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# Leadership Development for the Formal Nurse Leader

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*Walden University*

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# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Lori Neu

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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2017

Abstract

Leadership Development for the Formal Nurse Leader

by

Lori Neu, MSN, RN

MS, Walden University, 2012

BS, Oklahoma Baptist University, 2001

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2017

## Abstract

Nurse leaders are essential to the advancement of healthcare because of their ability to bridge the gap of knowledge between clinical practice and the business of healthcare. Developing nurse managers is imperative to the future of nursing given their influential role in healthcare. The central topic of exploration in the project was how nurse managers use the American Organization of Nurse Executives (AONE) Nurse Manager Inventory Tool to assess their management skills after exposure to the leadership development program currently available to them. In this project, the novice to expert theory was used to evaluate the existing leadership development program at a tertiary care academic medical center with Magnet accreditation within the Midwest. Secondary data from the AONE Nurse Manager Inventory was analyzed with focus on three professional domains: the art, science and leader within. The analysis was used to identify the current program's strengths and weaknesses, and make recommendations to increase education for nurse managers in the science domain; specifically in the subcategories of financial and strategic management. Enhanced educational opportunities in financial and strategic management will support the progression of nurse managers' development along the continuum of novice to expert. The implications for social change from this project exist through the creation of new leadership outcome measures supporting Magnet redesignation for this facility and as an example to other organization on their journey of meeting Magnet requirements in nursing leadership development.

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## Dedication

This project is dedicated to all of the hardworking nurse leaders that can't find time to develop themselves. Developing oneself will enable you to be a stronger leader through which you will learn how to strengthen your staff. The strong leadership of one dedicated nurse manager can enable many nurses to optimally care for the patients under your watch.

## Acknowledgments

First and foremost I want to thank my husband, Tony, for his loving support of me through this process. He is the support that has made this accomplishment possible, from encouraging me to take this next step in my journey to the 'extra's' that he does every day and with our kids. Thank you to my children for understanding the extensive amount of time and work this has taken me, all the while showing me how to have fun through this journey. You three truly are my strength and support beyond words, my forever loves. My parents have been a constant support over all my years encouraging me to continue to reach higher especially through the difficult moments the last few years. Thank you can never express enough gratitude. The grace of God had been displayed to me time and time again through the support of family, friends and my faith to find the perseverance to continue.

To my mentor, without you and your continued support, friendship, and offering of a multitude of opportunities I would not have considered nor been able to complete this amazing learning journey. Thank you for your patience and encouragement, you have been a strength and support I couldn't have asked for a better mentor.

Dr. Taylor, thank you for your consistent support in my writing and class work the past too many years, encouraging and challenging me to go farther and make this end product what it is today. Thank you for also encouraging me to take it all in stride and to keep working hard, we will get there.

## Table of Contents

List of Tables .....	iv
List of Figures .....	v
Section 1: Nature of the Project .....	1
Introduction.....	1
Problem Statement .....	2
Purpose.....	3
Nature of the Doctoral Project .....	5
Significance.....	6
Summary .....	7
Section 2: Background and Context .....	9
Introduction.....	9
Concepts, Models, and Theories .....	9
Relevance to Nursing Practice .....	12
Leadership and Management Literature .....	12
The Science .....	13
The Art .....	14
The Leader Within .....	15
Evaluation Measures Literature .....	15
Inventory Strategy.....	16
Literature Summary and Gap in Practice.....	17
Local Background and Context .....	18



Relevance.....	18
Institutional Context.....	18
Terms	20
State / Federal Context.....	20
Role of the DNP Student.....	21
Professional Context.....	21
Personal Role.....	22
Role of the Project Team.....	22
Summary.....	23
Section 3: Methodology.....	24
Introduction.....	24
Practice-Focused Questions.....	24
Local Problem and Purpose.....	24
Operational Definitions.....	25
Sources of Evidence.....	27
Archival and Operational Data.....	27
Analysis and Synthesis.....	28
Summary.....	29
Section 4: Findings and Recommendations.....	30
Introduction.....	30
Findings and Implications.....	31
Recommendations.....	33

Contributions of the Doctoral Project Team.....	35
Strength and Limitations of the Project .....	35
Section 5: Dissemination Plan .....	37
Dissemination Plan .....	37
Analysis of Self.....	37
Summary .....	39
References.....	40
Appendix: Data Collection Form.....	45

List of Tables

Table 1. Results and Comparison of Nurse Manager Inventory Total Scores t-Test.....31

Table 2. Nurse Manager Inventory Domain Scores.....31

Table 3. Nurse Manager Inventory Science Domain Subcategory Mean Scores .....33

## List of Figures

Figure 1. Cycle of novice to expert.....	10
Figure 2. Chain reaction of novice to expert along one's potential journey in nursing .....	11

## Section 1: Nature of the Project

### **Introduction**

The current political climate has healthcare in a state of constant change. In order to navigate the speed and state of change, the healthcare system needs competent nurses who understand clinical practice that results in excellent patient care, and who also possess management skills that result in unit and organizational success. Graduate-degree-prepared nurse managers are equipped to communicate effectively and advocate for nursing practice. The nurse managers who focus on bridging the profession of caring and the business of healthcare are advancing the nursing profession through effective nurse management skills. The purpose of this doctorate project was to evaluate the current development program of nurse managers in a large tertiary care academic facility that is a Magnet-recognized facility.

Historically, nurses who were proficient at the bedside in caring for the needs of patients were promoted to managers of clinical areas. Surakka (2008) reported that up until the 1990s, promotions were based on an individual's clinical competence, and the introduction of increased responsibility heightened the need for formal training. In the 1990s, budgetary tasks like financial accountability were added to the list of nurse managers' responsibilities, and specialized skills were needed for nurse managers (Surakka, 2008). As the profession of nursing progressed with the advancement of clinically-based degrees in the areas of clinical nurse specialist, nurse anesthetist, and nurse practitioner, there have been parallel nonclinical degree progressions in nursing. One parallel specialty is nurse management. The advancement of the management role

requires nurses to develop management and leadership skills that enable them to lead in the current changing healthcare system (Surakka, 2008). Two leadership-related initiatives spearheaded by the Institute of Medicine (IOM, 2010) will be essential for the future of nursing. One initiative was to expand the ways nursing is leading in innovation, design, models of care delivery, and financial reimbursements (IOM, 2010). The second leadership initiative was concerned with continued lifelong learning, encouraging evaluation of current competence in flexibility, impact, and program outcomes (IOM, 2010).

