set. The first portion of the Data Set development meeting is a paper based review of the Data Set. The second portion is a review of the Data Set on the device.
Report back to Senior Leadership	April 2016		

Appendix D: Quality Improvement Team Meetings

Thursday, April 23, 2015
8:30 am -10:30 am

Agenda:
Introduction – Director of Nursing
Identification of team members - Director of Nursing
PDSA – Director of Nursing
Literature Review - DNP student
Subcommittee – Director of Nursing/DNP student
Next steps

Introduction The Director of Nursing (DON) introduced the DNP student from Walden University. The DON explained the students' role, the length of preceptor assignment, and how leadership could assist in development. The DON also discussed how the DNP student could assist in the implementation of the established plan to improve leadership at the bedside.

Identification of team members – The DNP student joined the team of selected members that included leadership from nursing, Human Resources, Information Technology, staff nurses

PDSA – The DON provided an overview of the organization's Plan, Do Study Act. The Director reviewed the status discussion of the data collected to date which identified the transactional style at the bedside as being transactional. The DON along with Manager of Medical Surgical also discussed successful outcomes of the TFL implementation at previous hospitals.

Literature review – The DNP student reviewed the premise of best practice and discussed previous work was done and her interest in TFL. The Manager of Medical Surgical also discussed her work in previous institutions and the support for this practice of leadership style at the bedside. The DNP student was assigned to gathering information and presenting a synthesis of the literature on how to instruct and what should be included in the curriculum on TFL and will present a synopsis at a future meeting.

The DNP student discussed her role in the QI project and requested team members along with members of the staff nurses, to form a subcommittee to provide feedback from the literature. This process per the DNP student would ensure inclusion of the front line team members to assist in the QI project development and ensure buy-in.

Subcommittee – Subcommittee was formed which included 2 charge nurses from the unit, the Medical Surgical Unit Manager, the Education coordinator, and the DNP student The purpose was to meet and discuss the literature, project development, and best practice.

Quality Improvement Team Meetings

Wednesday, May 20, 2015

8:30 am -10:30 am

Agenda
Follow-up/Minutes – Director of Nursing
Literature Review presentation – DNP student
Next steps – DNP student/Educational coordinator
Follow-up meeting- Old minutes were reviewed, accepted and approved
Literature review presentation– Synthesis of the literature presented by the DNP student. Follow-up feedback from subcommittee meeting – Comments, suggestions, and input taken regarding the idea of having the curriculum rolled out on one unit as opposed to system-wide. The DNP student also suggested that the educational committee members should be in place to implement the curriculum. The Director of Education suggested hiring faculty outside of the organization who could conduct the training sessions. The team tabled this item for further discussion.
Next steps – Feedback to DNP student on the literature review presentation, Curriculum presentation design and content

Quality Improvement Team Meetings

Wednesday, June 24, 2015

8:30 am -10:30 am

Follow-up/Review of minutes
Curriculum Overview
Implementation plan
Next steps
Follow-up/ Review of minutes - Old minutes were reviewed, accepted, and approved
Curriculum overview – DNP student provided the curriculum outline, content, and focus
Implementation plan – Team members selected to work on curriculum implementation. Suggestions included real-time observation on the unit as noted in the literature review as best practice.
Next steps – DNP student presentation of Curriculum design to senior leadership, Subcommittee members to present implementation plan.

Appendix E: Content Expert Meetings

Meeting Agenda 1
Introduction, Purpose, Program Overview

1. Provide an overview of the program
2. Introduction the team members to each other and distribution of emails to the group
3. Model how the team is going work together to support planning and completion of a formative evaluation of my project.
4. Synthesis of the literature
5. Presentation of the DNP project (copy provided via email)
6. Next meeting set for 10/26/15

Meeting Chair:	Carla Thomas
School Liaison:	Walden University
Date:	October 19, 2015
Time:	430 p – 630 p
Location:	Teleconference
Conference Call Number:	888-888-8888

Meeting Attendees

Name	Organization
Respondent 1, MSN, RN Dean	**XYZ University**
Respondent 2, MSN, CNS, FNP-C Associate Professor, Leadership	**XYZ College**
Respondent 3, MSN, CNS, FNP-C Nurse Leader/Educator	**Rehabilitation Center**
Respondent 4, MSN, CNS Educator	**Acute Care Hospital**

