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Preceptor as Frontline Leader Utilizing Emotional Intelligence

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Preceptor as Frontline Leader Utilizing Emotional Intelligence

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Abstract

Problem - This paper describes a DNP project implemented in an acute care hospital in 2020.

The hospital implemented a nurse residency program, with an evidence-based preceptor role development (PRD) component, which proved to be beneficial in growing the nursing workforce and building infrastructure; however, nurse turnover increased.

Context – Preceptors expressed feeling unsupported and not valued. The nurse executive team recommended the recognition committee expand its efforts to develop strategies to develop frontline leaders by building preceptor resiliency and increase retention. Preceptor development could positively impact the nursing workforce.

Intervention - The DNP student, was the executive sponsor of the recognition team, and had oversight of the nurse residency program, integrated leadership and emotional intelligence training into the current PRD program by developing a training module to teach preceptors strategies to gain or improve the core skills of emotional intelligence (EI).

Measures - In addition to measuring retention, a valid and reliable EI assessment tool was utilized per preceptor.

Results - The project outcome was the reduction in nurse turnover, including preceptors, from 15.5% to 14.7%.

Conclusion - As a result of the project implementation, the preceptors that received the training utilized the new skills during a crisis and remained employed with the hospital ninety days after completing the training. EI training is now incorporated into the PRD curriculum. There is consideration to provide EI training to all nurses in the future as a tactic to increase engagement and improve retention.

Key words: nurse retention, preceptors, emotional intelligence, engagement, resiliency

Section II: Introduction

Background

By 2020, the projected 1.2 million job openings for nurses is expected to grow because of the aging population and an increased need for healthcare (Condrey, 2015). It is important that hospitals explore options to expand the workforce to meet the needs by recruiting and retaining skilled nurses to meet the demands of the healthcare industry. The new graduate registered nurse (RN) population offers the largest supply of RNs for acute care hospitals. The Institute of Medicine (IOM, 2011) recommended the implementation of new graduate residency programs to help new graduate nurses' transition to practice. The sheer cost of turnover (\$64,000 for an ICU nurse and \$42,000 for a medical surgical nurse), coupled with low morale and potentially dangerous situations caused by inadequate staffing, compels leaders to examine ways to decrease turnover (Cline, Reilly, & Moore, 2003). Other studies show that high turnover rates can have detrimental financial implications; some hospitals report turnover cost to be approximately \$88,000 per nurse spent on training replacement (Eckerson, 2018).

Transitioning from the student role to the fully practicing nurse role can be overwhelming, leading to 35% to 60% of nurses leaving their first place of employment within one year (Eckerson, 2018). There is a steep learning curve as a newly graduated RN transitions from student to practitioner. The right match of preceptor and new graduate nurse is critical to new hire retention and decreasing RN vacancy rates (Cotter & Dienemann, 2018). The involvement of a preceptor with the right skills contributes to an effective transition for a new graduate nurse.

In order to positively impact nurse retention, an acute care community hospital implemented an evidence-based residency program, inclusive of a competency-based PRD

component. There have been studies exploring which factors have an impact on the role of nurses delivering patient care from an organizational perspective, such as nurses' level of emotional intelligence, communication skills in practice, and commitment to their organizations (Geun & Park, 2019). The literature indicates that the preceptor relationship can considerably benefit new graduate nurses by reducing their stress levels and intention to leave their present job.

This DNP leadership development project enhanced its existing PRD training by integrating emotional intelligence training into its current curriculum as a strategy to reduce turnover costs and promote retention. An investigative study concluded that leaders and managers of nursing organizations should develop educational programs aimed at increasing nurses' competencies in relation to emotion controls and communication skills, consequently improving productivity (Geun & Park, 2019). The study demonstrated that nursing productivity is moderately aligned with emotional intelligence, followed by communication and organizational commitment (Geun & Park, 2019).

The urgency of this project was apparent, as the organization continued to experience poor patient outcomes, staffing shortages, increased turnover costs, and difficulty with stabilizing its workforce. The nurse preceptors were the most obvious group to influence the organizational climate in a positive way because of the influx of newly hired nurse graduates.

Problem Description

Setting. The setting is an acute care community hospital where a closure occurred in 2007 because of a loss of funding as a result of providing substandard care. In 2009, the county negotiated a compromise with two local health systems to financially support the re-opening of a new 131-bed hospital. A few years after re-opening, unfortunately the hospital experienced rapid

turnover in leadership, toxic culture, and adverse events that impacted its clinical workforce. This DNP leadership development project was implemented in the new acute care community hospital, where a new nurse residency program was created in 2017 as a solution to recruit new graduate nurses. As a result of the many challenges identified and despite the structured new nurse residency program, the nurse turnover rate increased to 15.5% in 2018 since its re-opening in 2015.

Knowledge about the Organizational Problem. The implementation of a nurse residency program, with an evidence-based PRD component, proved to be beneficial for recruiting new graduate nurses. Although the organization experienced a growing nursing workforce and strength in the infrastructure in nursing, a spike in poor clinical outcomes, a decrease in nurse productivity, and an increase in patient safety events occurred because of the influx of new graduate nurses. The preceptors who successfully completed the PRD training expressed feeling overwhelmed, unsupported, and not valued. Unfortunately, other downstream challenges emerged such as staff attrition, toxic culture, and declining RN retention rates.

Cotter and Dienemann (2016) suggested that current nurse preceptor training and education programs are not adequate to ensure new nurses' success. It was imperative that the hospital improve and expand its evidence-based PRD training and educational programs to further develop the communication and leadership skills of its preceptors. Incorporating key elements into the current preceptor training to improve the social, emotional, and spiritual needs of nurses would subsequently enhance clinical outcomes; improve peer-to-peer relationships, increase job satisfaction, and increase nurse retention rates for the hospital (Cotter and Dienemann, 2016). Given their education, experience, and unique perspectives, the preceptors play an integral role in transforming healthcare at this organization. Developing the emotional

intelligence of the preceptors would be valuable in making fundamental improvements as a tactic to provide safe and high-quality care. If the problems listed persist, the hospital could experience major financial loss due to continued high nursing staff turnover, run the risk of losing its accreditation, and face possible closure, as experienced in the past.

Available Knowledge

PICOT Question

For newly-trained and existing nursing preceptors (P), will integrating an evidence-based emotional intelligence element into the preceptor role development curriculum (I), compared to the current training program (C), increase preceptors' understanding of their leadership responsibility and accountability and improve nurse retention (O) over 90 days (T)?

Literature Search

A PICOT question influenced a focused search using the following key words: *emotional intelligence, preceptor programs, frontline leadership, nurse turnover, nurse retention, safety net hospitals*. The databases used for the search were the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, and Dynamic Health. The search yielded greater than 1,900 articles. The search was limited to publication within the past 10 years, English-only articles, and nursing. The inclusion criteria for the articles found were articles published from 2000 to 2019, written in English, and those articles that examined the development and impact of preceptor training programs, safety net hospitals, leadership development, emotional intelligence, turnover, and nurse retention. The exclusion criteria included articles that were non-English or articles that discussed non-nursing preceptor training programs and preceptor programs in non-acute care settings.

Once the exclusion criteria were applied, 79 articles were found on safety net hospitals, 25 articles were found on frontline leaders and retention, and four articles were found regarding emotional intelligence and the frontline leader. Many of the safety net articles were eliminated, as this was not the focal point of the project. The frontline leader articles selected were peer-reviewed, relevant to the project, and discussed preceptor development. The emotional intelligence articles selected were peer-reviewed, discussed nursing leaders, and were applicable to the clinical setting. An evidence table was completed based on a literature review of articles used to support the project (see Appendix A).

The final 13 articles selected consisted of the strongest evidence to support the project aim and to provide guidance for execution of the DNP project. The types of articles included were systematic reviews, clinical practice guidelines, research studies, and non-research studies related to the following topics: emotional intelligence, nurse residency programs, nurse retention and turnover, and preceptor training programs. The Johns Hopkins Nursing Evidence-Based Practice (JHEBP) Research Appraisal Tool was used to evaluate the study design and the level and quality of the evidence (Dang & Dearholt, 2018). The level and quality of the evidence ranged from Level IA to Level IIIC. Levels I, II, and III are the highest levels and A/B are considered high/good qualitative single studies and one quantitative study (Dang & Dearholt, 2018). Qualitative studies are helpful in answering research questions where human responses are captured and the meanings of human perspective are used. Examples of qualitative studies include observations, interviews, descriptive statistics, and literature reviews (Fineout-Overholt & Melnyk, 2011). Quantitative studies are research that collects data in numeric form, with an emphasis on precise measurement of variables (Fineout-Overholt & Melnyk, 2011). Quantitative

research designs range from descriptive and correlational descriptive studies to randomized control trials (Fineout-Overholt & Melnyk, 2011).

Level C studies are of lower quality and contribute little evidence to the overall review of findings, but may contain relevant information. As a result of the literature review, the articles selected discussed strategies that impact nurse retention by (a) embracing the concept to improve the relationship between management and staff, (b) implementing nurse residency programs with a focus on preceptor development, and (c) the need to advance leaders with emotional intelligence.

Literature Review

Management and staff relationship. Cline et al. (2003) conducted a qualitative study at two major healthcare facilities in Nevada. The researchers requested the facilities provide a list of RNs who resigned from the hospital in 1999 and were eligible for re-hire. Seven nurses from the list participated in a focus group that met three times for two-hour sessions. The researchers developed a set of scripted questions to elicit their reasons for resigning from their positions after 4.0 to 11.5 years of employment at the facility. The findings included factors that affect nurse retention were demonstrating respect, giving recognition, and improving communication between management and staff. This evidence suggests a positive relationship with management and staff demonstrating respect and fluid communication will impact retention (Cline et al., 2003).

Kleinman (2004) conducted a descriptive, correlational study at a 465-bed community hospital in the northeastern United States. The purpose of the study was to describe perceptions of managerial leadership behaviors associated with staff nurse turnover and compare that to nurse manager perceptions. Both transformational leadership (i.e., the leader works with the team

to identify changes, inspires, and executes) and transactional leadership (i.e., the leader promotes compliance through rewards and punishment) are effective; however, it is unclear which leadership behaviors contribute to staff retention. Questionnaires were distributed to 315 staff nurses and 16 nurse managers. The response rate was 25% ($n = 79$) for the staff nurses and 62% ($n = 10$) for the nurse managers. The outcome measure consisted of a 45-item multifactor leadership questionnaire with 12 dimensions of leadership style. Results were demographic and work-related characteristics between the staff nurse and nurse managers indicated that 54% of the staff nurses had considered resigning from their jobs because of ineffective leadership behaviors

(Kleinman, 2004). The nurse manager participants had an average of 10 years management experience and an average of 25 nurses reporting to them. The overall turnover rate for the hospital was 4% during the designated 6-month study. This evidence suggests improving leadership attributes will impact the relationship between staff nurses and the clinical managers (Kleinman, 2004). As a result of the findings, this study provides evidence to the DNP project that nurse managers and staff nurses do not concur on the frequency of transformational leadership behaviors, but they agree that the frequency of transactional leadership behaviors have an effect on nurse retention.

Nurse residency programs and preceptor development. In a nonexperimental, descriptive study at a large regional medical center, Condrey (2015) conducted a pre/post survey of nursing preceptors was surveyed regarding their impact on the retention of new graduate nurses. The nurse managers who participated in the program reported that the competencies and critical elements provided a clear understanding of what was needed to learn and assisted them in being efficient. As a result of the feedback from the nurse managers, Condrey suggested that the

nursing preceptors made a difference in the retention of new graduate nurses, which had an impact on the shortage of nurses' long term.