Evaluation of a current development program of nurse managers and recommendations for revisions in the three domains of professional development can lead to positive social change through advanced nursing skills, better management, and improved patient care. The three domains of professional development are defined by the American Organization of Nurse Executives (AONE) as (a) *the science* of managing the business; (b) *the leader within* that emerges from the process of creating the leader in oneself; and (c) *the art* of leading the people (AONE, 2015). The following section includes reviews of my project's problem statement, purpose, nature, and significance.

### **Problem Statement**

Nursing leadership affects many aspects of healthcare today, from staff and patient satisfaction to the financial health of an organization, making it essential to develop nurse leaders' abilities (Swearingen, 2009). In the Magnet re-designated facility (American Nurses Credentialing Center [ANCC], 2015) that served as my project site, nurse leaders are expected to participate in on-going professional development, advocate

for their colleagues, and support staff and patients. According to the nursing education specialist for leadership development, a Magnet accreditation evaluation of this teaching facility showed that there was a need to improve nurse manager development and staff satisfaction scores showed a decline in manager satisfaction with leadership development opportunities. I thus determined that the current education program for nurse managers nurse manager educational program needed to be evaluated to identify areas needing improvement.

### **Purpose**

The clinical question I explored was: How do nurse managers assess their management skills, using the AONE Nurse Manager Inventory Tool, after exposure to the leadership development program that is currently available? The purpose of this project was to evaluate the existing development program for nurse managers at a Magnet organization and identify opportunities for program improvement, as guided by the AONE three domains of learning framework for professional development. This three domain framework was created by the AONE, the American Association of Critical-Care Nurses (AACN), and the Association of peri-Operative Registered Nurses (AORN). Later the AONE and AACN came together and formed the Nurse Manager Leadership Partnership (NMLP) to allow for further advancement of this nurse leadership work (AONE, 2015). Through evaluation of results of the completed nurse manager inventories, I identified opportunities for enhancement of nurse manager education at my project site. Specifically, I analyzed strengths and weakness of the existing educational

program to make recommendations for improvements to strengthen the program's value, and to meet Magnet expectations for leadership development.

Currently, the gap in practice is that staff satisfaction surveys at the project site have indicated that both the outpatient and inpatient nurse managers desire more engagement and assistance with performing their roles. According to the nursing education specialist for leadership development, these survey findings were related to some deficits in leadership and development and the developmental needs of new managers in the department, despite nurse participation in development program for nurse managers. In addition, the current education program for nurse managers had not been evaluated and examined for effectiveness in addressing the AONE manager domains. This evaluation was performed at this academic medical facility, but facility leaders had not analyzed those data for implications to practice. According to the facility's nursing leadership education specialist, data analysis was needed. By working to fill this gap with my study, I sought to meet the essential requirements for the doctorate prepared nurse to remain competent in leadership abilities within organizations (see ANCC, 2006). In this project, I addressed the gap in practice resulting from lack of knowledge of the data by evaluating the current leadership educational opportunities and identifying areas of improvement that align with the AONE (2015) three domains for professional development. Effectively developing nurse leaders will aid in moving past the idea that nurses simply organizing staff and units as they historically have towards the idea that a core responsibility of nurse leaders is to manage nursing practice.



### **Nature of the Doctoral Project**

The nature of the project was to evaluate the current leadership education program at my study site using secondary analysis of existing data from completed AONE Nurse Manager inventories. I analyzed the AONE inventory data for evidence to support proposed revisions to the existing manager development program.

Current nurse managers had completed the AONE Nurse Manager Inventory given to them by the nurse education specialist for leadership development. The Magnet facility was willing to make the inventory results available for use in this evaluation project. I categorized the inventory results into AONE's (2015) three domains of nurse manager professional development: the *science*, the *leaders within*, and the *art*. I analyzed the inventory data to identify relative strengths and weakness of the domain results and then correlated the results with the existing educational program in order to make recommendations to strengthen the program's value in meeting Magnet expectations for leadership development.

The gap in practice was that the current facility leaders noted an increase in patient acuity and census, which increases the demand for more nurse managers and improved knowledge of systems management for staffing to workload according to the nursing education specialist for leadership development. The current education program for nurse managers had not been evaluated or examined for effectiveness in addressing the AONE manager domains. By assessing the results of the AONE inventory given to nurse managers, I was able to analyze nurse manager effectiveness in each of the

domains. Knowing where the gaps in knowledge lie in the nurse manager group guided the types of improvements I recommended for the existing leadership program.

### **Significance**

The key stakeholders for this project were the members of the nursing leadership education committee and the nurse manager operations committee at my project site. This included nurses in the varied roles of administrator, manager, and educator. The end users of this evaluation are the members of the nurse manager leadership education committee. They promote and create the changes to the current leadership development program. To create engagement at the institution, the key stakeholders needed to be engaged. The key stakeholders of the education committee will benefit from this project by being able to produce a more effective and efficient leadership development program. Evaluation of the current program guides revisions, making it more useful to the key stakeholders. Access to a more efficient educational program assists nurse managers in being better managers. The resulting improved working conditions for the nurses they manage will in turn improve the quality of care for patients.

According to the nurse education specialist for leadership development, nurse managers who completed the AONE inventories had varied levels of experience and exposure to formal leadership training. My evaluation of the current development program for nurse managers using the three domains of professional development allowed me to make specific recommendations to the organization to optimize available resources. I completed evaluation of the current program and data and presented my findings to the nurse manager leadership education committee and advisor who is the

nursing leadership education specialist seeking feedback and recommendations. Miskelly and Duncan (2014) found that a development program for nursing leadership was pivotal for an organization's clinically-based leadership.

This doctoral project aided nursing practice by enabling nursing leaders to continue to develop their management and leadership skills, which benefit the teams they lead. Swearingen (2009) found leadership programs can not only benefit nursing leadership, but also improve organizational outcomes. The evaluation process I used in this project can be transferred to other nursing development programs at this Magnet facility, enabling improvements in other nursing programs.

The development of nurse leaders leads to positive social change by improving their skills in the areas of science, art, and leadership (AONE, 2015). Nurse managers advocate for nursing practice on many levels. Optimizing management skills of nurse leaders improves practice decisions and project management to enhance their ability to advocate for the practice to the multidisciplinary team. voice of nursing. By the nursing leadership education committee gaining institutional support for improvement of the current leadership development program helps enable other teams within the organization by generating discussions leading to practice changes.

### **Summary**

In this project, I evaluated the management development program for current nurse managers at a large teaching Magnet-level facility using secondary analysis of existing data from completed the AONE Nurse Manager Inventory. I correlated the evaluation results with the existing educational program to make recommendations to

strengthen the program's value in meeting Magnet expectations for leadership development. Optimization of nursing leadership development bridges the clinical practice and business sides of healthcare, which are varied facets of the nurse manager role. The clinical question guiding this study was: How do nurse managers assess their management skills, using the AONE Nurse Manager Inventory Tool, after exposure to the leadership development program that is currently available?

