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Reforming Nursing Education to Support Nursing Leadership

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WESTERN UNIVERSITY

Reforming Nursing Education to Support Nursing Leadership

AN ORGANIZATIONAL IMPROVEMENT PLAN
SUBMITTED TO THE SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF EDUCATION
LONDON, ONTARIO

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Abstract

This Organizational Improvement Plan (OIP) examines the lack of effective education to support the development of nursing leadership amongst nurses in a Canadian province. The nursing profession represents a substantial portion of the health-care workforce in this specific Canadian province, and nurses play a central role in patient care as primary providers and by advocating for patients. Nursing care is a critical component of the overall patient experience and has the potential to be one of the most important contributors to positive patient outcomes. Accordingly, it is critical to ensure that nurses develop the leadership mindset required to contribute effectively to take the lead in transforming patient-care experiences. This OIP analyzes data from many sources, which highlight the lack of education to support nursing leadership, and discusses the importance of providing nurses with effective education focused on improving nursing leadership. This OIP primarily examines and addresses the issue from the perspective of Organization X, the nursing regulatory body for the Canadian province. In examining the issue, this OIP draws from multiple theories, models, and perspectives, including the functionalist paradigm and structural theory. This OIP utilizes Deming's Plan, Do, Study Act (PDSA) model to support change and sets out a multifaceted plan which promotes collaboration and draws on transformational, adaptive, and team leadership approaches. This OIP sets out a comprehensive examination of the issue and current evidence, promotes a shared understanding of the importance of nursing leadership, and proposes strategies for educating nurses on effective approaches to nursing leadership.

Keywords: nursing leadership, nursing leadership courses, nursing regulation, transformational leadership, adaptive leadership, team leadership

Executive Summary

Research shows that health care is a dynamic and constantly evolving system, requiring a correspondingly high level of expertise and leadership to navigate the system and support safe patient care (Sturmberg et al., 2012). Currently, nurses are not well prepared for leadership as there is a lack of education to support nursing leadership (Egenes, 2017). Knowing that health-care regulatory bodies have a mandate to protect the public through setting educational standards upon entry to the profession, Organization X, the nursing regulatory body in a Canadian province, must take a new approach in reforming nursing education to promote and implement effective nursing leadership approaches.

The Problem of Practice (POP) focuses on the paucity of education to support effective nursing leadership as observed through the sightlines of Organization X as the nursing regulatory body. Currently, skills-based leadership is taught in nursing curricula, focusing on specific tasks and roles rather than proven leadership approaches in nursing practice such as transformational, adaptive and team leadership (Grossman & Valiga, 2016). At first glance, addressing this POP appears to be a matter of making simple adjustments to nursing curricula. However, this change requires a high level of collaboration, disrupting the operational status quo and mindsets of Organization X and partnering educational institutions. It requires a shift in values, perceptions, and beliefs as they relate to nursing leadership.

The theoretical framework that provides the lens driving this change initiative is the functionalist paradigm and structural theory. Through these lenses, an understanding is gained about how society, moreover organizations, are shaped by adapting to meet the needs of the community (Durkheim et al., 1938) and how this relates to the way in which Organization X is structured and operates. Adaptive leadership (Heifetz et al., 2009), transformational leadership

(Tichy & Ulrich, 1984, as cited in Spector, 2014), and team leadership (Kraiger & Wenzel, 1997) provide the leadership framework for creating the level of agility, collaboration, and motivation required for Organization X, educational institutions, and nursing students to engage in and implement true change.

To set the stage for change, Organization X's level of change readiness is presented in Chapter 2. The organization is viewed as generally reactive and discontinuous on the change spectrum (Cawsey et al., 2016), requiring a well-sequenced solution and Deming's (1983) Plan, Do, Study, Act (PDSA) model. Solution One is selected as it (a) promotes a shared understanding of nursing leadership across key stakeholders; (b) integrates effective leadership approaches in nursing curriculum; and (c) sets an example of collaborative, integrated work across the organization, while balancing time and human resources.