Eckerson (2018) conducted a literature review to answer the following question: in newly hired nurses with a bachelor's degree, how would the use of a one-year residency program impact turnover compared to a traditional orientation? Peer-reviewed articles and systematic reviews between 2012 and 2017 were selected and analyzed. The research was found on Medline, Nursing and Allied Health, and CINAHL, which was evaluated using the JHEBP appraisal tool. Search terms included were *nurse residency program*, *baccalaureate of science residency program*, *baccalaureate nurse*, *new nurse*, *traditional orientation*, *transition*, *retention*, *turnover*, and *satisfaction*. Boolean phrases such as "AND" or "OR" were used to connect keywords and narrow search results. The literature was published within the past five years. Inclusion criteria were English, peer-reviewed, and discussed nurse retention rates and nurse satisfaction, preceptor-based nurse residency programs, and nurse residency programs. Exclusion criteria were non-English, non-peer-reviewed articles, or discussed nurse residency programs without including satisfaction and turnover or nurse practitioner residency programs. Eckerson (2018) appraised 18 articles for the systematic review, and 12 articles met the inclusion criteria to be included in the review. The purpose of the systematic review was to determine if newly-hired baccalaureate of science nurses in a one-year nurse residency program, compared to a traditional orientation, affect turnover rates and job satisfaction after one year. The findings indicated the use of nurse residency programs increased satisfaction and retention of new graduate nurses over a one-year period, which led to the conclusion that this is more effective than traditional orientations for new graduate nurses (Eckerson, 2018). This study supports the project, as the findings suggest that an evidence-based new nurse residency program will increase retention.

Kennedy (2019) conducted a descriptive study to examine the differences between nurse preceptors who received formal preceptor education and those who did not receive preceptor education. Participants of the study included members of the Academy of Medical Surgical Nursing who met the following criteria: over age 18, RNs, and preceptors to newly-hired nurses. A formal questionnaire was distributed to 103 participants, and 88 participants (85%) completed all components of the study. The survey was available for two months and included 30 items and a demographic sheet. The items consisted of perceptions of support and perceptions of commitment scored on a 6-point Likert scale. Demographic items included age, nursing experience, preceptor experience, preceptor preparation, and ongoing preceptor education. Participants were primarily ages 50 to 59, with over 26 years of nursing experience, and the majority had traditional preceptor preparation. A large percentage of participants also reported not having ongoing preceptor education (Kennedy, 2019). A limitation of the study was the generalizability of the results was partially due to the convenience sample of nurses who had precepted other nurses. Expanding the data collection to nurses who had trained nursing students could have provided more results. Also, the data were limited because the delivery method of the questionnaire was not directly emailed or mailed to every member of the organization.

Kang, Chiu, Lin, and Chang (2016) conducted a quantitative study at a teaching medical center in Taipei. The study consisted of surveys sent to 28 RNs regarding their preceptorship experiences. The surveys were distributed to preceptors and new graduate nurses at three, six, nine, and 12 months after the relationship began. Findings indicated that development of a one-day situational initiation training program for preceptors and new graduate nurses reduced turnover of the new graduate nurse and improved the relationship between the preceptor and nurse (Kang et al., 2016). The outcome of this study informs the project, as it suggests that more

education and close monitoring of outcomes will impact the relationship between the preceptor and nurse and, as a result, turnover.

Leon, Tredoux, and Foster (2019) designed an exploratory, sequential, mixed-method study at a health system in Australia. The study included 141 participants from five hospitals. The study was divided into three phases: (1) separate surveys sent to nurses and key stakeholders (i.e., nursing managers and educators), (2) focus groups conducted for enrolled nurses and stakeholders, and (3) analysis of recruitment and retention data from a graduating cohort of nursing students enrolled in a diploma program. The purpose of the study was to better understand the investment education and training have on the retention of RNs in the healthcare industry. Findings indicated in Phase 1 and Phase 2 that the RNs participated in training and education for self-satisfaction and personal interest. A professional development program was identified as a strategy to retain RNs. Phase 3 findings over five years (2011-2016), resulted in a recruitment rate improving from 20.6% in 2011 to 90.5% in 2017, and the retention rate increased from 8.8% in 2011 to 95.2% in 2017. The outcome of this study further supports the need to continue to invest in education, training, and leadership development of nurses as a strategy to improve retention (Leon et al., 2019).

In a descriptive, qualitative study, conduct by Ziebert, Schmitt, Totka, Klingbeil, Stonek, Stelter, & Schiffman (2016), explored data from debriefs of all newly-hired nurses at three, six, and 12 months post-hire during a newly designed transition-to-practice program in a pediatric hospital. Four major themes emerged: preceptors, education process, adaptation to the organization, and role transition. Participants identified that one to two preceptors early in orientation provided their best learning experiences. Participants ($n = 118$) stated that when preceptors advocated for the participant, sought learning experiences, and were knowledgeable,

enthusiastic, and supportive in their role; the participants felt the orientation went well (Ziebert et al., 2016). This evidence suggested to the DNP project that a positive supportive relationship with the preceptor sets the tone for the orientation period; whereas, a well-structured, staged orientation program provided milestones for feedback, planning, and a focus on progressive complexity of patient assignments.

Quek, Ho, Hassan, Quek, and Shorey (2019) conducted a descriptive qualitative design study to explore the perceptions, experiences and needs of nursing preceptors and their preceptees on preceptorship. Audio-recorded structured interviews were conducted from August 2016 to November 2016 in an acute tertiary hospital in Singapore (Quek et al, 2019). Ten preceptor-preceptee dyads were interviewed. The four themes that emerged from the interviews included: (a) social role of the preceptor; (b) letting go of preceptees; (c) communication and the use of technology; (d) involvement of nursing management (Quek et al, 2019). The study concluded that contextual influence of preceptorship shows positive and negative aspects of preceptorship. This study informs the DNP project by aligning with the evidence that preceptors can have a positive influence on preceptees.

Leadership and emotional intelligence. Dube and Jooste (2006) conducted a nonexperimental, exploratory, descriptive study at a clinical nursing practice site in Botswana. The study included 72 preceptors who guided preceptees in different clinical practice settings and 200 preceptees in their final year of clinical practice, who voluntarily agreed to participate. The main themes of the questionnaire distributed included: the preceptor as a leader in the work environment and the role of the preceptor in planning, implementation, and evaluating of learning opportunities for the preceptee. The findings of this study indicated that some preceptors lacked important leadership characteristics, such as intellectual, emotional, physical and other

traits; which could interfere with their ability to effectively carry out the role of a preceptor (Dube & Jooste, 2006). This evidence supports the aim of this DNP project by validating the need for formal leadership training as a strategy to improve preceptor skills and to promote leadership characteristics so they are more effective.

Francis (2018) completed a quality improvement project at three facilities in Northern California to determine if the implementation of an evidence-based emotional intelligence curriculum, compared to current practice, would help to increase nursing preceptors' understanding of their leadership presence, their responsibility to new graduate nurses, and the new employee transitions to the organization. Formative and summative assessments of the preceptors were completed. Forty-two participants were instructed on the process to participate in the assessment over a 30-day timeframe using the email system; 90% ($n = 38$) voluntarily provided an email of choice, with 68% ($n = 26$) of the participants completing and submitting the survey by the due date. Survey choices were *strongly agree*, *agree*, or *neither agree/disagree*. Overall, the responses were favorable. Questions 1, 3, and 5 were listed in the *intention* category, and all received more than 60% ($n = 23$) of the responses as *strongly agree*. Unfortunately, the author did not share Question 1. Question 3, "As a preceptor, I intend to share emotional intelligence concepts with new employee's and my coworkers," had the highest responses, with 73% ($n = 28$) of the participants stating *strongly agree*. To Question 5, "As a preceptor and leader, I'm confident I could use emotional intelligence to change the culture within my work unit," 65% ($n = 25$) of the respondents stated *strongly agree*. In conclusion, the aim of the project was achieved, as the preceptors were accepted as nursing leaders, and the evidence supported the continued use of professional development opportunities for preceptors in the future (Francis, 2018). The summative data results helped to support the project by indicating that the preceptor

will implement emotional intelligence strategies identified in the course and, as a result, will include a significant return on investment, such as job satisfaction and positively impacting nurse turnover.

In a review of literature, Sadri (2012) discussed the concept of emotional intelligence and suggested incorporating emotional intelligence into leadership development programs. The evidence was divided into four sections: (a) models of emotional intelligence, (b) relationship between leadership and emotional intelligence, (c) synopsis of the arguments for and against emotional intelligence, and (d) the components of emotional intelligence integrated with contemporary leadership courses and the development of emotional intelligence competencies among managers and leaders. The purpose was to provide an overview of the concept of emotional intelligence as it pertains to leadership. Sadri suggested that emotional intelligence does show some important links to leadership and four components of Goleman's model of emotional intelligence, as it integrates with practice in the area of leadership development. Goleman's model of emotional intelligence (as cited in Sadri, 2012) is comprised of five skill areas, three relate to personal competence and two relate to social competence. The personal competencies include self-awareness (knowing one's internal preferences), self-regulation (managing one's internal states), and motivation (emotional tendency that facilitates goals). The social competencies include empathy (awareness of other's feelings, needs) and social skills (adeptness at inducing desirable responses). The outcome of this study informs the DNP project by suggesting that organizations focus on each of the emotional intelligence competencies as distinct skills and assist leaders in developing each skill independently as a strategy to impact retention.

Coladonato and Manning (2017) conducted a descriptive cross-sectional study at a not-for-profit community hospital in southeast Pennsylvania. A convenience sample of 20 nurse leaders, consisting of inpatient nurse directors and nurse managers, participated via email in a confidential, anonymous emotional intelligence questionnaire. The standard emotional quotient tool used to measure emotional intelligence was the EQ-I 2.0 tool (assessment tool based on the Bar-On Model of Emotional-Social Intelligence) (Multi-Health Systems, Inc., 2011). The EQ-I 2.0 is an electronic, self-report instrument, consisting of 133 questions scored on a 5-point Likert scale: 1 = *never/rarely*, 2 = *occasionally*, 3 = *sometimes*, 4 = *often*, and 5 = *always/almost always*. The questionnaire measured the five component scales that reflect attributes of emotional intelligence: self-perception, self-expression, interpersonal, decision-making, and stress management. The tool was further divided into three subscales. The tool is consistently reliable, as measured by Chronbach's alpha at .97 for the total emotional intelligence scale, ranging from .88 to .93 for the composite scales and .77 or higher for the subscales. The tool's raw scores are converted into standard scores based on a mean of 100 and a standard deviation of 15. The EQ-I 2.0 scores above 110 are considered the high range and indicate emotionally intelligent people. The midrange scores are between 90 and 110, and the lower scores indicate a need to improve emotional skills in specific areas (Coladonato & Manning, 2017). A majority of the nurse leaders in this study scored average to high emotional intelligence. There was variation among clinical nurse job enjoyment between moderate and high satisfaction, indicating that clinical nurses on particular units were less satisfied than others. Lastly, there was no significant difference between clinical nurses' job enjoyment and the emotional intelligence of their nurse leaders. Coladonato and Manning reported that nurse leaders with high emotional intelligence have the ability to motivate employees to do their jobs more effectively and, as an outcome,

improve employee satisfaction, which ultimately influences quality patient outcomes. This evidence implies that nurse leaders with high emotional intelligence report job enjoyment. Also, staff reported favorable ratings of nurse managers with high emotional intelligence. Consequently, emotional intelligence is an important facet of leadership that positively impacts retention.