There is an ongoing need for evidence-based clinical practice (ANCC, 2006). This need is one of the reasons nurses advance their knowledge through attaining their master's and doctorate degrees. The training of doctorate-prepared nurses facilitates the transition of research into practice by requiring them to evaluate evidence-based literature and effectively find ways to implement it into best practice at the bedside. I evaluated the leadership program for nurse managers to ensure current evidence-based leadership domains are addressed and remain pertinent to the role. In the next section, I offer further discussion of the background and context of the project study. Furthermore, I discuss this project's foundational theory, relevance for nursing practice, and local background. I also discuss my role of a DNP student and that of the project team in this program evaluation.

## Section 2: Background and Context

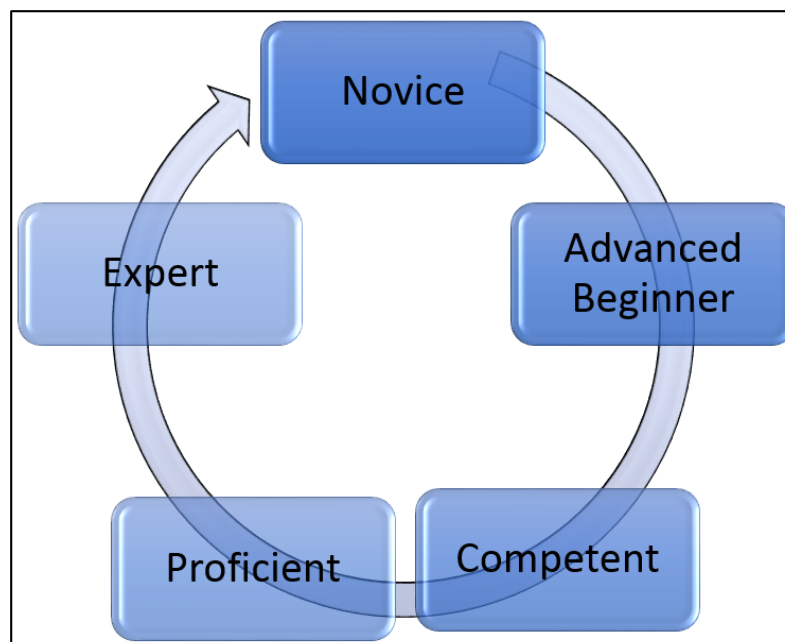
### **Introduction**

The clinical question I explored in this project was: How do nurse managers assess their management skills, using the AONE Nurse Manager Inventory Tool, after exposure to the leadership development program that is currently available? The purpose of this project was to evaluate the existing development program for nurse managers at a Magnet organization and to identify opportunities for program improvement as delineated in the AONE (2015) learning domain framework. My goal was to identify strengths and weakness of the existing educational program and make recommendations for improvements to strengthen the program's value in meeting Magnet expectations for leadership development. This section contains a further evaluation of the concepts, models, and theories I used to create this doctoral project. I evaluate the project's relevance to nursing practice, particularly in regard to strategies and scholarly research on this specialty. I then offer a description of the institutional environment and the operational plan, and conclude with explanations of my role as a DNP student and the project team.

### **Concepts, Models, and Theories**

Patricia Benner (1984) introduced the novice to expert theory in the early 1980s. The theory holds that learning takes place on a journey from novice to expert with identified learning milestones occurring throughout each step (Benner, 1984). Benner identified the learning steps are identified as novice, advanced beginner, competent, proficient, and expert (see Figure 1). I developed this project's conceptual framework

using this theory of learner development. An individual starts in these phases of learning with each new role they take on.



*Figure 1.* Cycle of novice to expert, based on Benner’s novice to expert theory.

Adapted from “*From novice to expert: Excellence and power in clinical nursing practice*,” by P. Benner, 1984. Copyright 2015 by the American Psychological Association.

The novice to expert theory holds that as an individual advances through the continuum of learning, she or he returns to the role of novice with each new role and goes through each phase again to gain new knowledge related to the current role. The rate at which one passes through these phases will depend on the amount of new content in their new position compared to their previous experiences (Benner, 1984). With any change in nursing role, the individual moves through these phases to some degree. A nurse’s career progression is like links in a chain, with each career change representing a link. Figure 2

is an example of each role a nurse may have in their career and how the links connect. The linked chain represents the development and material a learner takes from previous experiences and the need to start the process again for the individual to transition through the novice to expert cycle (Benner, 1984).

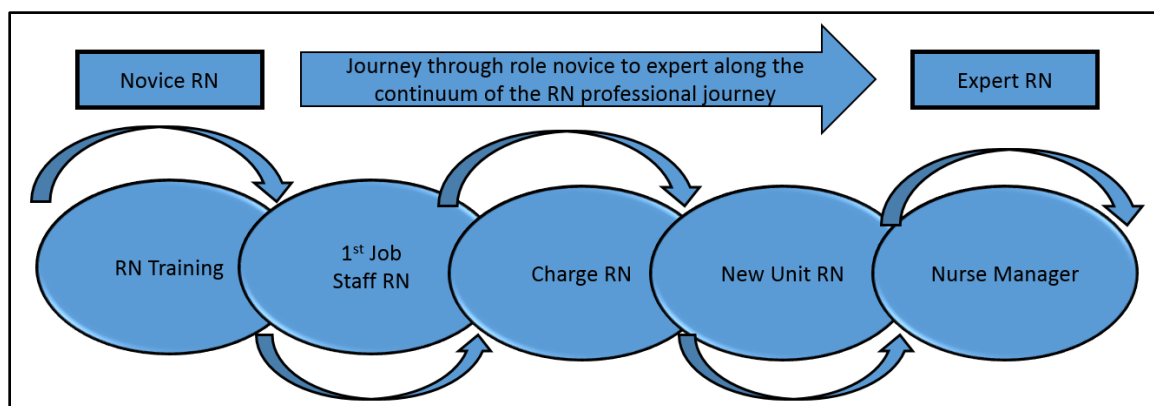


Figure 2. Chain links along one's potential journey in nursing, based on Benner's theory.

Adapted from "From novice to expert: Excellence and power in clinical nursing practice," by P. Benner, 1984. Copyright 2015 by the American Psychological Association.