Meeting Agenda

Agenda Item	Presenter	Discussion Points	Recommended Time
Introductions	*Chair*	• *Chair welcomes*	*3-5 minutes*

		everyone and briefly states the objective of the meeting.	
Transformational leadership	*Transformational leadership project presentation*	• *Chair describes project*	*20 minutes*
Discussion of literature	*Chair*	• *Chair describes project* • *Discussion of Literature Review*	*40 minutes*
Discussion of project member roles	*Chair*	• *Discussion of upcoming review/meeting and ongoing evaluation both formative and summative*	*20 minutes*
Next Steps	*Chair*	• *Plan and create timeframe for meeting and program needs.* • *Creation of action items and task completion* • *Next meeting dates set.*	*10 minutes*
Questions	*Chair*	• *Open forum for any questions that may have arisen during the meeting.*	*(as needed)*
Close	*Chair*	• *Thank you* • *Close meeting*	*1-2 minutes*

TOTAL TIME: 60 -120

Meeting Agenda 2: **Curriculum Review 10/26/15**

1. Provide presentation of the curriculum
2. Review and Summative evaluation definition and role
3. Model how the team is going work together to support planning and completion of a formative evaluation of my project.
4. Next steps, discussion, questions/concerns

Meeting Chair:	Carla Thomas
School Liaison:	Walden University
Date:	October 26, 2015
Time:	430 p – 630 p
Location:	Teleconference
Conference Call Number:	888-888-8888

Meeting Attendees

Name	Organization
Respondent 1, MSN, RN Dean	**XYZ University**
Respondent 2, MSN, CNS, FNP-C Associate Professor, Leadership	**XYZ College**
Respondent 3, MSN, CNS, FNP-C Nurse Leader/Educator	**Rehabilitation Center**
Respondent 4, MSN, CNS Educator	**Acute Care Hospital**

Meeting Agenda

Agenda Item	Presenter	Discussion Points	Recommended Time
Introductions	*Chair*	• *Chair welcomes everyone and briefly states the objective of the meeting.*	*3-5 minutes*
Approval of minutes	*Chair*	• *Minutes from the previous meeting are approved*	*20 minutes*
Presentation of Curriculum	*Chair*	*Design*	*40 minutes*

Discuss program needs	*Chair Liaison*	• *Discuss any programs needs and how to facilitate meeting those needs*	*20 minutes*
Discussion of upcoming steps	*Chair*	• *Discuss upcoming meeting and activities/suggestions/revisions*	*20 minutes*
Next Steps	*Chair*	• *Create action items and assign tasks to completion prior to the next meeting. Set next meeting date*	*10 minutes*
Questions	*Chair/Team members*	• *Open forum for any questions that may have arisen during the meeting.*	*(as needed)*
Close	*Chair*	• *Thank you* • *Close meeting.*	*1-2 minutes*

TOTAL TIME: 60-120

Meeting Agenda 3
Discussion of Summative Evaluation and Curriculum Content Evaluation 11/2/15

1. Review and Summative evaluation definition and role
2. Review content evaluation definition
3. Review materials for content evaluation
4. Next steps, discussion, questions/concerns

Meeting Chair:	Carla Thomas
School Liaison:	Walden University
Date:	November 2, 2015
Time:	430 p – 630 p
Location:	Teleconference
Conference Call Number:	888-888-8888

Meeting Attendees

Name	Organization
Respondent 1, MSN, RN Dean	**XYZ University**
Respondent 2, MSN, CNS, FNP-C Associate Professor, Leadership	**XYZ College**
Respondent 3, MSN, CNS, FNP-C Nurse Leader/Educator	**Rehabilitation Center**
Respondent 4, MSN, CNS Educator	**Acute Care Hospital**