Organized around Deming's (1983) PDSA model and Nadler and Tushman's (1980) congruence model, the change implementation plan in Chapter 3 outlines the short-, medium-, and long-term goals that highlight an awareness-building strategy, data monitoring and evaluation, and a communications plan. Chapter 3 presents communication strategies and tactics for key stakeholder groups to build stakeholder buy-in and effectively manage change.

Fundamentally, this OIP requires a shift in stakeholder perspectives and assumptions regarding nursing leadership as well as a shift in organizational functioning and communication to support this work. This shift requires stakeholders to understand how nursing leadership goes beyond skills, roles, and titles but rather is a way of being. It requires an understanding of how effective nursing leadership needs to appeal to the intrinsic motivations of others, adapt to its environment, and harness the talent of a team and its individual parts as evident in transformational, adaptive, and team leadership approaches.

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List of Acronyms

CNA: Canadian Nursing Association

NP: Nurse Practitioner

OIP: Organizational Improvement Plan

PDSA: Plan, Do, Study Act

POP: Problem of Practice

RASCI: Responsible, Accountable, Support, Counsel and Inform

RPN: Registered Practical Nurse

RN: Registered Nurse

Chapter 1: Introduction and Problem

Chapter 1 of this Organizational Improvement Plan (OIP) will introduce Organization X's context and history, while highlighting my specific leadership position and lens within the organization. I will also describe my leadership Problem of Practice (POP) by underscoring the paucity of education to support nursing leadership. I will then frame the rationale for the POP and highlight potential lines of inquiry stemming from the problem. Moreover, I will explore my leadership-focused vision for change by describing the gap between the organization's current and future state, outlining priorities for change, and identifying change drivers. Lastly, I will describe the organization's level of change readiness using specific tools to assess change and address competing priorities present both internally and externally that shape change.

Organizational Context

This section describes Organization X's past and current state by exploring its history, the contextual factors influencing the organization, its structure, and its established leadership approaches and practices.

History

Historically, nurses were overseen by hospitals and educational institutions (Kirkwood, 2005). Hospitals and educational institutions were responsible for monitoring nursing practice, enforcing expectations related to nursing conduct, and setting the requirements to enter the nursing profession (Kirkwood, 2005). Because enforcement and professional requirements varied across the health-care system, standardization and streamlining of these processes was critical and inevitably resulted in the regulation of the nursing profession. Since the 1960s, Organization X has been the regulatory body for all nurses in a specific Canadian province. It has provided the level of oversight that the nursing profession requires, regulating over 150,000 members, which includes registered practical nurses (RPNs), registered nurses (RNs), and nurse

practitioners (NPs). Its vision is to achieve excellence in health-care regulation, and is built upon the following values: professionalism, leadership, integrity, collaboration, and work–life balance. Its mission is to regulate nursing practice in the interest of public safety. In order to develop this vision and achieve this mission, the organization fulfills its role through the following key regulatory processes: (a) determining the requirements to become members of the profession; (b) developing and communicating practice standards; (c) administering a continuing competence program; and (d) enforcing standards of nursing practice and conduct. The key regulatory function which determines the requirements to enter the nursing profession will be a primary focus for this OIP.

Exploring Contextual Factors

The organization is best viewed as a key player in a very complex adaptive system. Sturmberg et al. (2012) define a complex adaptive system as an open system that is constantly in a state of disequilibrium, consisting of several interactions and focused on the system’s shared vision. This is best described as a “bathtub vortex” (Sturmberg et al., 2012) and is an appropriate metaphor for understanding this Canadian province’s health-care system. Each agent of the system works in various levels of interaction with other agents, and they are constantly moving toward an attractor (Sturmberg et al., 2012). In this Canadian provincial health-care system, the agents include, but are not limited to, government, regulatory bodies, employers, health-care providers, and patients. The attractor is effective patient care, and all agents work toward achieving this shared goal. With this dynamic state of interaction amongst system players, Organization X is strongly influenced by political, economic, social, and cultural factors, and it is critical to explore how each factor influences the organization.