Nurse managers do not start their careers as expert nurse leaders. This journey is developed over time since the base education for nursing is in clinical nursing skills and not as a formal leader. If a nurse's goal is to reach the nurse manager role, she or he would enter nurse training and continue to develop leadership in nursing skills. The Institute of Medicine also reports the encouragement of ongoing education to enable growth from the novice leader to the expert through education and certification (Foster, 2012). Patricia Benner (1984) noted that a nurse manager needs to take into consideration the nurses at the bedside in regards to their experience level and the context

of their clinical focus while leading that group. Developing adaptation skills to the complexities in healthcare requires finding innovative ways to develop nursing leadership (Fennimore & Wolf, 2011). Nurses can have multiple job transitions or links in their career due to the level of transition required between the role of clinical care and the role of management. The nurse transitioning into a manager role will build on experience and should expect to begin a new self-development journey focused on management excellence. The ability to rise to the level of expert manager takes targeted development of that role.

To clarify terminology in this document, nurse managers support the inpatient practice on patient care units or the ambulatory care clinics and practices of the institution. Nurse administrators have oversight of the managers in divisions that the department separates into different practice divisions such as the pediatric division, cardiology division, and others.

## **Relevance to Nursing Practice**

### **Leadership and Management Literature**

To gather evidence-based scholarly literature for this doctoral practice issue of leadership development, I used library resources such as the CINAHL search engines. I also used reputable websites known for their leadership and organizational development in the field of nurse leader development such as AONE and ANCC. Key terms I used in the searches were *leadership development*, *nursing*, *nurse management*, and *nursing leadership*. The majority of the relevant articles I found came from nursing journals and other healthcare related journals. My review of literature was comprehensive to evaluate



the nursing- and leadership-related articles to support leadership development. I have broken the following literature down into the three domains of the nurse manager inventory: the science of managing the business, the art of leading people, and the leader within which names the process of creating the leader within oneself (AONE, 2015).

### **The Science**

It is important for healthcare organizations to continue to develop nurse managers to be leaders as the healthcare environment continues to change. The nurse managers leadership of a nursing unit has a direct impact on not only staff and their satisfaction but also the patients and overall financial solvency of the institution they are leading (Swearingen, 2009). Swearingen (2009), created a nursing leadership program based on the novice to expert theory and found that it increased retention, improved options for succession planning, and impacted not only patients but also staff satisfaction. She further found that with the nurse leadership program, there was increased retention of the nurse managers and increased numbers of qualified individuals to take on executive nursing positions, thereby improving succession (Swearing, 2009). In another study, researchers identified an organization's general lack of nursing leadership in financial management, complex care, and quality, which led to nursing leadership development becoming a major focus for healthcare organizations (Martin, McCormack, Fitzsimons, & Spirig, 2012). These researchers also found that with a leadership training program at the organization under study, there was an improvement in nursing leadership and that the program facilitated a shared vision (Martin et al., 2012). Both supported the culture of the organization (Martin et al., 2012).

The office of the Nursing and Midwifery Services in Ireland showed that the strength of a leadership development program was related to the program's focus on nursing, specifically over other programs that proudly targeted healthcare leadership (Patton, Fealy, McNamara, Connor, Doyle, & Quinlan, 2013). The researchers noted that participants completed self-evaluation, which included clinical competence and leadership competency (Patton et al., 2013). Patton et al. (2013) further recommended that more research should be conducted on the development and efficacy of nursing-specific leadership programs. In searching other industries like the gaming industry, Hayes (2007) was able to see the importance of the development of a leadership program for current mid-level leaders.

### **The Art**

One study showed that resources on empowering tools for nursing leaders increased their commitment to the organization (Dahinten, Macphee, Hejazi, Laschinger, Kazanjian, McCutcheon, & O'BrienPallas, 2014). The second part of the study showed that using empowering behaviors in this nursing leadership program has been linked with increased engagement, while the researchers also noted that empowering behaviors tend to improve novice nurse leaders (Macphee, Dahinten, Hejazi, Laschinger, Kazanjian, McCutcheon, & O'BrienPallas, 2014). Evaluation of other industries with fast growth and need for managers, such as the lottery industry, showed that those organizations were successful in engaging higher leadership for support and engagement through things learned in the leadership development courses (Hayes, 2007).

### **The Leader Within**

Developing the leader within the manager is an important part of management. Multiple stressors impact the day-to-day work of the nurse manager including managing the varying ages and levels of nursing care at the bedside, hiring into demanding positions, turnover of staff, and the work environment of nurses vital to healthcare (Udod, Cummings, Care, & Jenkins, 2017). Udod, Cummings, Care, and Jenkins (2017) found in a study of nurse manager stress level that coping strategies were helpful; however, leadership development through programs with colleagues ultimately aided in the sense of community and learning together. Cline (2015) found that leadership resilience comes from authentic leadership found in a supportive work environment. Organizational support for building resiliency in leaders can promote a rich learning environment and successful nurse leaders (Cline, 2015).

### **Evaluation Measures Literature**

When investigating leadership development inventory tools, I found that using a self-reflective tool may allow learners to evaluate themselves against their personal standards (Gentry & Leslie, 2007). A study was conducted of the use of self-evaluation in leadership development assessments along with the perception personal leadership of the characteristics (Fernandez, Noble, Jensen, & Steffen, 2015). The study found that there was improvement in assessment by self-evaluation showing the effectiveness of using self-evaluation assessments (Fernandez, et al., 2015). Much like higher education, program evaluations are necessary for the improvement of current programs (Lewallen, 2015). There are internal and external driving forces for the need to evaluate programs

(Lewallen, 2015). Internal reasons can include achieving excellence and changing outcome measures, while external factors can include varying accreditation body reviews (Lewallen, 2015). Researchers in the gaming industry found that it is important to assess an individual's needs, a need for evaluation of the process, and a need for support from top leaders to increase successful development of managers (Hayes, 2007).

### **Inventory Strategy**

The AONE developed a nurse manager skills inventory with the responses based on Benner's theory of novice to expert scale on a rate of frequency in response (2015). The three domains of professional development used include; the science which is managing the business, the art of leading people, and the leader within which is creating the leader within yourself (AONE, 2015). This inventory and an AONE fellowship program focused on offering support for the three domains of leadership development were studied. It was found that after development was offered to participants in the three domains both the participating nurse managers and the sponsor for the nurse managers both assessed an improvement in systems engagement, confidence, and self-efficacy (Mackoff, Meadows, & Nash, 2017).

The AONE Nurse Manager Inventory Tool was developed as a combined effort by the AONE, AACN, and AORN (2015). The AONE and AACN have continued their work on leadership through combining efforts creating the Nurse Manager Leadership Partnership (NMLP) (2015). The United States department of health and human services agency for healthcare research and quality has marketed the AONE Nurse Manager inventory as a quality tool to encourage individuals to be able to self-identify areas of

needed development (Agency for Healthcare Research and Quality, 2017). This tool is present on their quality tools site as an opportunity for nurse managers to improve their ability to deliver quality leadership.