Meeting Agenda

Agenda Item	Presenter	Discussion Points	Recommended Time
Introductions/Follow - up	*Chair*	• *Chair welcomes everyone and briefly states the objective of the meeting.*	*3-5 minutes*
Approval of minutes	*Chair*	• *Minutes from the previous meeting are approved*	*3 minutes*
Formative Evaluation/Summative	*Chair/ Nurse Educator*	• *Summative evaluation definition and role*	*30 minutes*
Content evaluation	*Chair/ Nurse Educator*	• *Review of materials Dissemination of materials for content evaluation*	*30 minutes*
Discussion of upcoming steps	*Chair*	• *Discuss upcoming meeting activities/suggestions/revisions*	*10 minutes*
Discuss program needs	*Chair Liaison*	• *Discuss any programs needs and how to facilitate meeting those needs*	*10 minutes*
Next Steps	*Chair*	• *Create action items and*	*5 minutes*

		assign task completion Set next meeting date	
Questions	*Chair/Team members*	• *Open forum for any questions that may have arisen during the meeting.*	*(as needed)*
Close	*Chair*	• *Thank you* • *Close meeting*	*1-2 minutes*

TOTAL TIME: 60-120

Meeting Agenda 4
Final Project Presentation, Summative Evaluation and Final Curriculum Evaluation Completion 11/9/15

Objectives Meeting 4

1. Curriculum presentation and design
2. Summative evaluation
3. Model how the team is going work together to support planning and completion of a formative evaluation of my project.
4. Complete final curriculum evaluation
5. Next steps, discussion, questions/concerns

Meeting Chair:	Carla Thomas
School Liaison:	Walden University
Date:	November 9, 2015
Time:	430 p – 630 p
Location:	Teleconference
Conference Call Number:	888-888-8888

Meeting Attendees

Name	Organization
Respondent 1, MSN, RN Dean	**XYZ University**
Respondent 2, MSN, CNS,	**XYZ College**

FNP-C Associate Professor, Leadership	
Respondent 3, MSN, CNS, FNP-C Nurse Leader/Educator	**Rehabilitation Center**
Respondent 4, MSN, CNS Educator	**Acute Care Hospital**

Meeting Agenda

Agenda Item	Presenter	Discussion Points	Recommended Time
Introductions	*Chair*	• *Chair welcomes everyone and briefly states the objective of the meeting.*	*1-2 minutes*
Approval of minutes	*Chair*	• *Minutes from the previous meeting are approved*	*3 minutes*
Presentation of Curriculum/Chair	*Chair*	• *Curriculum Design*	*30 minutes*
Summative Evaluation	*Chair*	• *Discuss summative evaluation*	*30 minutes*
Formative Evaluation	*Chair/Team members*	• *Model how the team is going work together to support planning and completion of a formative evaluation of project*	*20 minutes*
Content Evaluation	*Chair/Team members*	• *Final formal evaluation of curriculum*	*(as needed)*
Next steps, discussion, questions/concerns steps	*Chair*	• *Discuss upcoming meeting and activities/suggestions/revisions*	*10 minutes*
Discuss program needs	*Chair Liaison*	• *Discuss any programs needs and how to facilitate*	*20 minutes*

		meeting those needs	
Questions	*Chair*	• *Open forum for any questions that may have arisen during the meeting.*	*(as needed)*
Close	*Chair*	• *Thank you* • *Close meeting.*	*1-2 minutes*

TOTAL TIME: 60-120

Appendix F: Curriculum Content Expert Evaluation

Name of Reviewer:

Name of Activity:

Type of Activity - Transformational leadership

Date of Activity:

Instructions to Reviewer: *Please review the attached course materials for the above-named activity. As an independent reviewer, your role is to assure that the activity materials are fair, balanced and free of bias for any commercial supporter(s) of the activity (if any) or manufacturers of products discussed in the activity. Moreover, you are being asked to scrutinize the curriculum content for the transformational leadership education for the charge nurse on principles and practice; in conjunction with the American Organization of Nurse Executives (AONE) recommendations on effective leadership to assure that they represent a standard of practice within the profession in the United States. In addition, we ask that you review the studies cited in these materials, upon which recommendations are made to assure that they are sound and based on current evidenced-based practice. Finally, please look at the materials from the perspective of omissions and commissions.*

1. **Bias.**

    A. Based on the planning stage, is this activity fair balanced?

☐ Yes ☐ No

If No, please comment below:

B. Was this activity planned free of commercial bias?

☐ Yes ☐ No

If No, please comment below:

C. Was this activity planned using the principles set forth by the AONE on the transformational leadership style?

☐ Yes ☐ No

If No, what recommendations might be added?

---

2. Transformational leadership components.

A. During the planning of this activity was it determined that transformational leadership recommendations included in this curriculum are evidence-based?