Summary of the Evidence

The evidence supporting the DNP project was categorized in three themes. The theme *management and staff relationship* was associated with factors that affect nurse retention, such as respect, recognition, and improved communication (Cline, 2004). This theme also supports the concept that management and staff agree the frequency of transactional leadership has an impact on nurse retention, as this becomes evident in the qualitative data collected from the participants who engaged in the project (Cline, 2004). The importance of self-awareness and social awareness, as it relates to improved communication between management and the preceptors, preceptors and staff, and the preceptors with patients and their families is reinforced in the literature.

The second theme derived from the supporting evidence focused on the implementation of nurse residency programs and how that relates to preceptor development. Again, the evidence suggests that nurse preceptors really make a difference in the retention of the new graduate nurse (Condrey, 2015). Nurse residency programs increase job satisfaction and retention of new graduate nurses, which is more effective than traditional orientation programs (Eckerson, 2018). The aim of the DNP project was to enhance the current PRD by integrating emotional intelligence skills as a strategy to improve the emotional and social skills of the preceptor. After

Careful consideration and a review of supporting evidence, the hospital agreed to invest in education, training, and leadership development of its preceptors to improve retention.

The evidence discussed the correlation with leadership and emotional intelligence and the impact on formal leadership training as a strategy to improve preceptor skills and promote leadership characteristics (Dube & Jooste, 2006). Francis (2018) explained the results of summative data and the effectiveness in supporting the project by demonstrating how the preceptor development in emotional intelligence skills has a significant return on investment, such as job satisfaction and positive nurse turnover. Emotional intelligence competencies are distinct skills and assist leaders in developing each skill independently as a strategy to impact retention (Sadri, 2012). Each study or review of literature advocates for the necessity of healthcare organizations to invest in education and training for their nurses, but also to focus on the interpersonal, emotional, and social skills required to change the environment in an organization.

Rationale

The acute care hospital adopted the novice-to-expert model, developed by Dr. Patricia Benner, to serve as a nursing framework for clinical and competency development. Dr. Benner discussed how even 30 years ago, experience and competency development was important in nursing due to the complexity and responsibility of nursing practice (Davis & Maisano, 2016).

The progressive competency stages are:

Stage 1: Novice – no previous experience;

Stage 2: Advanced beginner – experienced real situations where recurrence is easily identifiable;

Stage 3: Competent – able to work in an efficient and organized manner with deliberate planning;

Stage 4: Proficient – able to anticipate and see a situation in its entirety; and

Stage 5: Expert – has extensive knowledge and confidence, able to grasp complex situations. (Davis & Maisano, 2016)

Dr. Benner's theory, novice to expert, offered the DNP project competency development stages as a framework to train the nurses as preceptors (Davis & Maisano, 2016). This framework was selected because the nurses selected as preceptors were required to be at Stage 3 or Stage 4 of Dr. Benner's model. The nurses at Stage 3 had one year of experience in the clinical specialty before they were considered to be a preceptor, which assured the nurse was at the appropriate competency level to perform as a preceptor and would benefit from the PRD training, since the primary objective of the training was to develop leadership skills. The emotional intelligence component would further enhance their emotional and social aptitude as effective frontline leaders.

Parse's (2011) human becoming theory was selected to guide this project. Parse first published the theory in 1981 as the man-living-health theory. The name was officially changed to the human becoming theory in 1992 to remove the term *man*, after the change in the dictionary definition of the word from its former meaning of *humankind*. The theory is structured around three abiding themes: meaning, rhythmicity, and transcendence. Under the assumption of meaning, the human is open, freely choosing meaning in situations, bearing responsibility for decisions. Rhythmicity states that becoming is the human's pattern of relating value priorities. Transcendence describes the human becoming co-transcending, multidimensional, with emerging possibilities (Parse, 2011). The Parse theory was selected because it allows the preceptor to be

free to make decisions regarding their experience. This theory encourages the preceptor to see meaning and value in the work they do, particularly as leaders within the organization. The preceptee will also benefit from the experience because they are on the receiving end, and they will have the opportunity to provide constructive feedback to the preceptor. This experience will transcend the preceptor-preceptee relationship and provide opportunities to make greater improvements to the program. Kennedy (2019) stated that the preceptor role transcends possibilities, where adequate nurse preceptor education creates a positive correlation between increased understanding of the role, self-confidence, feeling of support, and employee retention.

Parse's (2011) theory was the theoretical framework used for the DNP project, as this framework aligns with many of the emotional intelligence skills. Self-awareness and social awareness skills encourage the preceptor to see meaning in the work they do and promote mindfulness, fulfillment, and resiliency. Rhythmicity inspires responsibility and accountability from the preceptor as they engage with new graduate nurses. Transcendence encourages relationship management, which has an influence on job satisfaction, employee engagement, and overall nurse turnover. The Parse theory directly aligns with the development of emotional intelligence skills, which directly impact nurse retention.

Specific Aims

The purpose of the DNP project was to decrease the overall RN turnover rate from 15.5% to 15% by September 2020 in an effort to stabilize the nursing workforce and reduce the financial impact to the hospital. Assessing the EI of each participant before and after training; and, monitoring nurse turnover rates over ninety days were measures used to evaluate the effectiveness of the training. Increased engagement, improved patient outcomes, and reduction in nurse turnover rates were variables indicative of success of the project.

The DNP Student provided the EI training to the preceptors during the PRD training or scheduled quarterly updates. The Nurse Executive team supported the implementation of the program as the resources required to execute the project were minimal. Providing the EI training was the intervention implemented to build resiliency and develop frontline leaders was the expected outcome. The overall goal of the project was to retain experienced nurses, stabilize the workforce, and improve patient outcomes by providing training to the nurse preceptors on the topic of emotional intelligence during the nine-month project.

Section III. Methods

Context

The key stakeholders were the nurse executive team, consisting of the chief nursing officer, assistant chief nursing officer, and clinical senior directors, as the identified issue directly affects the nursing workforce. The key stakeholders were very concerned about the increasing turnover rates impacting the nursing workforce. Several strategies to improve retention rates were discussed among the group and the DNP project was selected as the best option at the time because of the minimal cost and timely implementation plan. Additional issues impacting the organization included poor clinical outcomes caused by the influx of new graduate nurses, high staff nurse turnover rates related to environmental toxicity, and organizational challenges such as leadership instability. Additional key stakeholders aware of the problems included representatives from the Human Resource Department and members of the patient experience team. Lastly, Versant, Inc. ® also supported the project as the interventions enhanced the current PRD curriculum. The literature supports the importance of nurse leader emotional intelligence skills to create a supportive environment and facilitate staff empowerment, leading to staff job satisfaction (Coladonato & Manning, 2017).

Other key stakeholders for this project were the preceptors assigned to participate in the PRD training program. The preceptors were aware of the need to learn the skills to orient new graduate nurses and transition to practice nurses; however, they were not aware that enhancing the development of their leadership skills by improving emotional intelligence could positively impact clinical outcomes and retention.

Interventions

The DNP project consisted of integrating emotional intelligence components into the current PRD training curriculum as a strategy to increase job satisfaction and improve retention. Emotional intelligence components developed by Goleman in 1995 (self-image, independence, leadership abilities, relationships, and job satisfaction) were referenced when developing the curriculum (Sadri, 2012)

A presentation was developed and shared with the preceptors as a method of providing the information regarding emotional intelligence skills (see Attachment B). The training included defining emotional intelligence, discussion and explanation of each emotional intelligence skill, and strategies to improve each skill. Other methods included: sharing of individual preceptor experiences, case study reviews, role playing, and videos.

The following components were added to the evidence-based PRD training curriculum developed by Versant Healthcare Competency Solutions (2019): definition of emotional intelligence, core skills of emotional intelligence, practice application, and a compilation of strategies on the four components, which include self-awareness, self-management, social awareness, and relationship management (Bradberry & Greaves, 2009).

Gap Analysis

A gap analysis was conducted to evaluate if the organization would benefit from enhancing the PRD training by including emotional intelligence in the curriculum (see Appendix C). The hospital had experienced many recent challenges, and as a result, turnover increased to 15.5% in 2018; therefore, investing in education and training for one-third of its workforce could have a positive impact on nurse turnover. The hospital recognition committee determined a plan to reduce nurse turnover. The DNP student, the executive sponsor of the recognition committee,

developed a curriculum to integrate EI training into the current PRD curriculum. The preceptors completed a two-day PRD course that focused on competency and behavioral development. The emotional intelligence components were added to the course curriculum by the DNP student. The student also integrated the EI components into the quarterly preceptor update sessions to help the nurses identify their baseline level of emotional intelligence and to learn new strategies to improve their emotional and social skills as they improved their leadership skills. A baseline of the preceptors EI was assessed by distributing an EI assessment tool to each preceptor at the beginning of the PRD training or quarterly update. The expected outcome for EI component inclusion was to assist the preceptor with effectively managing their responses when faced with emotional or social decisions, increase job satisfaction, and offer more learning opportunities so the preceptor will decide to remain employed by the hospital. The same EI assessment tool was distributed two weeks after the training was provided as a method to measure effectiveness of the training.

Gantt Chart

A Gantt chart (see Appendix D) was developed by the DNP student to organize each step of the project, as established by the project management principles identified by Martinelli and Milosevic (2016). The Gantt chart identified project milestones, including a literature review conducted regarding nurse residency programs, preceptor development, nurse turnover, nursing leadership, and emotional intelligence. The Gantt chart also included implementation of the emotional intelligence curriculum for the PRD training dates, the date the DNP student joined the recognition committee, committee purpose discussions, policy and charter development, project approval date, self-scoring emotional intelligence test distribution, data analysis review dates, and communication timeline. Due to the disruption of the COVID-19 pandemic crisis, data

analysis was conducted by the DNP student and nurse residency manager only, and the communication activities were limited to the DNP student providing project updates to the Human Resource Department and the chief nurse officer during our monthly one to one 1:1 meetings. Discussions regarding the results of the training and the effectiveness of the training are planned for the quarterly leadership meeting.

Responsibility / Communication Plan

The DNP student was responsible to ensure the project was clearly communicated to all key stakeholders; therefore, a responsibility and communication matrix was developed (see Appendix E). The student discussed the project activities, expected goals, and activities with all members of the recognition committee, as this team was directly invested in achieving the project goals. Subcommittee members were delegated small tasks required to complete the work. The DNP student worked closely with the human resources team to discuss and monitor outcomes data. As a consequence of the COVID-19 pandemic, the communication plans pivoted, as the recognition committee ceased all meetings until further notice; therefore, all project activity was shared with the chief nurse officer during monthly 1:1 meetings and other key stakeholders via email, according to the schedule in the Gantt chart.

SWOT Analysis

A SWOT analysis was conducted to determine the strengths, weaknesses, opportunities, and threats of integrating emotional intelligence into the PRD training (see Appendix F). A valuable strength of the acute care hospital is financial stability, with various sources of revenue. The hospital had invested in preceptor education and training by previously financing the initiative to engage an external vendor as a strategy to develop and strengthen its clinical workforce. The hospital experienced challenges with adequate staffing; therefore, this was an

opportune time to support educational initiatives to retain experienced nurses. The executive leadership team drove the vision to increase organization-wide education as a goal to build employee capacity and to improve clinical outcomes. Kennedy (2019) reported that offering educational programs for nurse preceptors has a positive impact on the nurse preceptor role.