### **Literature Summary and Gap in Practice**

The literature review identified multiple attempts to achieve the optimal nurse development for leadership training. In the review of literature within the discipline of nursing and other disciplines, a successful education program for leadership development consists of a program that supports nursing specific leadership development content and has a management inventory of needed development which will lead to further development for the areas of deficit. The literature review shows that there is an improvement in nursing leadership with the use of nursing leadership reflective tools such as self-inventories. The reviewed literature also identified that optimized nursing leadership development resulted in a more fiscally responsible organization, increased retention, and increased engagement. This evidence is used to support the need for further evaluation of the current nursing leadership program for the three domains of nursing professional development. Doing this meets the essentials of doctorate nursing practice by addressing the gap in practice to bridge the principals of business such as finances and economics with the knowledge of nursing practice to achieve optimal patient outcomes (ANCC, 2006).

## **Local Background and Context**

### **Relevance**

The institution that is being evaluated has the core value that patients come first and the care patients receive is excellent while also valuing education and the development of their employees according to the nursing education specialist for leadership development. Mortlock (2011) found that clinical training of staff for leadership was more efficient when a developmental framework was provided for the clinical teams as opposed to using the same resources used to train physicians for leadership. The support for nursing specific development supports the need for this institution to evaluate the nurse managers by the AONE inventory for professional development opposed to a generalized leadership training evaluation. Through the institution's culture of lifelong learning, individuals are encouraged to continue in the development through institutional financial support for formal education such as advanced degrees, internal education, and conference attendance.

### **Institutional Context**

From a local perspective, according to the nursing education specialist for leadership development, the review of the staff satisfaction survey data at this institution resulted in identifying that nurse managers on both the outpatient and inpatient side desire more engagement and assistance with performing their roles. To start addressing this identified need for leadership engagement, the Nursing Executive Committee supported the formation of the nurse manager operations subcommittee. The purpose of this committee was to assist in the evaluation of the nurse manager daily tasks and to

develop resources to support nurse managers in these tasks. This committee worked on creating resources and tools to assist in the overall burden of their roles, while increasing their engagement in their leadership role in nursing as explained by the nursing education specialist for leadership development. The committee consists of representation from the nurse managers from both inpatient and outpatient from the institution and a nursing administrator at the nursing executive level as an advisor that helps direct work to the operations committee while also bringing information back to the nurse executive committee from the nurse managers. The nursing administrator can help identify themes of needs throughout the department of nursing leadership while also aiding in the creation of solutions. Through the last two years, the nurse operations committee was able to determine some overarching themes for opportunities for growth that were focused on the day to day burdens and the ongoing leadership development needs of the nurse manager group. The leadership development nursing education specialist explained that they were asked to partner with the nurse manager committee to create leadership education committee to better identify needed development. Then went on to explain the intent of this request is to enable these nurse managers to reach their full potential and meet the ever-changing demands of healthcare. In meeting the Magnet designation redesignation, it is imperative that active pursuit of management excellence is achieved and evaluated to meet re-designation criteria. In the last few years, there have been many new managers start in the role which has diversified the managers across the Benner level of novice to expert which would support the evaluation of the survey to aid in recommendations to strengthen the nursing leadership development.

The organization is a teaching academic medical institution with one of the main visions focused on education which is why there are many generalized leadership training materials, however lacking in nursing specific leadership training per the nursing education specialist for leadership development. The lack of nursing specific leadership development material lead to the distribution of the AONE Nurse Manger Inventory to evaluate the three domains of nursing professional development. The data from this inventory will be evaluated for opportunities for growth within these domains for nursing manager development. This evaluation will aid the institution in optimizing the development of their managers.

### **Terms**

The terms were explained per the nursing education specialist for leadership development as the following. The executive nursing committee consists of nurse administrators while the nurse manager operations committee and leadership development work group both consist of nurse managers. General leadership materials are used by departments that support the medical team including human resources, finance, and other allied health support teams.

### **State / Federal Context**

Further development of nurses within an organization lead to increased knowledge necessary for state and federal activity by creating new knowledge of the political needs for advocacy in nursing. Increased education in the gaps of development in leadership identify the current state issue that needs advocacy to evoke changes in practice in nursing. Magnet designated organizations must adhere to the standards set for



nurse managers in that they are responsible for recruiting and retaining staff while encouraging their growth and development (ANCC, 2017). During each re-designation year for Magnet within the institution the department of nursing must provide exemplars within their roles in nursing and leadership of the pillars of magnetism, proving their ongoing education and competence. Nurse managers are also required by regulatory bodies and annual institutional competencies to lead the way in healthcare with advocating for nursing practice (ANCC, 2017). Continually striving to meet the Magnet standards of structural empowerment and exemplary professional practice occurs through working on improving nurse development (ANCC, 2015). Upholding these standards in the nurse manager role will be supported through improvements made to the current nurse manger development program.

Magnet organizations are encouraged to have their nurses' voice heard, but beyond that, they challenge nursing to make it an organizational priority to improve the performance of the nursing staff (ANCC, 2015). It is imperative that Magnet accredited institutions meet this criterion by continuing to develop their nursing staff including leadership skills. The Nurse Manager inventory tool evaluates areas needed for manager development in the three domains, allowing each nurse leader to identify which areas need the most attention and focus.

## **Role of the DNP Student**

### **Professional Context**

The doctorate prepared nurse continues to advocate for changes in healthcare related to finances, business, and medical care while being able to implement essential

programs to ensure ongoing evidence-based practice (AACN, 2006). The DNP student is a nurse manager in the target institution and has had exposure to the leadership education program and AONE Nurse Manager inventory. As a member of the nurse manager operations group, I learned of the need for evaluation of the nurse manager education program and analysis of the administered inventory so that recommendations that could be made.

### **Personal Role**

This nurse manager inventory allowed for self-evaluation that can enable success in the manager role by aiding in the identification in need of personal growth and development. My role in this project was to evaluate the inventory results and find opportunities for improvement in the nurse manager development program. Personal bias displayed is the student has found the tool useful and feels it will be helpful to the nursing leadership group. In order to combat this bias this program should be presented to the nurse manager operations committee and nurse manager leadership education committee to ensure it is meeting the needs of the entire group.

### **Role of the Project Team**

The project team consisted of the nurse managers that are a part of the workgroup for nurse leader development within the nurse manager operations committee. These individuals were experienced managers many with their master's degree in nursing. The leadership nursing education specialist provided the leadership to support this workgroup. This team was present for the background of this project. They were involved in the need for further evaluation of the current leadership development program. They were be able

to give context to the current program and be recipients of the recommendations that came from this evaluation. The team initially met to give insight and background to the genesis of the nurse manager inventories. They reviewed the findings and then will take the recommendations and put them into action within the organization.