Political

From a political perspective, the organization works closely with the provincial government to implement policies and changes to nursing legislation within the province. This requires identifying risks that may impact patient safety and nursing practice in the environment. Because of the nature of its relationship with the government, the organization must be nimble and build a positive rapport with the political party in office at any given time. Therefore, the organization must be agile with all parties and must navigate the bureaucracy of ministries, such as the Ministry of Health and the Ministry of Long-Term Care. Currently, the organization is working with the Progressive Conservative Party to implement changes to nursing scope of practice for all nurses in order to improve access to care. This highlights how the organization demonstrates its key values of professionalism and collaboration.

Economic

From an economic perspective, the organization is funded by the membership fees of nurses. In recent years, there has been a steady increase in the number of individuals entering the nursing profession in the province and correspondingly, an increase in membership fees. Consequently, the organization has been economically stable in recent years. Given the COVID-19 pandemic and recent funding from the government, Organization X can anticipate another increase in the number of nurses joining the workforce, thereby resulting in an increase in revenue. However, it is unclear whether government funding for nurses will be sustainable in the long term. It is important to note that the broader health-care landscape is experiencing funding issues due to increasing patient needs and fewer resources to support newer nurses (Dyess et al., 2016). From an education perspective, Dicenso and Byrant-Lukosius (2010) found that a lack of

economic support is a barrier for nursing programs to hire faculty and for graduates to seek opportunities.

Social

From a social perspective, as previously mentioned, the organization is an influential key player in the broader health-care system as the regulatory body for nurses who comprise most of the health-care workforce (Sullivan & Garland, 2010). This places the organization in a unique and optimal position to protect and promote patient safety for the province through regulating nursing practice, which supports its vision and the key value of leadership.

Cultural

Lastly, I will discuss the cultural perspective within the organization. Within my specific department as a nursing consultant within both the Nursing Support and Education teams, the culture can be described as generally collegial, engaging, and collaborative, with many opportunities to provide input on projects. This culture is evident with staff working at lower levels of the organization. However, ultimately, the final decisions are made by senior leadership. The culture and connections between staff and senior leadership can be described as hierarchical and bureaucratic, with reporting structures highlighting which individuals have larger scopes of influence with respect to autonomy and decision making. Agreement on most organizational direction is the result of compliance with senior leadership and alignment results from fitting into the expectations of the larger organization. The next section will now review the organization's structure.

Organizational Structure

The organization's structure is organized by process, and teams are divided into two pillars as illustrated in Figure 1.

Figure 1*Organization X's structure*

The regulatory process pillar consists of teams that fulfill each of the four key regulatory functions: Professional Conduct, Education, Entry-to-Practice, and Nursing Support. The administrative pillar consists of teams that support the regulatory functions: Analytics and Research, Technology, Communications, Planning, Strategy, and Innovation. Each team is led by a manager or a director. The organization's structure can be perceived as hierarchical, policy-restrictive, and lacking in integration between pillars and teams, which deviates from its key value of collaboration. The hierarchy is observed in the different levels of influence of staff from consultants, managers, directors, and chiefs, with staff in higher positions wielding the most influence. Certain internal policies are outdated and lack current evidence from the last ten years, thereby restricting the organization from innovating and implementing changes that reflect the current nursing landscape. The lack of integration has been observed in fragmented, isolated

work, such as incomplete organizational projects and frequent miscommunication between teams. In these projects, teams were pulled to focus on meeting individual team goals rather than broader organizational goals. The next section will explore the established leadership approaches and practices.