An identified weakness included a rapid turnover in leadership, creating a sense of instability in the workplace. High leadership turnover negatively impacted clinical outcomes, such as hospital-acquired conditions and nurse-sensitive indicators. During FY19, the hospital experienced a significant increase in falls and hospital acquired pressure injuries. Many of the risk incident reports surrounding the events identified short staffing as a variable highlighting the need to train more preceptors as a solution to impact the new graduate nurses. Kennedy (2019) stated that a lack of ongoing support for preceptors leads to unsafe or poor-quality preceptor practices, such as attitude problems, unwanted professional behaviors, unacceptable communication, and inability to perform as a competent nurse. Additional weaknesses identified were a toxic culture related to the problems with leadership and the lack of standardization, accountability, and sustainability related to rapid turnover. Lastly, the acute care hospital, a free-standing nonprofit, community-based organization, lacked the support of resources similar to those found in a larger health system.

The opportunities the hospital faced included strengthening its workforce by developing its preceptors as frontline leaders and promoting staff engagement. The nurse preceptors would also gain job satisfaction and continued learning opportunities. Through improved employee satisfaction, creation of transformational leaders, and improved patient outcomes, the hospital can attract new talent and positively impact its retention rates. Lastly, the hospital is currently experiencing a rapid expansion, with new services offered to the community. Planned growth

continues from a small community hospital to a health system within the next five years. The enhancement of the PRD training program would prepare the hospital to hire and retain more nurses during this transition and to ensure adequately trained nurses are prepared to provide high-quality, safe patient care.

There were several factors considered as threats, including the organization is a nonprofit safety net hospital dependent on federal, state, and donor funding that can be ceased at any time. There are several local healthcare organizations competing with the acute care hospital. Registered Nurses have options to work at more established organizations. The hospital experienced reputational risks, as identified by the negative comments on social media regarding the perception of a toxic culture, high leadership turnover, and process issues. Lastly, the hospital had recently experienced adverse events that were self-reported to accrediting and regulatory bodies, therefore, placing the hospital at risk for the loss of accreditation and/or federal funding.

Work Breakdown Structure

The initial steps of the project began with the development of a work breakdown structure (WBS), based on the Martinelli and Milosevic's (2016) project management principles (see Appendix G). The WBS was used to identify all key activities, stakeholders, and their role(s) in completing activities selected to accomplish the project milestones. The WBS consisted of high-level activities and milestones that required completion to meet the goals and outcomes of the project. Each level was numbered, and specific tasks/activities were listed under each numbered category. The tasks/activities were also numbered as guidelines to ensure completion of the higher-level process measure. The WBS was introduced by using a plan-do-study-act (PDSA) framework, which is a quality improvement problem solving model (Institute for Healthcare Improvement [IHI], 2019). The PDSA cycle is used for implementing a change by developing a

plan to test the change (plan), implement the test (do), monitor and learn the consequences (study), and decide to modify the test or retain the change (act; IHI, 2019).

Operating Budget

A training program operating budget was completed comparing the costs of the current PRD training to the training with the emotional intelligence component as a strategy to promote preceptor retention (see Appendix H). The total operating budget for the existing PRD program is \$143,698. Adding EI to this program increases the annual cost to \$144,633. The difference in cost between the current PRD and the PRD with the EI component is a one-time annual fee of \$935. The minimal cost of adding EI to the existing training program will provide a return on investment to the hospital if at least one experienced preceptor is retained (see Appendix H).

The project uses its current PRD training to enhance preceptor leadership skills as a strategy to promote job satisfaction and to increase retention of its nursing workforce. Incorporating tactics to improve the emotional intelligence skills of the preceptors has proven to be a cost-effective approach to positively change the environment. The evidence reflects that developing leaders with emotional quotient lowers staff turnover, improves clinical outcomes, increases engagement, and decreases burnout (Coladonato & Manning, 2017). With the nurse shortage being a global issue, providing appropriate preceptorship is crucial to retain the new graduate nurses and decrease nurse turnover (Quek, Ho, Hassan, Quek, & Shorey, 2019).

Return on Investment

The PRD with the EI component had an additional cost variance of \$935. The total amount saved by retaining 1.0 FTE preceptor is \$138,600. As a result of this added investment, the return on investment of implementing this project is = 148.2% (see Appendix H).

Methods

Study of the Interventions

The project began with developing the EI training content that would be clear, concise, and useful to the participants. The DNP student used key references such as Emotional Intelligence 2.0 by Bradberry & Greaves (2009) and other relevant studies to develop the training content. Additional media sources and search engines, such as Google, CINAHL, and Pubmed were used to research correlating information. The DNP student was allotted 1.5 hours to provide the information to the preceptors at the workshop and/or the preceptor quarterly update. An EI assessment tool, “Do You Lead with Emotional Intelligence?” was integrated into the PRD training curriculum (Goleman and Boyatzis, 2017). The EI assessment tool was used to measure the EI level of the preceptors prior to the training and again two weeks after the training was completed. It was imperative to the project to determine the baseline emotional intelligence of each preceptor; therefore, an evidence-based emotional intelligence assessment, “Do You Lead with Emotional Intelligence?” (Goleman and Boyatzis, 2017), developed by Dr. Annie McKee, a senior fellow at the University of Pennsylvania Graduate School of Education, was distributed to gain a deeper understanding of the participants’ emotional intelligence (see Appendix I). Evaluating the baseline emotional intelligence of the preceptors allowed the participants to reflect on their strengths and where they can improve. The COVID-19 pandemic occurred during the initial project implementation; therefore, additional questions regarding the participants’ ability to utilize emotional intelligence skills during the crisis were added to the post-assessment as a measure to determine if the pandemic impacted their perception of the EI skills gained and used. The modification to the assessment provided better insight regarding the preceptors’ response during a crisis.

Several other emotional intelligence assessment tools were reviewed and evaluated; however, the previously mentioned assessment was selected because of its ease of implementation, cost-effectiveness, intuitiveness.

The assessment was distributed in person at the beginning of the training session or quarterly update. This measurement tool was used to determine if the EI scores changed or improved from the initial training to post training. This method was used to ensure 100% compliance from all preceptors. The post-training assessment was distributed via email through the Survey Monkey database; unfortunately, the completion rate was 63.6% ($n = 7$). In an effort to increase the post-assessment compliance, a raffle prize was offered as an incentive to complete the post-assessment and attend the next quarterly update to review the results. Unfortunately, the preceptors did not attend the workshop because of the mandatory shelter in place regulation established by the California Governor, as a result of the COVID-19 pandemic; therefore, no more surveys were completed. The distribution methods used to survey the participants were efficient and cost-effective, as the assessment was short, concise, and there was no additional cost to the organization.

The overall nurse turnover data were closely monitored over a 3- to 6-month timeframe, as a measure to determine if the training elicited the desired outcome to retain nurses. The preceptors' and the new graduate nurses' employment status with the hospital was also examined more closely as a method to determine the effectiveness of the training. The preceptors that completed the training remained employed with the organization within 90-days of completing the PRD training with the EI component. Further research is needed to determine their commitment to the organization.

As a result of the effectiveness of the DNP project, the expected primary outcome measures were the retention rates for the nurse preceptors at the acute care hospital. There was an assumption that by integrating the emotional intelligence training into the current PRD training, the preceptors would improve their leadership skills, increase job satisfaction, gain resiliency, and remain employed with the organization. An increase in overall nurse retention rates would signify a positive secondary outcome of the project. There is an assumption that developing the preceptors as frontline leaders, the greater outcome would be their direct impact on the entire nursing workforce. The balancing measures existing with this project are the positive monetary impacts on the organization with regard to a reduction in nurse turnover costs.

Analysis

A valid and reliable emotional intelligence assessment tool was distributed to the participants prior to the training. The participants were allowed to score their own results by using the instructions provided with the assessment to determine the baseline of each emotional intelligence component. The assessment was distributed again two weeks after the training was provided using the Survey Monkey electronic database. There were 25 questions on the assessment, with five questions per each of the following categories: emotional awareness, positive outlook, emotional self-control, adaptability, and empathy. The questions in the assessment are designed to elicit the emotional response in a wide variety of circumstances and scenarios. There is no right or wrong answer to any of the questions. Scoring instructions were provided to help the preceptor interpret their answers. Insightful explanations about how the preceptors react to emotions, based on their scores, were shared with the group. The quantitative data results were aggregated to gauge the baseline of emotional intelligence for each preceptor and where improvements could occur.

Analysis of the self-scoring tool was conducted, and a comparison of the results from the pre-training and post-training was prepared in a PowerPoint presentation format to share with the participants and key stakeholders. The DNP student planned to conduct a paired *t*-test analysis to compare the pre- and post- data sets; however, the small “n” did not reach statistical significance so manual analysis of the data was conducted. The hypothesis of the project was that the preceptors’ emotional intelligence will improve as they develop as frontline leaders and retention will increase. As a result of the project, the preceptors that participated in the project were still employed with the organization ninety days after completing the course and several showed an improvement in their EI skills as reflected in the data (see Appendix K).

Ethical Considerations

On January 10, 2020, the University of San Francisco (USF) DNP department determined that this project met the guidelines for an evidence-based change in practice project, as outlined in the DNP project checklist (statement of determination) and was approved as non-research (see Appendix J). There were no identifiable issues or conflicts of interests noted for this project.

The USF’s core values are influenced by Jesuit principles. It is important for healthcare professionals to be guided by their moral compass when delivering care. McIntyre and McDonald (2013) implied that the ability to theorize would encourage nurses to cultivate a robust belief system reflective of their current practice. Caring for the whole person, *Cura personalis*, is a Jesuit framework that advocates for respect and individualized attention to the whole being (USF, n.d.). The integration of emotional intelligence into the current PRD demonstrates visionary change to promote a culture of learning, service, and social justice, which is consistent with Jesuit values.

This project focused on the growth, development, and retention of RNs in an acute care

community hospital by providing training on emotional intelligence. The goal of this project was to decrease nurse turnover and to improve employee satisfaction and communication among registered nurses. The project was guided by Parse's (2011) basic human becoming theory, which closely aligns with the Jesuit core value that a common good transcends the interests of particular individuals or groups and reasoned discourse rather than coercion is the norm for decision-making (USF, n.d.). The project also provided a moral dimension that every significant human has a choice regarding how and who they choose to be in the world. There were no conflicts of interest concerns identified between the DNP student and any of the committee members or the content presented. If any conflict arose, the USF faculty was notified immediately to discuss next steps. The privacy of all parties participating in the project was kept confidential, and a process was in place to bring forward and investigate appropriately should there be any breach in privacy. Participant privacy was kept confidential by utilizing the last four numbers of their cell phone when providing data results or discussing the outcomes to ensure anonymity, as well as ensuring the ability for individual participant data analysis. The physical and psychological well-being of all participants in the project was protected.

Pursuant to Section 1.5 of the American Nurses Association (ANA, 2015) Code of Ethics, regarding relationships with colleagues and others,

The nurse has the responsibility to respect all individuals the nurse interacted with.

Nurses were expected to maintain professional, respectful, and caring relationships with colleagues and others. Nurses function in many roles and many settings, including direct care provider, care coordinator, administrator, educator, researcher, and consultant. In every role, the nurse creates a moral environment and culture of civility and kindness,

treating others, colleagues, employees, coworkers, and students with dignity and respect.

(p. 4)

With regard to the DNP project, the nurse functioned as a preceptor, and the preceding expectations were applied. Provision 5.1 of the ANA (2015) Code of Ethics states, “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth” (p. 19). This provision applied to the nurse as the preceptor, as it is the expectation that the nurse will promote the preceding behaviors when providing instruction, with the ultimate goal to teach the pursuit of continued personal and professional growth.