### **Summary**

Lifelong learning is a continuous process of self-development. In this section, the literature shows the need for evaluation and access to development opportunities that can aid in increasing personal ability along the journey in nursing leadership. The review of theory relevant to nursing displayed synergy with the need to evaluate the current leadership development programs. The gap identified nurse managers on both outpatient and inpatient desiring more engagement and assistance with performing their roles exists in the current nurse manager education program. Along with the current leadership development program had not been evaluated and examined for effectiveness in addressing the AONE manager domains of professional development. These gaps in leadership development were part of the need for evaluation to aid in the encouragement of learning from a novice to the expert. The role of the student and team were defined and discussed. The need for this evaluation was discussed with the need to collect data and evaluate the current program.

## Section 3: Methodology

### **Introduction**

The problem focus of this evaluation was specific to a facility that has an existing education program for nurse managers, but whose effectiveness had not been fully evaluated. Despite the fact that nurse managers are participating in the existing educational program, there continued to be areas for improvement based on Magnet survey evaluations and staff satisfaction surveys. The purpose of this project was to evaluate an existing development program for nurse managers at a Magnet organization and identify opportunities for program improvement divided into the three domains of professional development outlined in the AONE Nurse Manager Inventory (AONE, 2015). This evaluation led to my identification of strengths and weakness of the existing educational program and allowed me to make recommendations for improvements to strengthen the program's value. This aided in meeting Magnet expectations for leadership development. In this section, I discuss the practice-focused question, identify sources of evidence and types of operational data I used, present plans for ongoing analysis of this data, and offer recommendations.

### **Practice-Focused Questions**

#### **Local Problem and Purpose**

The clinical question I explored was: How do nurse managers assess their management skills, using the AONE Nurse Manager Inventory Tool, after exposure to the leadership development program that is currently available? The administrators at the project site identified the need for nurse leader development, and this was echoed in the

survey for nurse manager staff satisfaction, which showed a desire for more engagement of leaders. I completed this program evaluation for a large tertiary care academic medical facility with a nursing department that supports over 10,000 nurses at this one location. With education as one of its core values, the institutions large infrastructure allowed for the ongoing support of its nurse leaders' development. My use of this project to evaluate the efficacy of the current program magnified opportunities for growth that contribute to nurse leadership excellence. Nurse leaders should heed the advice of Florence Nightingale to remember that one of their purposes is to not only personally do the right things, but also to ensure that the provisions are present to allow those things to occur consistently (Nightingale, 2016). Nightingale's reminder resonated through the project as I evaluated the current nurse manager educational program to identify best practices for managers that align with Magnet designation (ANCC, 2015).

### **Operational Definitions**

The nurse manager is responsible for the oversight of nurses who provide direct patient care in a variety of inpatient and outpatient settings (AONE, 2017). Nurse managers create an inclusive, safe, multidisciplinary focused team, implement a competent staffing model, and set the cultural tone for the unit, bridging the divide between the administrative visions and the bedside care (AONE, 2017). Nurse managers at this institution report to a nursing administrator who leads a specific a specialty nursing division. The nurse administrators are responsible for the oversight of the nurse manager group, bringing cohesion between different units and clinical practices ensuring the strategic vision is optimally implemented at the unit level. The current leadership

development offerings include a monthly leadership lecture series, online access to monthly nursing leadership webinars, free access to professional journals, and organizational leadership educational materials. The current leadership education opportunities are available to all nurse managers on a voluntary basis. According to the nursing education specialist for leadership development, these opportunities include monthly newsletters, a monthly leadership lectures series for nursing, and monthly online courses for nursing leadership. These educational activities are sent as separate offerings via email for voluntary participation, and to minimize scheduling difficulties.

For the purpose of this evaluation, I defined the strength of the nursing department's leadership in three areas according to results obtained from the nurse manager inventory administered to a group of nurse managers at this Magnet hospital. *Science* was defined as business management, and I measured it by responses to the inventory questions under the categories of finances, human resource management, performance improvement, foundational thinking, technology, strategic management, and clinical practice knowledge (AONE, 2015). *Art* was defined as leading people, and I measured it by responses to the inventory questions under the categories of human resource leadership, relationship management, diversity, and shared decision-making (AONE, 2015). *A leader within* was defined as creating a leader within oneself, and I measured it by responses to the inventory questions under the categories of personal/professional accountability, career planning, personal journey disciplines, and reflective practice behaviors (AONE, 2015).

### **Sources of Evidence**

I used the AONE Nurse Manager Inventory to evaluate the effectiveness of the existing manager development resources. The nurse manager inventory consists of 82 items: 43 in the science domain, 19 in the art domain, and 20 in the leader within domain (AONE, 2015). For each item, the respondents indicated their assessment of their personal skill levels by choosing one of four answers in a Likert scale-like fashion. Responses were given by the respondents by the range of scores: novice =1, less competent =2, more competent =3, and expert =4.

### **Archival and Operational Data**

For my evaluation of the AONE Nurse Manager Inventory responses from the inpatient and outpatient nurse managers, I used a secondary analysis of existing data. The data was collected by the nursing education specialist for leadership development and her assistant. The inventory was sent by internal mail in the fall of 2015 to 30 inpatient and 30 outpatient nurse managers through random assignment out of the approximate 150 nurse managers in the organization. The individuals were asked to complete the inventory, but if they chose not to participate, they were to send the inventory back to the education specialist's assistant so the next randomly assigned nurse manager could be sent the inventory. The surveys were de-identified and sent back labeled as inpatient nurse manager or outpatient nurse manager. Of the 60 inventories distributed, a total of 32 completed inventories were returned, for a 53% return rate. There was a need to analyze the collected data and identify opportunities for improvement. The de-identified inventories served as my data source for evaluation,

analysis, and making recommendations. A limitation to this inventory of the nurse managers was my inability to re-inventory those specific nurse managers after any interventions were completed. The validity of this survey resides in its administration in the workplace, and in the honesty of the respondents. According to the nursing education specialist for leadership development, when using a Likert scale, individuals could respond strongly *yes* or *no* and at times stay right in the middle for lack of confidence in a positive or negative way, which can impact the validity of the results.

To gain access to data, approval went through the nursing education specialist for leadership development, who was the original collector of the data. My access was exempt from institutional review board (IRB) approval as noted by the organization's IRB. I then emailed the organization's director of nursing academic affairs who reviewed the request and sent it forward to the supervisor of quality analytics in nursing who ultimately approved the release of data from the institution.