Established Leadership Approaches and Practices

The established leadership approaches and practices will be discussed from two perspectives: the approaches and practices that exist within the organization, and those that exist within the organization's nursing program approval process. Within the organization, there are two key leadership approaches that exist and are dependent on the level of staff influence. At lower levels of the organization for staff who do not have formal decision-making authority, distributive leadership is observed. Distributive leadership ascertains that leadership is spread across several individuals in many ways, specifically through consistent micro-interactions between leaders (Spillane et al., 2004). This is seen on a micro level, where staff provide input and make decisions in small corporate projects and bring forward shared recommendations to senior leadership. At higher levels of the organization for staff who do have formal decision-making authority, transactional leadership is observed. Transactional leadership ascertains that leadership is based on the exchange of rewards, which is dependent on the quality of constituent performance (Avolio et al., 2009). This leadership is employed by individuals in formal leadership roles, such as managers and directors, and is directed to those in informal leadership roles, such as consultants and administrative associates. This is evident in how projects are assigned to staff. For example, high-performing staff members will be assigned high-profile corporate projects; based on their ability to successfully complete these projects, they are rewarded with additional time off and monetary rewards.

As previously mentioned, a key focus for this Organizational Improvement Plan and a function of the organization is to determine the requirements to become a member of the nursing profession. One way the organization does this is through the nursing program approval process, whereby internal staff members develop expectations regarding programming, and review and approve educational institutions and their respective nursing curricula. The organization utilizes skills-based leadership approaches to assess nursing curricula, which underscores how skills and other abilities can be learned and continuously developed (Northouse, 2016). The organization assesses whether nursing curricula integrate management skills, such as human resource management, organization, and delegation of tasks. This approach is also noted in a recent literature review: the literature revealed that there is now greater attention paid in nursing curricula to management skills and formal leadership roles, such as nurse manager or charge nurse (Grossman & Valiga, 2016). Additionally, the terms “management” and “leadership” are used interchangeably in nursing curricula (Grossman & Valiga, 2016). This suggests to nursing students that individuals who can provide leadership either demonstrate management skills or are in formal leadership roles. This highlights a broader issue in the nursing profession, which will be discussed in greater detail in the next section.

Section Summary

In this section of the OIP, I have described Organization X’s past and current state by exploring its history, the contextual factors influencing the organization, its structure, and the established leadership approaches and practices. Historically, Organization X was established to address the need for oversight within the nursing profession. I have also described the political, economic, social, and cultural factors, such as government influence and the COVID-19

pandemic. Finally, I described the organization's hierarchical structure and current leadership practices, such as distributive leadership and transactional leadership.

Leadership Position and Lens Statement

Understanding the author's role is important as this will articulate the author's level of agency and scope of influence as a change agent (Ali, 2012). As such, this section of the OIP describes my personal position as a nursing consultant and registered nurse from the Nursing Support team of the organization. I will describe the key accountabilities and scope of my role. I will also discuss the leadership approaches that have shaped my philosophical lens.

In my role, I mainly support Organization X's internal teams by providing consultations on various nursing issues and by monitoring the external environment for risks to patient safety. I provide consultations in many ways; these include but are not limited to:

- identifying nursing conduct issues in complaint matters for individual nurses;
- reviewing and supporting the nursing program approval process;
- supporting continuing education on standards of practice by engaging with individual nurses and stakeholders;
- developing resources to support learning of nurses and stakeholders; and
- developing policies and processes in response to legislative changes and the external environment.

Due to the nature of my role (being involved in many regulatory processes), I possess unique sight lines in monitoring risks internally and externally. For example, with my involvement in professional conduct matters, I can identify the types of nursing issues that are brought to the organization's attention, such as medication errors, lack of documentation, or a lack of advocacy.

I also often liaise with the government to support policy development and will often discuss issues in the broader health-care environment (e.g., staffing issues). I also connect with

individual nurses and stakeholder groups, such as employers and labour unions, and will also have similar conversations regarding issues that nurses and patients may be facing in those settings. With this level of engagement with many agents in the system, I can observe and identify several areas and sources of risk.

Currently, I report to the Manager of Nursing Support, who is overseen by the Director of Professional Practice. The Director of Professional Practice reports to the Chief Quality Officer, who then reports to the Executive Director of the organization. Although my role has a broad scope of influence, and I engage with many internal teams and external stakeholders, I am still subject to the limitations of this reporting structure, and I have no direct staff reporting to me. Therefore, I identify as an informal leader in the organization. I recognize that my OIP and its potential recommendations and solutions may not be implemented as my recommendations will always be subject to the approval of the decision makers outlined above.