Section IV. Results

The WBS included project activities, such as the literature review, project approval, budget plan, training activities, data review and analysis, and final evaluation plan. A “Plan, Do, Study, Act” Performance Improvement method was used to implement the project (see Appendix G). The interventions listed on the WBS were completed over the course of the project timeline; however, as a result of COVID-19 restrictions with social distancing and limited class sizes, this created challenges, such as minimal attendance. The original invitation for the February 2020 preceptor update session included 70 trained preceptors; however, only six preceptors attended the session. Additional strategies were implemented to encourage participation at future sessions, such as a raffle, increased communication with the nursing leadership, promotional flyers in the clinical departments, and emails sent to the preceptors’ personal home address. Unfortunately, there were fewer attendees at the June quarterly preceptor update. The managers and preceptors were contacted to inquire about poor attendance; low staffing and pandemic restrictions were the primary reasons for the participants not attending. A summary report of the data outcomes and additional strategies to improve emotional intelligence skills were developed and will be shared at future quarterly updates. In an effort to increase participation in the future and to spread the training to all current and future preceptors, virtual sessions are planned.

The integration of emotional intelligence training to the current PRD curriculum proved to benefit the organization, as the nurses that completed the course and the nurses they trained remained employed with the hospital up to 90 days after completing the course. The DNP project results showed that nurses increased their emotional intelligence skills in all five categories (emotional self-awareness, positive outlook, emotional self-control, adaptability, and empathy). The emotional intelligence survey was distributed on paper the day of the training and again two

weeks after completing the course. Emotional intelligence training results decreased in three to four of the categories for two of the participants. Several participants ($n = 4$) did not complete the post-survey; therefore, there were no data to determine the effect of the emotional intelligence training. Overall, the PRD has been effective in retaining nurses at the acute care hospital, and incorporating the emotional intelligence training has proven to be an effective leadership development strategy, particularly during a crisis.

.The summary report included initial RN turnover data collected. RN turnover data was collected in January 2020 from the human resource department for FY2018-FY2019 as a method to measure baseline results compared to post training results. FY2018-FY2019 RN turnover was 15.5 and the FY2019-FY2020 results reported in September 2020 were 14.7%. Although this data reflected all RNs, the preceptors were included in the group.

The participants had the opportunity to complete an evaluation of the training, such as methods used to share information, location, and instructor delivery. All participants rated the training as above average to excellent. The 11 preceptors who participated in the training and the nurses they trained remain employed with the organization. The preceptor quarterly update offered in February 2020 included five preceptors in the study. All preceptors completed the training and three of the preceptors completed the entire pre- and post- EI assessment tool. The preceptor workshop offered in May 2020 included six participants. All six of the preceptors completed the training and only four completed the pre- and post- EI assessment. As indicated in the methods section of the document, a total of seven preceptors that participated in both sessions completed the pre- and post- training EI assessment tool. In addition to the EI assessment tool, qualitative data was collected with the post EI assessment (see Appendix K). The qualitative data set identified a trend highlighting self-awareness and social awareness as the two emotional

intelligence skills most developed, specifically during the pandemic. The quantitative data displayed an improvement in most emotional intelligence skills, and as a result, there is a positive effect on the nurse-patient and peer to peer relationships. Several of the preceptors shared their strategies to promote self-care and to increase social awareness. The preceptors expressed their efforts to conduct more rounding during their shifts to provide support and engage in positive communication with their peers, patients, and providers. Each of the skills or tactics discussed, align with either the personal or social competence. Bradberry and Greaves (2009) stated, “EQ is so critical to success that it accounts for 58 percent of performance in all types of jobs. It’s the single biggest predictor of performance in the work-place and the strongest driver of leadership and personal excellence” (pp. 20-21).

Development of personal competence increases the preceptors’ ability to be aware of their own emotions, behaviors, and tendencies. Growing social competence skills increases social awareness and relationship management, as the preceptor gains the ability to understand other people’s moods, behaviors, and motives in order to improve the quality of the relationships (Bradberry & Greaves, 2009). The enhancement of the emotional intelligence skills, identified by over 90% of the participants who completed the survey, shows a positive change in professional outcomes and could be a significant benefit to the organization, if all preceptors were required to complete the training in the future. Improving overall relationships among the frontline leaders and the nursing workforce would benefit the hospital by increasing job satisfaction, cultivating employee engagement, and positively impacting clinical outcomes, resulting in nurse turnover reduction.

Section V. Discussion

Summary

Anecdotally, the preceptors who received the emotional intelligence training remained employed with the organization three months after the training was completed. The preceptors were better able to articulate their role as frontline leaders. The impact of learning and implementing emotional intelligence strategies in the work environment improved their overall outlook and engagement. Sabzevar, Sarpoosh, Esmaeili, and Khojeh (2016) noted previous investigations that showed emotional intelligence can affect stress and has a direct relationship with positive emotions and a reverse relation with negative emotions. Emotional intelligence, incorporated in available training programs, interacts with an individual's internal and external dimensions, acceptance of emotions, and overall impact on stress control and relief in the work environment (Sabzevar et al., 2016). As a result of the DNP project, several of the preceptors discussed the effect of emotional intelligence skills learned and their strategies to improve these skills professionally and personally (see Appendix K). The preceptors were able to qualitatively share their experience with the emotional intelligence skills most utilized, particularly during the pandemic.

The key findings included the preceptors' lack of awareness regarding the importance of their roles as frontline leaders. The preceptors were able to identify the emotional intelligence skills that were most beneficial in their roles as frontline leaders after the training was provided. The preceptors clearly articulated the emotional intelligence skills that contributed most to their decision-making process in the work environment, and a few were able to discuss how learning the emotional intelligence skills impacted their personal lives. Another key finding was the preceptors' lack of understanding of the correlation between leadership and staff retention.

Kleinman (2004) cited that effective leadership skills have been shown to enhance job satisfaction and promote staff nurse retention; however, there is limited evidence regarding the specific leadership behaviors that contribute most to staff retention.

During the PRD training, the preceptors expressed the relationship between the role of the preceptor, their role as frontline leaders; and, how it increased their engagement and desire to pursue additional professional development opportunities. The preceptors discussed their interactions with the new graduate nurses and their sense of responsibility for the success of the new graduate nurse in the work environment. The preceptors also expressed their strategies to help the new graduate nurse assimilate into the department and the culture of the organization. Kennedy (2019) noted successful preceptors display a great deal of responsibility and accountability, both leadership qualities. The DNP project was supported by the organization (see Appendix L), which demonstrates the value of the role by investing in the continued professional development.

The DNP project offered the preceptors an opportunity to better understand the importance of their role as leaders and their contribution to the hospital. Continued development of this group of frontline leaders has the potential to positively impact the entire workforce and transform the culture in a positive manner. Such changes can improve overall job satisfaction, increase employee engagement, promote quality clinical outcomes, and reduce nurse turnover (Colanadonato & Manning, 2017).

The emotional intelligence training has been well received by the preceptors and has proven to be effective with leadership development, as reflected by the results; therefore, the training will be included as a learning objective of the PRD training curriculum. The Nurse Residency Manager will continue to provide the training at all upcoming preceptors workshops

scheduled in the future, creating a sustainable process. The organization's centralized and unit-based educator will complete the training. There is ongoing discussion regarding incorporating EI skills into New Hire Orientation for all newly hired nurses, as part of a dissemination process. Emotional intelligence skills and improvement strategies will also be a standing agenda item for the quarterly preceptor updates, as a tactic to further the emotional and social development of the experienced preceptors.

The literature suggests that investing in adequate education and professional development of preceptors can have a positive return on investment, as it attributes to improving nurse attrition, satisfaction, and overall performance. Kennedy (2019) indicated that collaborating and building a partnership with academics could close the gap in transitioning new nurses into practice. Nurse Managers should have a strong vested interest in supporting preceptors and guiding the process for their professional development (Kennedy, 2019). The evidence supports the notion that preceptor programs take time, resources, and money, but they have proven their value by showing the positive impact they have on the transition of a new graduate nurse into practice and their commitment to an organization. Developing the EI skills of the preceptors at a minimal cost has proven to be a cost benefit to the organization. Training the organization's centralized and unit-based educators while continuing the training in the PRD program are strategies to disseminate the training and improve the EI skills of many nurses across the organization. Incorporating this training into new hire orientation for all newly hired nurses would be a substantial benefit to the organization and will increase professional practice.

The supporting evidence that suggests the relationship between management and staff has an impact on retention correlates with the findings of the DNP project. The DNP project was implemented shortly before the inception of the COVID-19 pandemic, which had a dramatic

effect on the inability of the expected number of nurses to attend the PRD training. Two groups of nurses, total of 11 nurses, expressed limited knowledge regarding leadership skills as they relate to preceptorship. The pre-emotional intelligence survey results supported their lack of familiarity with leadership and emotional intelligence skills; however, the post-survey results showed a slight increase in areas such as positive outlook, adaptability, and empathy, which are all attributes of relationship management. Relationship management is the ability to use self-awareness and social awareness to manage interactions successfully (Bradberry & Greaves, 2009). This finding aligns with the evidence that demonstrating respect, giving recognition, and improving communication between management and staff have a positive impact on nurse retention.

Interpretation

In comparing the results of the project to other publications and findings, it was evident that preceptors play an integral role in transitioning the new graduate nurse into the organization. Their contribution has a direct impact on job satisfaction, employee engagement, clinical outcomes, and nurse retention in the organization. These factors all align with the supporting evidence that was presented. The emotional intelligence component provides the additional leadership skills necessary to impact the new graduate nurses and overall elevation of professional practice in the organization. Preceptors as frontline leaders have the capacity to influence all nursing staff, as they are identified as strong clinicians and trained as leaders.

Despite the lower than anticipated attendance as a consequence of the pandemic, the replies from the preceptors who were able to attend were promising as related to improving their emotional intelligence skills. Several preceptors discussed how learning about emotional intelligence skills made them more aware of their impact, not only on the new graduate nurses,

but also on their communication and interactions with physicians, patients, and family members. The clinical significance of this project intervention is supported by the detail in the qualitative results. This was certainly an unanticipated finding shared by several of the preceptors. Fortunately, the costs incurred to implement this project were extremely minimal, as the intervention was incorporated into the current PRD program. The PRD program has already added great benefit to the organization by recruiting nurses and by providing preceptor evidence-based training.

The findings from the DNP project align with the supporting evidence that indicates leaders with high emotional intelligence have a positive impact on frontline staff. The acute care hospital should maintain the preceptor program with the emotional intelligence component, as the results were favorable, and continue to invest in the education, training, and recognition of the preceptors. Kennedy (2019) states that nurse managers and administrators should determine what benefits, rewards, and support systems are necessary to sustain the preceptors in their role. Also, more preceptor engagement at the quarterly updates is necessary to ensure all preceptors are provided the emotional intelligence training. Incorporating emotional intelligence training into the framework of the PRD has proven to benefit the organization. Close monitoring of the preceptors, with regard to how they translate as leaders and their effect on the new graduate nurses, would provide additional data regarding nurse retention. The assumption is that the emotional intelligence training influenced the preceptors because it supports the concept that the development of emotional and social skills in frontline staff can promote positive outcomes in the work environment by improving overall job satisfaction and, consequently, reduce turnover.