### **Analysis and Synthesis**

I transferred the raw data from the AONE survey to a collection form (see Appendix). The inventories were collected anonymously with no account of each individual's response, making no master list necessary for this evaluation. I compared total mean scores from inpatient managers to those from outpatient nurse managers. If a statistical difference was found, the results from each group would be analyzed separately. If no difference was found then the groups would be put together for the evaluation. I calculated mean scores for each of the three domains and their subcategories. I used John's Macintosh Project (JMP), a statistical software program, to



calculate frequencies for each of the four possible responses to each of the 82 inventory items. Further *t*-test comparison analysis could not be done since there were no individual responses collected. My analysis of secondary data was dependent on what the initial reviewer obtained.

### **Summary**

To optimize the leadership capability of frontline nursing leaders, there must be organizational support for lifelong learning and ongoing professional development. The organization provides a nurse manager educational program, but its effectiveness had not been evaluated. The purpose of this project was to evaluate the existing development program for nurse managers at a Magnet organization using secondary analysis of the existing data from a previously given AONE Nurse Manager Inventory. I used this evaluation of the current leadership development program to identify areas of strength and areas that show opportunities for improvement. In the next section, I focus on the findings and recommendations from the evaluation program, and on the strengths and limitations of this project.

## Section 4: Findings and Recommendations

### **Introduction**

The project evaluation of the nurse manager inventory led me to identify strengths and weakness of the existing educational program and to offer recommendations for improvements to strengthen the program's value in meeting Magnet expectations for leadership development. The clinical question I evaluated in this project was: How do nurse managers assess their management skills, using the AONE Nurse Manager Inventory Tool, after exposure to the leadership development program that is currently available? I identified the gap in practice as the need for evaluation of the current leadership development program for nurse managers looking for effectiveness in addressing the AONE domains of professional development for nurse managers. The purpose of this project was to evaluate the existing leadership development program for nurse managers at a Magnet organization, and to identify opportunities for program improvement using the learning domain framework divided into the three domains of professional development outlined in the AONE Nurse Manager Inventory (AONE, 2015).

From evaluation of the theory and literature review, I determined that there was a need to evaluate the current leadership program. Furthermore, through discussion and review of the Magnet accredited facility, I found more evidence indicating the need for this evaluation. The analytical strategies I used to evaluate the nurse manager inventory included median weighted intervals to identify the areas of greatest need for increased development of the nurse managers.

### Findings and Implications

For the analysis of secondary data from the nurse manager inventory tool, I used data from 18 completed surveys returned by outpatient managers (out of 30 for a response rate of 60%) and 14 by inpatient managers (out of 30 for a response rate of 47%). The AONE Nurse Manager Inventory mean score was calculated for each group, and compared for differences using a *t* test, which did not demonstrate a statistical significance ( $p = 0.44$ ) at the 0.05 level (see Table 1). No additional demographic information was collected in the original survey administration, making no further sample description possible during this secondary analysis.

Table 1

#### *Results and Comparison of Nurse Manager Inventory Total Scores T Test*

Nurse Managers	Inpatient	Outpatient	<i>p</i>
Responses (%)	14 (47%)	18 (60%)	--
Mean score	3.00	2.88	0.44

*Note.*  $p < 0.05$  statistically significant.

I calculated mean scores in the combined group were for each domain of the Nurse Manager Inventory: *science*, *art*, and *leader within* (see Table 2).

Table 2

#### *Nurse Manger Inventory Domain Mean Scores*

Domain	Mean	CI Low 95%	CI Upper 95%
Science	2.93	1.19	4.67
Art	3.30	2.02	4.60
Leader Within	3.33	1.99	4.67

I found no statistical significance between the domains, so chose the lowest-scoring domain for further analysis. Mean scores for the science domain subcategories were calculated, and are shown in Table 3. The mean for both strategic management and financial management was 2.30. These two areas are where the improved educational opportunities should be focused.

Table 3

*Nurse Manager Inventory Science Domain Subcategory Mean Scores*

Science domain subcategory	Weighted Mean	CI Low 95%	CI Upper 95%
Financial management	2.30	0.38	4.23
Human resource management	3.26	1.78	4.74
Foundational thinking skills	3.19	1.79	4.60
Technology	3.32	2.03	4.61
Strategic management	2.30	0.38	4.23
Appropriate clinical practice knowledge	3.35	1.23	5.48

Some of the unanticipated outcomes of this project were related to the evaluation of data. Advantages to doing a secondary analysis consist of having the data present and previously collected. The disadvantage of using secondary data analysis is related to not being the primary collector of the data. Being able to design the collection of data could include details that aid in a deeper analysis and more specific recommendations. Another disadvantage is having to find the best way to evaluate the data without being able to choose how to collect the data. Through this, the researcher loses control over the type of analysis she or he is working on and is forced to use certain statistical evaluations since the data lacks the specifics needed to do other evaluations.

Social change can occur through continued development of the nurse managers of a well-established Magnet organization, specifically through targeted improvement in managing the business of nursing. Sharing this knowledge can improve other disciplines within this large organization by enhancing this training in other healthcare related disciplines. Further, creating outcome measures for a nursing leadership development program enhances the Magnet status of the institution and further raises expectations for outcome measures in leadership development to be replicated in other Magnet organizations.

### **Recommendations**

The recommendation I made were for the current leadership development program for nurse manager is to increase educational offerings and improve nurse manager skills. From my analyses, I found that the area of greatest need for improvement for nurse managers was in the area of the science domain of managing the business. Within the science domain, there are seven subcategories. Of those, two tied for highest priority needing further development. Those areas of major focus are financial management and strategic management. The finance management subcategory includes topics of budget, healthcare economics, and public policy influencing healthcare (AONE, 2015). The strategic management subcategory includes project management, business plan development, presentation skills, persuasive skills, and operational plans (AONE, 2015).

Recommendations for this program evaluation consisted of increasing the offerings to nurse managers related to financial and strategic management. Educational

opportunities can be offered via webcast, lectures, classroom discussions, and formal nurse manager meetings, and would benefit the nurse manager group collectively. The next area of evaluation would be the use of the current educational offerings and making decisions regarding whether new education should be offered, and what new options for education exist. My recommendations included reevaluation of the responses to the inventory every two years to draw parallels in the leadership engagement questions. The nursing leadership education group should distribute the survey and include some demographics to compare responses each survey year. In future surveys, increasing the number of individuals surveyed can increase response rates, in turn becoming a more significant sample size reflecting needs of the total group more adequately. In future collections, it would be prudent to obtain demographics of the individual such as years as a nurse, years as a nurse leader, educational level, and gender. When collecting the data, I would recommend keeping it de-identified by individual, but assigning a number to the data to allow for improved depth of comparison and statistical evaluation in the future. Inclusion of these demographic points will allow for more specifics to be determined, and will allow for the data to be divided up differently for analysis in the future.