Percy and Richardson (2018) assert that building therapeutic relationships is fundamental in nursing practice. Reinforcing this value, this is also evident in my personal leadership philosophy, which builds on a deep appreciation of relationships and how connections with others can meet significant, overarching goals. This is based on the following core values: empathy, collaboration, integrity, and trust. Therefore, my personal lens as it relates to leadership builds on these core values and consists of the following three leadership approaches: adaptive, team-based, and transformative.

Adaptive Leadership

In order to function and meet the needs of patients in an increasingly dynamic and evolving health care system, leaders require an openness to change and organizational agility (Sturmberg et al., 2012). The adaptive leadership approach is the most appropriate approach to

address such complexity and responds well to a changing external environment. Adaptive leadership refers to the ability to mobilize individuals to work through challenges and build capacity, leading to collective organizational intelligence (Heifetz et al., 2009). This approach to leadership aligns with my own personal leadership philosophy, which focuses on the value and empowerment of the follower and the importance of systems-level thinking. As a nursing consultant, one of my accountabilities when working with individual nurses is to identify risks in their practice and support them in participating in the reflective process, and to support their own problem-solving when dealing with patient issues. The adaptive leadership approach cultivates the best environment to support this level of critical thinking by helping individuals to identify what factors are present in the current environment and how to solve patient-care issues given this information.

Team Leadership

Percy and Richardson (2018) underscore how nurses often do not work in isolation but work as key players in a broader health-care team. To support team efforts and collaboration, the team leadership approach will be the most appropriate and effective. Team leadership refers to how members stay collectively focused on the issues while attempting to understand one another, and how they take risks to achieve team goals (Kraiger & Wenzel, 1997). This aligns with my personal leadership philosophy and how I strive to engage with my colleagues on a day-to-day basis. For example, I demonstrate team leadership when leading large, corporate initiatives. I attempt to understand each individual's strengths and expertise, and I determine how this can be best utilized to support the project's objectives. This approach fosters collaboration, communication, and empathy, which are key values that underpin my personal leadership philosophy and the organization's key values.

Transformational Leadership

Lastly, transformational leadership is another approach underpinning my personal leadership philosophy. Transformational leadership is described as aspirational, consisting of leadership that provides constituents with a vision of what they can be as a collective, mobilizing the group to achieve this vision and to implement long-term changes (Tichy et al., 1984, as cited in Spector, 2014). This leadership approach focuses on the motivation and aspirations of a group, which aligns with my own personal approach, which I have utilized as a nurse when working with patients. In my personal experience when working with patients, I found myself appealing to their intrinsic motivation and aspirations for a healthier state of being. For example, I worked with a specific patient whose primary motivation was to get out of the hospital so he could witness a major milestone in his daughter's life. After learning this, I ensured that every interaction I had with this patient focused on this vision. This is a principle I have carried with me in my current role as a nursing consultant when working with nurses and employers. I try to motivate nurses and employers to provide patient-centred care through my individual engagements with them.

Overall, these three leadership approaches underpin my personal leadership philosophy and lens, which misaligns with the leadership approaches employed in nursing education and generally, in the broader nursing community. The next section of the OIP will explore this POP in greater detail.

Leadership Problem of Practice

The POP addresses the paucity of education to support the development of nurse leaders in a Canadian province. Most nursing programs include a course on leadership, primarily on management and task performance (Grossman & Valiga, 2016). Although there is education that guides nurses on task performance, there is a lack of direction on effective strategies to truly

support the development of nursing leadership (Scully, 2015). Nursing leadership means “critical thinking, action and advocacy- and it happens in all roles and domains of nursing practice” in both formal and informal leadership roles (Canadian Nurses Association [CNA], 2009, p. 1). Effective nursing leadership is the nexus in health care team engagement, which leads to high quality care and patient safety (Murray et al., 2018). One source of evidence is seen in the number of nurses in formal leadership roles. The Advisory Committee on Health Human Resources (2002) highlight a decline in the Canadian nursing leadership community. Furthermore, Shirey (2006) predicts that there may be a shortage of up to 67,000 nurse managers throughout the entirety of the nursing profession. This is also observed in trends in regulatory processes at Organization X with nurses in informal leadership roles, where there is an increasing number of leadership-related complaints and reports about nurses who do not demonstrate key leadership behaviours, such as advocating for their patients. Therefore, this POP is best presented as the following inquiry: What strategies or resources will support the development of nursing leadership in nursing education programs in a Canadian province?