The framework used to guide this project, Parse's (2011) theory, aligned well with the project. The preceptors displayed rhythmicity, meaning, and transcendence. Their relationships

with the new graduate nurses, managers, physicians, patients, and families were positively impacted, as reflected in the data. Although the preceptor post-assessment response rates were lower than expected, it is encouraging that the results resonate with emotional intelligence skills that replicate optimistic outcomes, such as confidence and influence from the preceptor.

Limitations

There were a few potential risks or barriers to implementing the project. The most obvious limitation at the time the project was implemented was the COVID-19 pandemic. There was a lack of attendance and participation for various reasons (e.g. poor staffing and the shelter-in-place order mandated by the governor) that impacted the overall outcome of the project results. The hospital also had to adhere to the social distancing mandate, which impacted class sizes and physical participation. The project was not prepared to pivot to online/virtual training at the time these factors came into play; however, going forward, the courses have been designed to be taught virtually as an alternative option.

A second barrier that occurred at the time of project implementation was the methods to validate whether adding the emotional intelligence elements to the current training had a direct impact on the clinical outcomes and/or nurse retention. It was assumed that after learning these skills, the preceptors were more resilient and better able to make decisions; however, it will be important to the organization to determine if gaining these new competencies will have an impact on the preceptors and other nursing staff. As a method to determine the validity or reliability of the new knowledge, additional questions regarding decision-making, retention plans, and resiliency can be addressed during the quarterly preceptor update and during the exit interview process for nurses. The Versant Competency Assessment and Tracking System®

includes an annual evaluation that also addresses the nurses' commitment to the organization and resiliency; more specific questions can be included in this annual assessment.

The last potential risk is the opportunity for the DNP student to continue to teach the training. It will be important that the nurse residency manager learn to teach the emotional intelligence component because the DNP student/senior director may have limited time to continue to teach this element in the future due to conflicting priorities. Inter-rater reliability will need to be established in teaching and evaluation methods. The dissemination plan to continue the training in every PRD program and to discuss strategies at every preceptor quarterly update will require continued innovation and research for the participants to experience professional development. Providing EI training to all newly hired nurses and leaders would be a great strategy to improve leadership relationships with staff and each other.

Conclusions

As discussed in the introduction, the acute care hospital central to this project was faced with many challenges. The evidence-based PRD program has been a successful solution in training new nurses and with building its foundation in nursing. Establishing powerful relationships among the staff will be a significant factor in increasing retention, which was not effective in reducing turnover in 2018. Integrating emotional intelligence, also considered a leadership soft skill, will ensure that preceptors have both the emotional and critical-thinking skills necessary to make decisions (Coladonato & Manning, 2017).

Parse's (2011) theory guided and developed meaning, rhythmicity, and transcendence within this project implementation. The elements of the Parse's theory became more evident as the preceptors improved in areas relevant to emotional intelligence, such as self-awareness, self-management, social awareness, and relationship management. As discussed, the plan to expand

the preceptor role-based program with relationship building, leadership, and emotional intelligence elements positively impacted the workforce by promoting job satisfaction, increasing engagement, improving clinical outcomes, and reducing turnover rates. Coladonato and Manning (2017) noted there is evidence to show that nurse leaders with high emotional intelligence help their organizations by creating a competitive environment through improved retention of top talent, multidisciplinary teamwork, better use of time and resources, increased motivation, and innovation among the team.

It will be important that the organization determine if the emotional intelligence training is an effective intervention in developing preceptors as frontline leaders. More innovative measures will be necessary to evaluate the efficacy of the training program. The sustainability of PRD with the EI components utilizing pre-established PRD budget would be an enormous cost benefit to the organization. To continue the achievements, the education department and the nurse residency manager will need to collaborate to provide the emotional intelligence training as part of the PRD curriculum. Although there were minimal positive results, further studies are necessary to show the direct impact between the improvement in the preceptors' leadership skills and the influence on the nursing workforce.

Section VI. Other Information

Funding

There was no requirement for outside funding of this project. The cost of the emotional intelligence training is incorporated in the pre-existing budget of the current PRD training course. The DNP student developed the training content; however, there was no additional compensation required for time spent planning, developing, implementing, or evaluating the project activities.

VII. References

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Section VIII: Appendices

Appendix A. Evaluation Table

Author	Evidence Type	Sample, Size, Setting	Findings that help answer EBP question	Observable Measures	Limitations/ Strengths	Evidence Level/ Quality
Cline et al. (2004)	Qualitative study	Two major healthcare employers in Nevada; 7 nurses volunteered to participate in a focus group.	Factors that promote nurse retention are demonstrating respect, giving recognition, fostering communication between management and staff, and ensuring adequate, and flexible staffing.	A set of scripted questions were developed to elicit motivations regarding why they had resigned after being employed from 4 to 11.5 years	The level of dissatisfaction with management voiced by the focus group was not captured and focus group seemed angry and felt they had no other choice.	Level III/B
Coladonato & Manning (2017)	Descriptive, cross-sectional study	Not-for-profit community hospital; 20 nurse leaders participated	1. Nurse leaders with high emotional intelligence (EI) reported job enjoyment. 2. Staff reported favorable rating of nurse managers with high EI. 3. EI important facet of leadership	EQ-I 2.0 Emotional-Social Intelligence (five attributes of EI – self-perception, self-expression, interpersonal, decision-making, and stress management).	Limited body of literature	Level III/A
Condrey (2015)	Non-experimental, descriptive	Large, regional medical center; 36 participants	Preceptors make a difference in the retention of new graduate nurses and have an impact on the nursing shortage long term.	Pre-test & post-test provided to the preceptors; data analysis of the survey responses.	1. Testing methods were flawed 2. Class length 3. Survey fatigue	Level III/B
Dube & Jooste (2006)	Non-experimental, explorative, descriptive study	Clinical nursing practice setting in Botswana; 72 preceptors & 200 nursing students	Preceptor lacked leadership characteristics such as intellect, physical, and emotional traits while precepting.	Traits and characteristics of a leader.	Limited literature; no generalization	Level III/A

Author	Evidence Type	Sample Size, Setting	Findings that help answer EBP question	Observable Measures	Limitations/Strengths	Evidence Level, Quality
Eckerson (2018)	Literature review	Peer-reviewed research and systematic reviews between 2012 and 2017	Use of nurse residency programs showed increased satisfaction and retention of new nurse graduates over a 1-year period.	The JHEBP appraisal tools were used to extract and appraise evidence.	1. Economic hardships 2. Poor response rate 3. Voluntary participation	Level V/B
Francis (2018)	QI Project	Three facilities in Northern California; 42 participants	Achieved the goal of accepting nursing preceptors as leaders.	Behavioral-based formative and summative assessment.	Existing process used to identify and educate the preceptors	Level V/A
Kennedy (2019)	Descriptive study	Members of the Academy of Med-Surg Nurses; 103 participants, 88 completed all components (85% response rate)	Nurse preceptors with formal education had more evidence-based nursing practice and understanding of role.	6-point Likert scale with a 4-part questionnaire.	Limited ability to generalize findings; limited data	Level III/A
Kang et al. (2016)	Quantitative study	Teaching medical center in Taipei; 28 RNs	Development of a 1-day situational initiation training program for preceptors and new graduate nurses; reduction in NGN turnover and improved preceptor-new graduate nurse relationships.	Questionnaire surveys for preceptors and new grad nurses at 3, 6, 9, and 12 months; data statistics and analysis.	1. Budget constraints 2. Single teaching hospital 3. Small sample size 4. Data analysis measurement tool	Level III/B
Kleinman (2004)	Descriptive, correlational study	465-bed community hospital; 79 staff nurses and 10 nurse managers	The transactional leadership style of active management by exception appeared to be a deterrent to staff nurse retention.	45-item Multifactor Leadership Questionnaire with 12 dimensions of leadership style.	Lack of clarity regarding which nurse leadership behaviors contribute most to staff nurse retention	Level III/B

Author	Evidence Type	Sample Size, Setting	Findings that help answer EBP Question	Observable Measures	Limitations/ Strengths	Evidence Level, Quality
Leon et al. (2019)	Explanatory sequential mixed-methods design	Health services in Australia; 502 nurses invited to participate from 5 hospitals; 141 participated	Well-structured recruitment program favorably impacted retention.	Three-phase study: 1. Surveys, 2. Focus groups, 3. Analysis of recruitment and retention data.	Further research is needed to address confusion in nurses' scope of practice and feelings of lack of respect	Level III/A
Quek et al. (2019)	Descriptive Qualitative Design	Ten preceptor-preceptee pairs; acute tertiary hospital in Singapore	Preceptors can have a positive influence on new graduate nurses.	Semi-structured interviews were conducted to analyze themes.	Multi-centered and longitudinal studies are needed to explore preceptors' and preceptees' perceptions	Level III/A
Sadri (2012)	Literature review	Not provided	EI shows important links to leadership, and four of five components of the Goleman model of EI integrates with contemporary practice.	Four sections of review: 1. Highly cited EI model 2. Relationship between leader and EI 3. Synopsis for and against EI 4. EI integrated with contemporary leadership practices.	Concerns with reliability and validity of EI measures	Level V/A
Zeibert et al (2016)	Descriptive, Qualitative	N=118 Nurses at a pediatric hospital	Well-structured transition to practice program are beneficial for participants	Debriefing sessions at three, six, and twelve months	Lack of audiotaped interview & availability; demographics of participants study site.	Level III/A

Appendix B. Emotional Intelligence Presentation

- A. Emotional Intelligence and The Leader
- B. Emotional Intelligence – The Journey
 - a. What is Emotional Intelligence
 - b. Good Leaders vs. Great Leaders
- C. Emotional Intelligence Skills
 - a. Self - Awareness
 - b. Self – Regulation/Management
 - c. Social Awareness
 - d. Social Awareness – Empathy
- D. Can Emotional Intelligence Be Learned
- E. Emotional Intelligence Group Activity
- F. Emotional Intelligence Strategies
 - a. Self-Awareness
 - b. Social Awareness
 - c. Relationship Management – Social Skills
 - d. Self-Management
- G. Video – Daniel Goleman – Strategies To Become More Emotionally Intelligent

Appendix C. Gap Analysis

Analysis Data: 12/6/2019

<u>Strategic Objective</u>	<u>Current Standing</u>	<u>Deficiency</u>	<u>Action Plan</u>
Improve nurse retention rate	15.5%	Lack of current improvement strategies	Develop reduction strategies with "3 R" Committee
Implementation of PRD program	150 nurses trained	Negatively impacted by organizational challenges	Integrate EI training into curriculum
Develop EI appraisal test (EQ)	Does not currently exist at the organization	Needs to be built into the PRD	Obtain EQ appraisal test & distribute test to all preceptors
Develop EI training curriculum	Does not currently exist at the organization	Preceptors lack leadership skills	DNP student will develop training curriculum
Assess EI level of current preceptors	Successfully completed PRD training	Has not received EQ appraisal test	Required to complete EQ appraisal test
Assess EI of newly-trained preceptors	Has not completed PRD training	Has not received EQ appraisal test	Required to complete EQ appraisal test

Appendix E. Communication Plan

		R	RESPONSIBLE														
		A	ACCOUNTABLE														
		C	CONSULTED														
		I	INFORMED														
		2020															
Team Member Role	RACI		Activity/Information	Method of Communication	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Sr. Dir. Education	R	A	Executive Sponsor - Develops Project Plan; responsible for project & committee activities; Teaches EI elements of PRD Training	in-person													
Maternal Child Health Manager	I		Committee Co -Chair - responsible for committee activities	in-person													
Critical Care Manager	I		Committee Co -Chair - responsible for committee activities	in-person													
Nurse Residency Manager	R	A	Committee Member - Facilitates the PRD Training Program	in-person													
Telemetry Manager	I		Committee Member - provides input & assist with activities	in-person; conference call; email													
Medical-Surgical Manager	I		Committee Member - provides input & assist with activities	in-person; conference call; email													
Dir. Organizational Development	C		Committee Member - Provides recruitment & retention data to team.	in-person; conference call; email													