☐ Yes ☐ No

If No, please comment below:

B. During the planning of this activity was it determined transformational leadership recommendations included in this curriculum is appropriate for the target audience?

☐ Yes ☐ No

If No, please comment below:

C. Are the transformational leadership recommendations included in this curriculum contributing to overall improvements in patient care?

☐ Yes ☐ No

If No, please comment below:

---

3. Evidence based Validity.

During the planning of this activity was it determined that evidence based studies cited in this activity will conform to standards accepted by the professional nursing community if applicable?

☐ Yes ☐ No

If No, please comment below:

---

4. Learning Objectives.

A. Does the planned educational content support the learning objectives?

☐ Yes ☐ No

B. Are these objectives actionable and measurable?

☐ Yes ☐ No

C. Please comment below and include suggested revisions to objectives if appropriate:

---

5. Omission and Commission – if applicable during planning

A. Do any slides or materials need to be deleted?

☐ Yes ☐ No

If Yes, please specify:

B. Are there any studies, data, or best evidence that is missing?

☐ Yes ☐ No

If Yes, please specify:

C. Are there any other issues you'd like to raise with regard to the content of this activity?

☐ Yes ☐ No

If Yes, please specify:

---

6. Reviewer's Certification

☐ *I certify the above to be true and accurate* *Date of Review:*

Signature (electronic signature accepted)

Electronic Signature Requirements – Typed signatures must be accompanied by an e-mail substantiating that the reporting individual completed and submitted the form themselves; e-signatures (original/actual signatures copied and pasted into the document) do not require e-mails.

Appendix G: Summative Evaluation of Project/DNP Student

(To be completed by content experts)

Carla Thomas, MNA, RN

In what capacity have you known the DNP student? _____

How long have you known the DNP student? _____

INSTRUCTIONS: Below are a number of items that I would like you to assess in relation to the DNP student. On a scale of 1- 5, with 1 being ignored item, 2 being somewhat met, 3 being moderately met, 4 being adequately met and 5 being the highest, indicate your level of recommendation for each item noted below by circling the corresponding number.

1. Did the scheduled meetings begin and end on time?

   1 2 3 4 5

2. Were the objectives stated to the stakeholders?

   1 2 3 4 5

3. Were the objectives met during the set times?

   1 2 3 4 5

4. How was the content presented?

   1 2 3 4 5

5. Did the material flow in an organized matter?

   1 2 3 4 5

6. Did the instructor engage the participants?

   1 2 3 4 5

7. Participants asked questions and were answered by the DNP student?

   1 2 3 4 5

8. Did the DNP student use software/conference materials?

   1 2 3 4 5

9. How would you rate the DNP student curriculum content and format?

   1 2 3 4 5

10. Was the problem made clear to you in the beginning?

    1 2 3 4 5

11. Did the DNP student analyze and synthesize the evidence-based literature for the team?

    1 2 3 4 5

12. The degree to which your input was heard?

    1 2 3 4 5

13. Critical thinking and problem-solving abilities: Please Rate the DNP student's ability to think critically and solve problems in the professional setting.

    1 2 3 4 5

14. Written communication skills: Rate the DNP student's ability to cogently and proficiently produce written communications and documentation in the professional setting.

    1 2 3 4 5

15. Verbal communication skills: Rate the DNP student's ability to clearly communicate with colleagues

1 2 3 4 5

16. Potential to succeed in the Doctorate of Nursing Practice program.

1 2 3 4 5

17. Rate the applicant's potential to complete the DNP program by considering her or his intellectual potential, oral and written communication skills, and critical thinking skills.

1 2 3 4 5

Appendix H: Nurse Educator Evaluation

INSTRUCTIONS: Below are a number of items to assess the Nurse Educator. On a scale of 1 - 5, with 5 being the highest, indicate your level of recommendation for each item noted below by circling the corresponding number.