Gap Between Current and Future Organizational State

Arguably, influencing change in nursing curricula and leadership approaches employed by nurses is complex and nuanced. In Organization X’s current state, perceptions of nursing leadership are varied amongst stakeholders, and the implementation of nursing leadership is uncoordinated across the organization. The perspective that nursing leadership involves critical thinking, action and advocacy is not shared by all stakeholders. For example, within the Nursing Support team, we engage with individual nurses and communicate to them how leadership is more than a role or title, and how it is required of every nurse, regardless of whether they are in a formal or informal leadership role. However, this perspective contradicts the expectations

outlined in the nursing program approval process by the Education team, where nursing curricula must reflect specific sets of skills such as management skills. The perspective that nursing leadership solely equates to nurses working in management roles is also shared by other key stakeholders in the healthcare system such as nurses, employers and other health care providers such as physicians who have shared this anecdotally with Organization X. It is clear that there are varying definitions and interpretations of nursing leadership. The variation of interpretations across the organization also highlights the structural issues that the organization faces. As previously mentioned, the key organizational pillars are siloed and at times, the teams within each pillar are also working in isolation. Breaking down these organizational structural barriers will be critical in working toward a more desirable state. The more desirable state can be described as having the following characteristics:

- a shared understanding of nursing leadership internally within Organization X and with external stakeholders, such as educational institutions;
- nursing curricula that reflect relevant and evidence-based leadership approaches that support patient safety;
- an effective and integrated organization to support this endeavour; and
- a consistent demonstration of key leadership behaviours in patient care performed by the majority of nurses.

Framing the Problem of Practice

To achieve the desired organizational state and better understand the need for improved nursing leadership curricula, it is critical to understand the nursing profession's historical roots and structural influences. Parallel to this, the factors influencing current nursing leadership will be discussed through the functionalist paradigm and structural frame. The evolution of this

problem will then be discussed, and political, economic, social, and technological factors will be analyzed. Lastly, internal and external data sources will be explored as they relate to the POP.

Historical Overview of the Problem of Practice

Understanding the origins of nursing practice is important for exploring the issues facing current perceptions of nursing leadership. Historically, nursing primarily involved women performing chores and religious services for vulnerable populations (Bingham, 2015). Currently, nursing is still dominated by women (Clow et al., 2015). Generally, in society, women are not often associated with or seen in leadership roles (Eagly & Carli, 2012). Social role theory is one theory that can be used to describe this phenomenon, as it suggests that males and females behave differently and are therefore expected to assume specific roles in society (Clow et al., 2015). Historically, males have assumed leadership roles and women have not, and this principle has consequently contributed to the way in which nurses are not perceived as leaders in the health-care industry.

The historical structure of health-care teams is also another contributing factor to perceptions on nursing leadership. In the earliest days of the profession, nursing was primarily viewed as a “helper” role for physicians (Holden & Littlewood, 2015). Nurses would often follow and implement physicians’ orders; this is still a common practice today with traditional health-care team structures positioning the physician as the primary provider and leader of the team. This traditional hierarchical structure also posits the nurse in a constituent role, rather than a leadership role in health care.

Historically, the broader health care system has not perceived or prioritized nurses at the forefront of significant health care decisions. This is particularly evident with government, as nurses are seen as key policy implementers but rarely involved in health and social policy

development (Salvage & White, 2019). This is also seen with other key health care providers, such as physicians who often work with nurses. While there are some physicians who recognize the critical role that nurses play in patient care, there are physicians who overlook the leadership role of the nurse (Gantz et al., 2003). Together, these historical underpinnings have culminated to the current state. Given that the broader health care system has not perceived nurses in leadership roles, they have not acknowledged the need for their leadership development and consequentially resulted in a paucity of nursing leadership education for nurses.