Recognition Committee activities on hold June, July, Aug, due to COVID-19 priorities

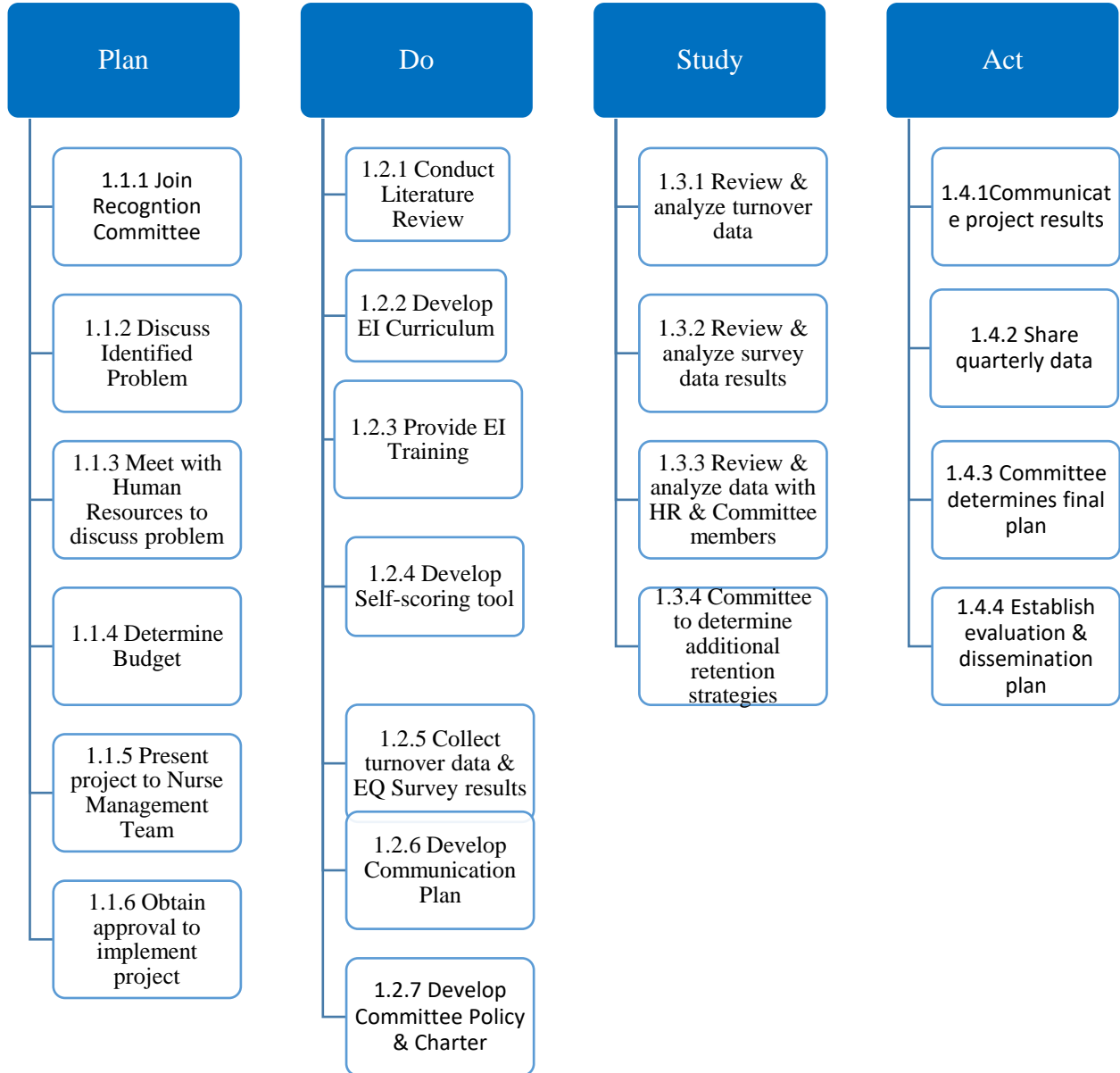
Dir. Food & Nutrition	I	Committee Member - assist with planning events	in-person; conference call; email													
Pt. Experience Manager	I	Committee Member - provides HCAHPS Data	in-person; conference call; email													

Appendix F. SWOT Analysis

Preceptor Utilizing EI



Appendix G. Work Breakdown Structure



Work Breakdown Structure
Process-Centered Style

1. **Tabular View** –correlated explanation of each tasks in WBS flow chart
 - 1.1 Plan
 - 1.1.1 Join Recognition Committee Meeting
 - 1.1.2 Discuss Topic/Problem Identified
 - 1.1.3 Meet with Human Resources Department to review turnover data
 - 1.1.4 Determine Budget
 - 1.1.5 Obtain approval to implement project
 - 1.1.6 Present to Nursing Management Team
 - 1.2 Do
 - 1.2.1 Conduct thorough Literature Review on Nurse Residency Programs, Preceptors, and Emotional Intelligence
 - 1.2.2 Develop Curriculum for Emotional Intelligence Training
 - 1.2.3 Provide Emotional Intelligence Training at Preceptor Update Sessions
 - 1.2.4 Develop Self-scoring EQ Appraisal Tool
 - 1.2.5 Collect turnover and EQ results data
 - 1.2.6 Develop communication plan and tools/templates
 - 1.2.7 Develop 3 R Committee Policy & Charter
 - 1.3 Study
 - 1.3.1 Review and analyze turnover data
 - 1.3.2 Review and analyze EQ survey data results
 - 1.3.3 Review and analyze data with Human Resources and Committee
 - 1.3.4 3 R Committee will determine final retention strategies
 - 1.4 Act
 - 1.4.1 DNP Lead will communicate results
 - 1.4.2 Share quarterly results with key stakeholders
 - 1.4.3 3 “R” Committee determines final plan
 - 1.4.4 Establish dissemination and evaluation plan

Appendix H. Operating Budget/Return on Investment

Training Program Operating Budget
--

Item/Description	Preceptor Role Development (PRD) Training	PRD with EI component
Sr. Director/Instruction	\$0	hours x hourly rate 10 x 86 = \$860
Nurse Residency Manager – Instruction	hours x hourly rate 16 hours x 65 = \$1040	hours x hourly rate 16 hours x 65 = \$1040
Preceptors hours/salaries	hours x hourly rate 16 x 48.75 = \$1820	hours x hourly rate 16 x 48.75 = \$1820
Supplies	\$349	\$349
Catering	\$139	\$139
Raffle/EI 2.0 Books x 2	N/A	\$75
VCATS annual licensing fee + participant profile fee	\$1500 + \$250 = \$1750	\$1500 + \$250 = \$1750
Total Cost/Participant	\$138,600 + \$5098 = \$143,698	\$138,600 + \$6033 = \$144,633
Cost Variance w/EI inclusion		\$935 Total Additional One Time Cost

Notes: Items highlighted in grey are additional program one-time costs for EI component. These are fees that will not be incurred moving forward with PRD including the EI enhancement.

Return on Investment

Additional Cost Variance (additional investment) for EI/PRD is: \$935
Amount Saved by retaining 1 Preceptor RN is: \$138,600

<p>Investment Profit: <u>\$138,600</u> Amount Invested: \$935</p> <p>Equals ROI of 148.2%</p>

Appendix I. Emotional Intelligence Assessment Tool

How Would You Describe Yourself?

	ALWAYS	MOST OF THE TIME	FREQUENTLY	SOMETIMES	RARELY	NEVER
EMOTIONAL SELF-AWARENESS						
1 I can describe my emotions in the moment I experience them.						
2 I can describe my feelings in detail, beyond just "happy," "sad," "angry," and so on.						
3 I understand the reasons for my feelings.						
4 I understand how stress affects my mood and behavior.						
5 I understand my leadership strengths and weaknesses.						
Total per column						
<i>Points per answer</i>	x 5	x 4	x 3	x 2	x 1	x 0
<i>Multiply the two rows above</i>						
TOTAL SELF-AWARENESS SCORE (sum of the row above)						
POSITIVE OUTLOOK						
6 I'm optimistic in the face of challenging circumstances.						
7 I focus on opportunities rather than obstacles.						
8 I see people as good and well-intentioned.						
9 I look forward to the future.						
10 I feel hopeful.						
Total per column						
<i>Points per answer</i>	x 5	x 4	x 3	x 2	x 1	x 0
<i>Multiply the two rows above</i>						
TOTAL POSITIVE OUTLOOK SCORE (sum of the row above)						
EMOTIONAL SELF-CONTROL						
11 I manage stress well.						
12 I'm calm in the face of pressure or emotional turmoil.						
13 I control my impulses.						
14 I use strong emotions, such as anger, fear, and joy, appropriately and for the good of others.						
15 I'm patient.						
Total per column						
<i>Points per answer</i>	x 5	x 4	x 3	x 2	x 1	x 0
<i>Multiply the two rows above</i>						
TOTAL EMOTIONAL SELF-CONTROL SCORE (sum of the row above)						

HOW WOULD YOU DESCRIBE YOURSELF?		ALWAYS	MOST OF THE TIME	FREQUENTLY	SOMETIMES	RARELY	NEVER
ADAPTABILITY							
16	I'm flexible when situations change unexpectedly.						
17	I'm adept at managing multiple, conflicting demands.						
18	I can easily adjust goals when circumstances change.						
19	I can shift my priorities quickly.						
20	I adapt easily when a situation is uncertain or ever-changing.						
Total per column							
<i>Points per answer</i>		x 5	x 4	x 3	x 2	x 1	x 0
<i>Multiply the two rows above</i>							
TOTAL ADAPTABILITY SCORE (sum of the row above)							
EMPATHY							
21	I strive to understand people's underlying feelings.						
22	My curiosity about others drives me to listen attentively to them.						
23	I try to understand why people behave the way they do.						
24	I readily understand others' viewpoints even when they are different from my own.						
25	I understand how other people's experiences affect their feelings, thoughts, and behavior.						
Total per column							
<i>Points per answer</i>		x 5	x 4	x 3	x 2	x 1	x 0
<i>Multiply the two rows above</i>							
TOTAL EMPATHY SCORE (sum of the row above)							

Goleman, D. & Boyatzis R.E. (2017) Emotional intelligence has 12 elements. Which do you need to work on? *Harvard Business Review*. Harvard Business School Publishing Corporation, 2-5.

**Appendix J. DNP Statement of
Non-Research Determination Form**

Student Name: Dwanette Judkins

Title of Project: Preceptor as Frontline Leader Utilizing Emotional Intelligence

Brief Description of Project:

A) Aim Statement: The purpose of this DNP project is to improve the overall turnover rates in registered nurses from 15.5% to less than 10% by the end of CY20. The organization is a new hospital in a community with many socioeconomic challenges, which has impacted recruiting quality staff. A few of the factors identified as the reason for high turnover are lack of structure and processes, unstable leadership and poor orientation practices. The organization engaged a consultant in 2017 to conduct an organizational assessment to determine why the turnover and retention rates were increasing since opening in 2015. The consultant recommended the hospital implement a structured nurse residency program that would attract new talent and help retain nurses. As cited in Brook, Aitken, Webb, Maclaren, and Salmon (2019), nurse residency programs have been identified as a

successful method, in comparison to traditional orientation, in easing new graduate nurses into the role as a professional nurse. Increased retention and satisfaction of new graduate nurse hires have been proven outcomes of nurse residency programs, positively impacting nurse turnover rates and finances in healthcare institutions (Eckerson, 2018).