1. Did the scheduled meetings begin and end on time?

   1 2 3 4 5

2. Were the objectives stated to the stakeholders?

   1 2 3 4 5

3. Were the objectives met during the set times?

   1 2 3 4 5

4. How was the content presented?

   1 2 3 4 5

5. Did the material flow in an organized matter?

   1 2 3 4 5

6. Did the instructor engage the participants?

   1 2 3 4 5

7. Participants asked questions and were answered by the Nurse Educator?

   1 2 3 4 5

8. Did the Nurse Educator use software/conference materials?

   1 2 3 4 5

9. How would you rate the Nurse Educator on curriculum content and format?

   1 2 3 4 5

10. Was the problem made clear to you in the beginning?

    1 2 3 4 5

11. Did the Nurse Educator student analyze and synthesize the evidence-based literature for the team?

    1 2 3 4 5

12. The degree to which your input was heard?

    1 2 3 4 5

13. Verbal communication skills: Rate the Nurse Educator's ability to clearly communicate with colleagues

    1 2 3 4 5

Appendix I: Post-TFL Competency Survey

Purpose

The purpose of the TLF is to provide the learner with a leadership style that moves the learner from a follower to a leader. The educational initiative is based on specific evidence-based practice strategies that will improve patient outcomes. Transformational leaders exhibit characteristics and traits that include charisma and vision. This leader learns to develop a relationship with the follower that includes mutual problem solving and a focus on the individual need. The end result is the eventual transformation of persons and organizations that increase an awareness of the importance of specified goals. The leaders who are transformational are visionary, charismatic, and inspirational. The mentoring component of this educational curriculum will begin in approximately the 4th week and will continue for approximately 6 months and throughout the first year of practice. The end result is the development of nurse leaders at the bedside who drive evidence-based quality and safe practice resulting in improved patient outcomes.

The Competency Continuum Rating Scale

LEVEL	**#**	**STAGE**	**DESCRIPTION**
Developing	1	Learning	Minimum level of
	2	Exhibiting	Some command of competency/Some
Proficient	3	Demonstrating	Consistent command of
	4	Modeling	Best example of
Advanced	5	Teaching/Lead	Instructs others in

ESSENTIAL SKILLS

Project purpose and role expectations

1. Understands project purpose and specific role expectations.

1 2 3 4 5

Method of Assessment: Observed Demonstrated Verbalized

Dates Assessed: _____

Goal/Supporting Comment(s): For ratings below 3_____

_____

Completed Healthstream Competencies in specified times. ☐

Transformational Leadership Theory

2. Successfully completes competency evaluations in all identified areas.

1 2 3 4 5

Method of Assessment: Observed Demonstrated Verbalized

Dates Assessed: _____

Goal/Supporting Comment(s): For ratings below 3_____

_____

Completed Healthstream Competencies in specified times. ☐

3. Serves as a clinical expert regarding TFL and acts as a resource to staff as such:

1 2 3 4 5

Method of Assessment: Observed Demonstrated Verbalized

Dates Assessed: _____

Goal/Supporting Comment(s): For ratings below 3_____

_____

Completed Healthstream Competencies in specified times. ☐

Case Study

4. Successfully completes case studies for all identified areas.

1 2 3 4 5

Method of Assessment: Observed Demonstrated Verbalized

Dates Assessed: _____

Goal/Supporting Comment(s): For ratings below 3_____

_____

Completed Healthstream Competencies in specified times. ☐

Role play

5. Successfully completes competency evaluations

1 2 3 4 5

Method of Assessment: Observed Demonstrated Verbalized

Dates Assessed: _____

Goal/Supporting Comment(s): For ratings below 3_____

_____

Completed Healthstream Competencies in specified times. ☐

Four Components of the TFL theory

6. Management and Leadership

1 2 3 4 5

Method of Assessment: Observed Demonstrated Verbalized

Dates Assessed: _____

Goal/Supporting Comment(s): For ratings below 3_____

_____

Completed Healthstream Competencies in specified times. ☐

7. AONE competencies

1 2 3 4 5

Method of Assessment: Observed Demonstrated Verbalized

Dates Assessed: _____

Goal/Supporting Comment(s): For ratings below 3_____

_____

_____

Completed Healthstream Competencies in specified times. ☐

Appendix J: IRB Approval Letter

Dear Ms. Thomas,

This email is to notify you that the Institutional Review Board (IRB) confirms that your study entitled, "Transformational Care at the Beside through Transformational Leadership," meets Walden University's ethical standards. Our records indicate that your project does not include the types of activities that require a traditional IRB review. This Confirmation of Ethical Standards (CES) has an IRB record number of 10-13-15-0423676.