Recent Literature on Nursing Leadership

There is a vast body of literature on nursing leadership. An early focus of nursing leadership research was on the leadership styles demonstrated by individuals in authoritative positions, with the assumption that individuals occupying those positions possess leadership (Harvath et al., 2008). Recent literature describes nursing leaders as “visionary, creative, courageous” while motivating individuals and organizations to change (Harvath et al., 2008, p. 188). The literature also connects nursing leadership with a number of other attributes including but not limited to advocacy, thoughtfulness, responsiveness, commitment, scholarship and innovation (McBride et al., 2006). Some authors also underscore nurse leaders also need a sound business acumen to facilitate the appropriate resources toward desired change (Jennings et al., 2007; Upenieks, 2002). Nursing leadership has also been identified as a “core competency” in nursing practice and an integral component of nursing curricula (Kim & Ko, 2015, p. 7639). With respect to literature findings related to effective leadership in nursing practice, transformational leadership is a common approach. Wong (2015) found that nurse leaders who are “relationally focused may affect mortality by creating safe working environments that promote satisfied and high performing staff and establishing adequate staffing and resources to

avoid unnecessary deaths” (p. 276). The literature also underscores how transformational leadership may be an effective strategy for health promotion and job satisfaction (Lin et al., 2015).

The literature has also highlighted the paucity of leadership education in nursing curricula. A review conducted by Grossman and Valiga (2016) analyzed the content of texts and courses focusing on nursing leadership; the review revealed that most texts and courses focused on teaching management skills and used leadership and management synonymously. This evidence is critical for shaping the POP and for identifying strategies for implementing real change.

Key Organizational Theories, Models and Frameworks

Organization X operates under the functionalist paradigm. This lens underscores how society is shaped by adapting to meet the needs of the broader community, highlighting how societies are essentially structures propelled and influenced by environmental factors (Donaldson, as cited in Tsoukas & Knudsen, 2005). Emile Durkheim, a seminal theorist in functionalism, argues that society consists of connected structures: institutions and social facts (Durkheim et al., 1938). Institutions are structures designed to meet society’s needs, such as education and religious services, while social facts are the mechanisms of behaving and thinking that influence individuals, such as laws (Durkheim et al., 1938). The interaction between the two structures are interdependent and collaborative. As previously mentioned, Sturmberg et al. (2012) view health care as an interactive, complex adaptive system that reflects modern-day functionalism. The various levels of health care with interdependent agents represent the institutions and social facts described by Durkheim et al. (1938). These same principles of

functionalism are evident in how Organization X interacts with other players within the system, such as government, and with social facts, such as legislation.

The theoretical framework that will be used to lead change is the structural frame. The structural frame has evolved from two principal theories: scientific management and monocratic bureaucracy (Bolman & Deal, 2013). Taylor, an early theorist in scientific management, valued employee efficiency and logical methods for problem-solving (as cited in Uduji, 2014). Weber was one of the first theorists in monocratic bureaucracy and highlighting key features of organizations, which include, but are not limited to the following: a set division of labour, hierarchy, performance measures, technical qualifications for selecting employees as an occupation; and long-term care aspirations (as cited in Bolman & Deal, 2013). Through this lens, Organization X can be perceived as hierarchical, with teams working in isolation from one another. This type of structure is better suited for stable, predictable environments, which the health-care system is not. It is far from stable and predictable, considering the current climate of the COVID-19 pandemic, and is better described as complex, nuanced, and in a constant state of flux. This structural issue is a significant factor as to why there are varying interpretations of nursing leadership across the organization and moreover, why the organization generally experiences fragmented, isolated work. Collaboration and communication across teams will be a key strategy to address this POP, and in order to accomplish this, it will be important to address the significant structural issues at the forefront. This calls for the restructuring of Organization X to address the POP and be nimbler and more responsive to its environment. Therefore, the structural frame is the most appropriate framework to lead this important work.