Description of Intervention: The hospital partnered with a professional development organization called Versant Inc. ® in September, 2017. Versant® provides evidence based strategies and a standardized preceptor role development training course. An Emotional Intelligence (EI) component will be added to the curriculum. The course is currently tailored to nurses that train new graduate and experienced nurses transitioning to a different specialty. The first day of the course will cover the behaviors and expectations of the preceptor. The second day of the course provides training on the electronic database, Voyager, where the preceptor is responsible for evaluating and validating competencies completed by the new graduate or transition nurse and enters the completion data into Voyager®.

B) Rosemarie Rizzo Parse's, Human Becoming Theory, will be adopted as a guide in the implementation of this project. Rosemarie Rizzo Parse first published the theory in 1981 as the "Man-living-health" theory. The name was officially changed to "the human becoming theory" in 1992 to remove the term "man," after the change in the dictionary definition of the word from its former meaning of "humankind". The theory is structured

around three abiding themes: meaning, rhythmicity, and transcendence. The human is open, freely choosing meaning in situation, bearing responsibility for decisions.

Becoming is the human's patterns of relating value priorities. (Parse, 2011). The Parse Theory was selected because it allows the nurses, both preceptor and preceptee, to be free to make decisions regarding their experience. This theory allows the preceptor to see meaning and value in the work they do, particularly with precepting new employees. The preceptee will also benefit from the experience because they're on the receiving end and they will have the opportunity to provide constructive feedback to the preceptor. This experience will transcend the preceptor-preceptee relationship and provide opportunities to make greater improvements to the program.

C) How will this intervention change practice: With the implementation of this project, the preceptor role development training will be offered to registered nurses that provide orientation to new graduate and newly hired nurses in an effort to improve retention. The nurse will be assigned to a formally trained preceptor that will provide a structured orientation. The course will require the preceptor to complete a self-assessment, and a performance gap analysis of clinical competencies. The course will include preceptor role behaviors, fundamentals of quality and professional practice, and an overview of the Versant Voyager Competency Based System®. The course will be modified to include the EI components self-awareness, self-management, social awareness, and relationship management. The organization has provided the preceptor role development training to registered nurses selected to precept new graduates and transition to practice nurses only;

however, there has been no training or competency assessment provided to registered nurses selected to orient newly hired registered nurses to the clinical departments. The preceptor role development program will be complimented by an EI training curriculum developed by the DNP Student and included in the quarterly preceptor workshops. Educational updates will be scheduled to share evidence based strategies to promote retention; mentorship to the preceptors to support their efforts; and an established preceptor recognition platform. The preceptor recognition program will help to identify exceptional nurses in this role and promote professional practice. These strategies will encourage continuous engagement with the preceptors and show gratitude for their commitment to the organization.

D) Outcome measurements: Turnover rates and reasons for termination will be monitored quarterly to determine the impact of the preceptor role development training for the new orientee. A Self-Scoring EI tests will also be distributed prior to participating in the training and post-training. The quantitative data will be collected by the DNP Student. The DNP Student will analyze the data and share it with the Nurse Executive Team and Patient Care Services team quarterly.

A course evaluation will be distributed to the preceptors after the training has occurred. The qualitative data set will be analyzed by the DNP Student Project Leader and results will be used to determine efficacy of the training program and to make improvements.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:

<http://answers.hhs.gov/ohrp/categories/1569>

This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title: Preceptor Role Development Training Program	YES	NO

<p>The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change.</p> <p>There is no intention of using the data for research purposes.</p>	x	
<p>The specific aim is to improve performance on a specific service or program and is a part of usual care. ALL participants will receive standard of care.</p>	x	
<p>The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does NOT follow a protocol that overrides clinical decision-making.</p>	x	
<p>The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.</p>	x	
<p>The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.</p>	x	
<p>The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.</p>	x	

The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	x	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	x	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: <i>“This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board.”</i>	x	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): Dwanette Judkins

Dwanette Judkins

Signature of Student:

Dwanette D. Judkins, MSW, RN, NEA-BC DATE 08/01/2019

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):

Dr. Mary Bittner, DNP, MPA, RN, CENP

Signature of Supervising Faculty Member (Chair):

Mary Bittner, DNP, MPA, RN, CENP DATE 1/10/20 *Revision approval*

Appendix K. Data Reports

Position		FY2018 – FY2019 (June 30-July 1)					FY2019 – FY2020 Rate (June 30-July 1)				
RN Turnover – All		15.50%					14.17%				
Preceptor Workshop 02/28/2020											
Pre Workshop Assessment						Post Workshop Assessment					
	Emotional Self-Awareness	Positive Outlook	Emotional Self-Control	Adaptability	Empathy		Emotional Self-Awareness	Positive Outlook	Emotional Self-Control	Adaptability	Empathy
Nurse Preceptor											
x0926	20	25	25	25	21		19	24	23	25	23
x7414	20	15	22	25	24						
x3148	16	21	21	23	23		19	22	23	23	23
x6474	16	16	18	19	18		18	20	18	20	20
x7554	19	22	18	16	23						
Preceptor Training 05/07/2020											
Pre Workshop Assessment						Post Workshop Assessment					
	Emotional Self-Awareness	Positive Outlook	Emotional Self-Control	Adaptability	Empathy		Emotional Self-Awareness	Positive Outlook	Emotional Self-Control	Adaptability	Empathy
Nurse Preceptor											
x8262	22	21	19	19	19		22	24	22	20	23
x9989	15	17	16	20	19		14	16	20	23	22
x9499	16	15	16	16	23		21	17	14	22	22
x1461	19	22	17	20	18						
x7683	19	20	20	18	23						
x0777	18	22	18	22	18		20	20	14	18	12

Need a key to wha the socres mean. It it better if they are higher after the training

***Note – Blank cells indicate the participant did not answer question.**

Qualitative Data – Questions added to Emotional Intelligence Assessment

Question 1 – Please list two of the EI Core Skills that you’ve used most during the COVID-19 Pandemic.

Respondent 1 - During the COVID-19 Pandemic I have spent more time on my self-awareness and social awareness. I am getting better at getting to know myself, my thoughts and my personal emotional reactions towards this devastating crisis. However, I have realized that I have been challenged with communicating empathy. I repeatedly keep reminding myself on being conscientious on what I say and how I say things to my colleagues as well as my patients. I take any opportunity in speaking to and listening to my colleagues about their reactions and opinions on the management of positive COVID patients on the units. I have addressed some of their fears, anger and frustrations but have also helped them change their thoughts and reassured them that these sudden hospital changes are not permanent. Additionally, I have been taking care of myself more than ever. I have been getting 7 to 8 hours of sleep, drinking more water than usual, maintained my hand hygiene practices and have not gone a day without taking my vitamins. I have been leading by example and many of my colleagues have noticed these practices. I have been complimented on my consistency as well. But not only do I think about taking care of myself but my colleagues as well. I constantly remind nurses on the unit to take care of themselves and share my own practices. I have reminded nurses to spread out, when possible, in areas like the breakroom when we are having lunch. I have also communicated to nurses to take a small breaks and drink plenty of water when they appear exhausted.

Respondent 2 - The 2 EI Core that I have used most are self-management and social awareness. Provide an example of the strategies you've implemented to improve the above two core skills. Self management - A couple a weeks ago my team was faced with the an overwhelming uncertainty of if the nurse residency program would continue due to pandemic. I react by remaining calm and brainstormed about the situation. I assured the team that this was not so. I meet with several managers to find a resolution. My initial plan didn't work. So, I went back to the drawing board. This entailed patience and positively. We finally restructured the units to accommodate for our nurse resident.

Social awareness- I round on the units daily to see my current and previous resident. I always ask them how they are doing on the unit and if there is anything that I could help them with. This particular day I rounded on a previous resident. I asked her how the day was going, she said all is well. However, her facial expression showed a different picture. I asked her if she had time to take a 5 minute break. She said yes. We walked off the unit. She immediately started crying. This resident was so overwhelmed with all of the uncertainties sounding COVID19 and the Cohort unit. I listened to the resident and provided positive feedback. She thanked me for taking the time to listen and being there for her support.

Question 2 – Provide an example of the strategies you've used to improve the two core skills that you used most during the pandemic.

Respondent 1 - Self-Awareness - Being a frontline worker during a pandemic evokes many emotions: fear, exhaustion, uncertainty, etc. To build self-awareness, I look at the challenges and see them as an opportunity to grow as a leader.

Social Awareness – I can see the emotions elicited by patients not only during the pandemic but during any stressful event. Whether it's verbal or non-verbal communication, accurately picking up emotions allows me to respond appropriately to the patient.

Respondent 2 - During the Covid Pandemic the EI core skills that I used the most were Social Awareness and Relationship management. With social awareness I was able to notice more body language and provide the 1-1 reassurance patients had. Such as patients getting nervous when getting a roommate. And then addressing any concerns patients had regarding getting Covid in the hospital and what we did to prevent the spread of it. I used relationship management a lot when it came to family members over the

phone. With the restrictions on visitors, I had to keep my stress at bay and reassure concerned family members over the phone with updates. By creating a good relationship with family over the phone, it helped increase trust and also allowed me to get to know my patients better as well. Even when the shift would get crazy and the last thing I wanted was to be bombarded with phone calls from multiple family members, talking to them continued to remind me that I was taking care of someone's loved one and made me aware of why a patient might be nervous handling a hospitalization on their own with no visitors.

Respondent 3 - I have used self-awareness and social awareness during the COVID-19 pandemic, both during work and when not at work.

I have used my nursing knowledge, discussions with physicians about COVID-19 and situations observed while at work with COVID-19 to improve self-awareness. This has allowed me to not feed in or let the overwhelming panic set forth by the media consume me or my life. This has also helped me to be supportive and a stable figure in my families lives, who are not medically trained or with medical knowledge.

These same strategies have also helped me in social awareness. During COVID-19, I have become the first contact by others who are not within the healthcare industry asking me for more information on COVID-19. By being able to be emotionally present, I also able to pick up on emotional cues from patients or co-workers who were having a hard time dealing with the COVID-19 pandemic. In picking up on these cues, open discussions were able to be had that eased their fears.

Appendix L. Agency Letter of Support

DNP Project Letter of Support from Agency

December 20, 2019

University of San Francisco Faculty
School of Nursing and Health Professions
2130 Fulton Street
San Francisco, CA 94117

[Redacted signature block]

RE: Letter of Support for Dwanette Judkins, DNP Student at USF

To Whom It May Concern:

This is a letter of support for Dwanette Judkins, MSN, RN, NEA-BC to implement her DNP Comprehensive Project – **Preceptor as Frontline Leader Utilizing Emotional Intelligence-** at [Redacted]

Dwanette will not require an Institutional Review Board, as there will be no research conducted; and, no patient or employee information will be incorporated in this project. The hospital name or any organization identifying information will be included in the project.

The Emotional Intelligence (EI) training will be provided during the quarterly preceptor educational sessions and will be incorporated into the Preceptor Role Development Training Course offered annually.

Sincerely,

[Redacted signature] 12/20/2019
CNO/COO Date

[Redacted signature] 12/20/19
Risk Manager Date