This confirmation is contingent upon your adherence to the exact procedures described in the final version of the IRB materials that have been submitted as of this date. This includes maintaining your current status with the university and this confirmation of ethical standards is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, this is suspended.

If you need to make any changes to your project, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for projects conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with these policies and procedures related to ethical standards in research.

Sincerely,
Libby Munson
Research Ethics Support Specialist
Office of Research Ethics and Compliance
Email: irb@waldenu.edu
Fax: 626-605-0472
Phone: 612-312-1341
Office address for Walden University:
100 Washington Avenue South
Suite 900
Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:http://researchcenter.waldenu.edu/Office-of-Research-Ethics-and-Compliance-IRB.htm

Appendix K: AONE Presentation Poster Guidelines

American Organization of Nurse Executives

Since 1967, the American Organization of Nurse Executives (AONE) has provided leadership, professional development, advocacy and research to advance nursing practice and patient care, promote nursing leadership excellence and shape public policy for health care nationwide. AONE is a subsidiary of the American Hospital Association.

Poster Presenter Information Guidelines

- Poster presentations should be horizontal/landscape orientation measuring four feet in height by eight feet in length
- AONE will provide uncovered corkboards, thumbtacks and a small table in front of the poster for your materials
- The poster presenter is responsible for creating the poster and shipping the poster to the conference location (Contact us for shipping information – we recommend shipping it to the hotel so you can retrieve it at check in)
- While not required, you may want to bring at least 50 letter sized copies of your poster, business cards and any other relevant material for distribution

Guidelines for Posters

Please keep in mind that it is best to use a material that will withstand travel and hang well with pins or Velcro. AONE will provide pins and Velcro on site.

The following guidelines are provided to assist in your poster preparations. Poster presentations should be visually appealing. Your poster should be:

- Readable from at least six feet away and the smallest type should be approximately 24 pt with headings in 48 point or larger.

  Tip: Not sure if your elements are readable? Pin one to a wall and back away three strides. Can you read the headlines and sub-headers enough to be drawn in to read more?
- Understandable, focusing on the 'big picture' points and with a minimum of jargon. Past evaluations have clearly indicated that one frustration, in particular for new and international attendees, is the use of 'insider' language, acronyms, and abbreviations that make it difficult to comprehend a presentation.

- Logically organized into sections with text and graphics that flow from one part to the next. One way to maintain organization is through the use of color, thus using the same color backing behind items in each section.
- To the point with elements that highlight your work. You have a brief period of time to catch attendees' attention as they stroll past. It is better to emphasize the most important components of your work in a clear and visually appealing way than to make a cluttered presentation. Those who share your interests will stop and learn more from you directly or from your handouts.
- Colorful with well-chosen graphics and judicious use of color to emphasize key points. However, be careful about the use of colored text. Text can be very difficult to read unless printed with dark colored ink.
- The poster presentation boards are 8 feet WIDE by 4 feet HIGH and, allowing for the frame, each presenter will have 4' high x 8' wide for his or her display. Poster Presenter(s) agree that commercial companies or individuals that sponsor the poster for the poster presenter may only be recognized or acknowledged in print, one inch high at the bottom of a poster panel. No other logos, signs, literature or promotional material may be displayed in the poster booth and any sponsor representative in the booth may not discuss his/her products or services. Note: Presenters are responsible for obtaining permission to reproduce handouts if copyrighted.

Appendix L: Project Poster

Transformational Leadership as a Means of Improving Patient Care and Nursing Retention

Carla Thomas, DNP, FNP-C, RN, RN-BC

ABSTRACT

Transformation leadership (TFL) has been implemented extensively in various organizations to increase outcomes and to empower and grow the transformational leader. TFL curriculum is a model of clinical education that would utilize a team approach to educate a hospital unit charge nurse (UCN) on the components of the theory. This design-only project would provide a method for bringing TFL theory knowledge to hospital nurse educators, nursing leadership, and, indirectly, nurses at the bedside. TFL empowers UCNs, encouraging a strong personal investment in organizational goals which results in improved patient care outcomes and increases nurse retention.

BACKGROUND

This project was designed for a hospital in Chicago, IL, serving an indigent population.