Social change can occur through these improvements in educational offerings for nurse managers through continued development of the nurse managers of a well-established Magnet organization. Specifically this development can happen through targeted improvements in managing the business of nursing. Sharing this knowledge can improve other disciplines within this large organization to enhance this training in other healthcare-related disciplines. Creating outcome measures for a development programs

for nursing leadership enhances the Magnet status and further raises the expectations for outcome measures in leadership development to be replicated in other Magnet organizations. The reevaluation shows outcome measures to meet Magnet leadership expectations.

### **Contributions of the Doctoral Project Team**

The team consisting of the nurse managers and the nursing education leadership specialist provided context for the current manager development program, and they were the recipients of the evaluation, data analysis, and recommendations. This group is now responsible for continuous improvement, revision, and evaluation of nurse manager development.

### **Strength and Limitations of the Project**

The AONE Nurse Manager Inventory is a well-established measure developed by prominent nursing leaders; its use in this evaluation is a strength of this project. The organization's support for nursing leadership development and willingness to support their leaders is another strength of this evaluation. Senior leaders are committed to the continued improvement and development of the leadership development program for nurse managers, which will bring the support needed to achieve change.

A limitation for this evaluation was the length of the inventory, making it difficult to get a large response rate from the managers. The detail of the inventory addresses many of the expectations of the nurse manager role, and is not tailored to the job description of a particular manager. The inventory does not adjust for skills required within different sized organizations. For example financial revenue analysis may be done

by the finance department in some organizations, so the nurse manger may not have familiarity with these tasks because it is not part of their job description or daily roles and responsibilities. The individual evaluating the group of nurse managers must take into consideration the institutional context of the individuals taking the inventory. Another limitation is the lack of demographics collected for the respondents, decreasing the specifics drawn from the evaluation. I also found limitations in the ability to evaluate the secondary data for further comparisons due to the lack of individual responses collected.



## Section 5: Dissemination Plan

### **Dissemination Plan**

My desired goal for dissemination of this project is to provide feedback to the nurse managers at the targeted organization. It is important to have the evaluation of the nurse manager program presented to that group. The organization is very large, with over 150 nurse managers. Thus, making presentations to appropriate committees an important initial step. My plans are to share the results of this evaluation project with the nurse manager leadership development committee, which will review the recommendations and consider action plans and implementation details.

The evaluation results will then be considered by the nurse manager leadership education committee, which will submit the results with their recommendations to the nurse manager operations committee. The nurse manager operations committee oversees the nurse manager leadership development committee's yearly goals and offers opportunities during the nurse manager monthly meetings to strategically present and prepare for future educational opportunities. The operations committee consists of nurse managers from both inpatient and outpatient areas, the advising nurse administrator, the vice chair of the department of nursing, and a supervisor for nursing education. This opens the opportunity to further disseminate the findings of this evaluation project to the corporate group of nurse managers.

### **Analysis of Self**

Embarking on the journey for my doctorate in nursing practice degree, I wanted my project at the end to be focused on my specialty area in leadership. My use of Using

evidence-based practice and nursing theory as guiding practice has enhanced nursing leadership and has brought strength to enhancements being made in development of nurse leaders within my own organization. Leadership development has been a journey that I have been on since I began as a nurse. I can look back over my journey in nursing and remember many influential nurse leaders. They took time to share about their journey and were invested in learning more about nursing while also having a vested interest in helping develop me into a stronger nurse. One key thing that many of the successful nurse leaders taught me is that it is imperative not to be content with the status quo and to challenge the way it always has been. Now in my role as a formal leader in the nurse manager role, the process of evaluating the nurse leadership program has potential to enhance the leadership of the department of nursing and enhance my peers' role as nurse leaders. Coordinating the evaluation of this project has required project management skills, strategic communications, effective written and oral communication skills, and transformational leadership to analyze an effective leadership program for areas of improvement. This project has increased my ability to negotiate with others and to advocate for process improvement.

This process of working on a doctorate in nursing practice degree has challenged me to be a strong advocate for what is right, and to have resiliency. The journey to your doctorate degree is long. It requires determination to learn and push forward in the process along with juggling the demands of life. Learning these qualities will aid me in advocating at multidisciplinary tables for nursing and the abilities of nurses.

## Summary

This evaluation of the current leadership development program for nurse managers at my project site was guided by the clinical question: How do nurse managers assess their management skills, using the AONE Nurse Manager Inventory Tool, after exposure to the leadership development program that is currently available? Drawing on my review of literature on leadership development and the guidance of Benner's theory of novice to expert, I completed the evaluation. The secondary data evaluation showed a need for more supportive educational resources focused on the AONE domain of managing the business (science) for the nurse managers on both inpatient and outpatient areas of the academic medical institution I evaluated. The two subcategories of the science domain to initially focus on should be leadership development for nurse managers in financial and strategic management skills. The evaluation of this leadership development program has been a learning opportunity for me, as a doctorate prepared nurse, to meeting the essential requirements of doctorate nursing practice by addressing the gap in practice to bridge the principals of business with the knowledge of nursing practice to achieve optimal patient outcomes (see ANCC, 2006).

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Appendix: Data Collection Form

Weighted point value of each answer
1=Novice
2=Less Competent
3=More Competent
4=Expert

<b>The Science (7)</b>				
	<u>Novice</u>	<u>Less Competent</u>	<u>More Competent</u>	<u>Expert</u>
FM1				
FM2				
FM2-1				
FM2-2				
FM2-3				
FM2-4				
FM2-5				
FM2-6				
FM2-7				
FM3				
FM3A				
HR1				
HR2				
HR3				
HR4				
HR4-1				
HR4-2				
HR5				
PI1				
PI2				
PI3				
PI4				
FTS1				
FTS2				
FTS3				
FTS4				
FTS5				

T1				
T2				
T2-1				
T2-2				
T2-3				
T2-4				
SM1				
SM2				
SM3				
SM4				
SM4-1				
SM4-2				
SM5				
SM6				
SM7				
ACPK1				

<b><u>The Art (4)</u></b>				
PM1				
PM2				
PM3				
PM4				
PM5				
RMIB1				
RMIB2				
RMIB3				
RMIB4				
RMIB5				
RMIB6				
RMIB7				
RMIB8				
RMIB9				
D1				
D2				
D3				

SDM1				
SDM2				

<b>The Leader Within (4)</b>				
PPA1				
PPA2				
PPA3				
PPA4				
CP1				
CP2				
CP3				
PJD1				
PJD2				
PJD3				
RP				
RP1				
RP2				
RP3				
RP4				
RP5				
RP6				
RP7				
RP8				
RP9				