- Following a quarterly review, executive leadership was informed that nursing sensitive outcomes, specifically patient satisfaction and nursing retention, were below benchmarks set by The Joint Commission, which the accrediting body for the organization
- Executive leadership issued a directive to nursing leadership to address these concerns
- Through direct observation and staff meetings, nursing leadership suspected transactional leadership was contributing to the problem
- To further assess this theory, nursing leadership conducted a survey (MLQ-5x short) issued only to the unit charge nurses (UCNs)
- The results of the survey revealed that the nursing leadership style of choice for the UCNs at the project hospital was transactional
- The decision was made to create a quality improvement (QI) team to develop a educational curriculum that would shift the UCNs style of leadership from transactional to transformational

TRANSFORMATIONAL LEADERSHIP STYLE

Transformational Leadership (TFL) is leadership that entails the use of an exceptional type of authority that moves the follower to go beyond the usual expectations. Moreover, the theory supports that when the leaders expand and lift up the interests of their employees, the generation of awareness and acceptance of the mission and purpose of the group, the organization is the focus, (van Dierendonck, Stam, Boersma, de Windt, & Alkema, 2014).

- Adapted visual model of TFL theory.

GOALS

The overall goal of this project was to design a TFL theory-based curriculum, in the hopes that TFL theory knowledge would better equip the UCNs on the unit, indirectly affect the nurses at the bedside, and ultimately result in improved patient satisfaction and nursing retention.

- Develop a TFL-theory based curriculum using Plan, Do, Study, Act (PDSA) model as framework
- Create a team of content experts to evaluate the curriculum for its integration of TFL theory knowledge as well as evaluate the overall project and myself

THEORETICAL FRAMEWORK

Plan, Do, Study, Act (PDSA) Model

The PDSA model is a "systematic series of steps designed for continual improvement of a product or process" (Deming Institute, 2016).

1. Plan – organization establishes an identifiable goal
2. Do – organization formulates a plan or schematic to reach goal
3. Study – organization observes implemented plan, analyzes the results/feedback from the changes
4. Act – organization reevaluates goal to determine change effectiveness or ineffectiveness

METHODS

A QI team was created by the hospital to assist in creating TFL theory-based curriculum. Through a series of meetings and literature review, the TFL theory-based curriculum was developed. Due to change in hospital leadership, however, the project was abandoned.

As a result, a second team of content experts ($n = 4$) with varying levels of experience in acute-care settings was put together by me to evaluate the curriculum as well as evaluate the overall project for feasibility, clarity and conciseness. The curriculum evaluation was conducted using a 12-item, "yes/no" curriculum content evaluation tool designed by me. Each individual item could receive a maximum possible score of 4 points and a minimum of zero. Content experts were also encouraged to provide feedback on the evaluation tool.

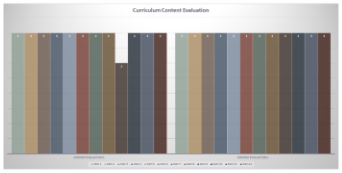
This group was also tasked with evaluating me for my incorporation/presentation of TFL theory knowledge. This was conducted using a 17-item Likert scale quantitative summative evaluation designed by me, with "1" indicating an ignored goal and "5" score indicative of a goal being met. Therefore, the maximum average score would be 5.00.

OUTCOMES

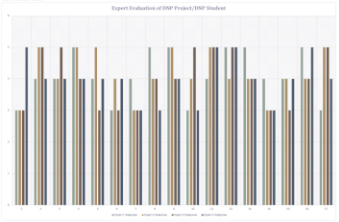
- TFL theory-based curriculum for unit charge nurses
- Implementation plan
- Evaluation plan

RESULTS

Initially, all but one content expert scored the curriculum content evaluation 12/12. After reviewing the feedback, the curriculum was adjusted and then re-evaluated by the content expert team. Content experts concluded TFL met the goals proposed by the DNP student; meeting criterion 12/12 (100%).



The content evaluators scored myself and my project at an average of 4.412 suggesting that the project and myself did an above average job in incorporating TFL theory and maintaining clarity and conciseness.



CONCLUSIONS

Because this project was not completed at the hospital, the conclusions listed here are inferences based on literature, previous research, and the proven effectiveness of the PDSA model.

- TFL engages the unit staff members, increases their autonomy, communication and commitment to the organization.
- TFL theory knowledge incorporation for unit charge nurses has been proven to result in increased patient satisfaction and nursing retention.