One organizational theory stemming from the structuralist framework that will be used to examine this POP is the theory of organizational adaptation in structural contingency. This

theory underscores how an organization's structure adapts to specific factors, such as a tactical strategy, the organization's size, or technology (Donaldson, 1999). Keller (1994) emphasizes that an organization's ability to adapt to these factors leads to higher performance (as cited in Tsoukas & Knudsen, 2005). As such, organizations will evolve and make changes to their structures to minimize and prevent misalignment with the aforementioned factors and their environment (Donaldson, 1999). Therefore, it is prudent to explore the factors present in Organization X's environment. The next section will explore the political, economic, social, and technological environmental factors that have an impact on Organization X.

Political, Economic, Social and Technological (PEST) Analysis

Using a PEST (political, economic, social, and technological) analysis, the following section will show the impact of each of these external influences on Organization X (Sammut-Bonnici & Galea, 2015).

Political

The provincial government outlines the mandates of regulatory bodies for regulated health-care professionals in legislation. Specifically, Organization X works closely with the provincial Ministry of Health to meet its legislated requirements and to develop policy to support nursing practice. For example, the Ministry recently proposed changes in law to increase nursing scope of practice and authority to improve access to care. Organization X worked closely with the government, engaged with stakeholders across the health-care system, and conducted research to develop regulations and policies to support this change. This is a frequent and ongoing process, and the organization must be aware of the political agendas of the provincial government, which may evolve over time or change dramatically within a short period of time and without notice to the organization. While there is no political influence directly related to

this POP, a potential outcome arising from successful implementation of the OIP may include a positive shift in the nursing profession's involvement in developing health and social policy with government. As previously mentioned, the nursing profession is more heavily involved in policy implementation rather than policy development. If the OIP is successful and the system perceives nursing leaders at the forefront of decisions, I anticipate more significant involvement from the nursing profession in policy development.

Economic

From a macro perspective, the province is experiencing many competing health-care priorities, such as the current COVID-19 pandemic and issues in long-term care. The increase in patient needs to address the pandemic and resource issues in long-term care have resulted in economic strain and can lead to insufficient resources for new nurses (Dyess et al., 2016). This can also strain educational institutions, which are also subject to a reduction in funding in this current climate; it has become more challenging for nursing programs to have adequate human resources and for new graduate nurses to seek meaningful employment (Dicenso & Bryant-Lukosius, 2010). This will directly impact the development of nursing education and moreover, impact the OIP's successful implementation given this reduction in funding. From a more micro perspective, Organization X's funding model is based on the membership fees of nurses. Currently, there has been a steady increase in the number of nurses in this province, resulting in a corresponding increase in income for the organization. It is anticipated that this will steadily increase as the government plans to expand funding and job opportunities for nurses to fight the COVID-19 pandemic. Therefore, Organization X is financially stable at this time and can anticipate steady income in future years.

Social

From a social perspective, the organization often interacts with other key players in the health-care system; these include but are not limited to unions, associations, and other provincial regulatory bodies. Unions and associations primarily focus on promoting and advocating for the nursing profession. Although this mandate deviates from that of Organization X, which is to protect the public, there may be alignment in supporting the OIP as it appeals to the interests and advancement of the profession. Historically, Organization X has experienced difficulty in building relationships with these bodies given these competing mandates, and there may be an opportunity to use the OIP to strengthen these connections. The organization has a good relationship with other regulatory bodies, such as the province's College of Physicians and Surgeons. Given that regulatory bodies share the same mandate of public protection, positioning this OIP as centred on the mandate would be seamless and would garner support from these stakeholders and the broader system.

Technological

Considering the current pandemic, most educational institutions are implementing distance education measures to deliver programs. Moreover, based on anecdotal conversations with educational institutions, nursing programs are seeking alternative means of providing clinical experience, such as leveraging technology to simulate nurse-patient scenarios in which the nursing student can apply their learning. This deviates from how nurse-patient scenarios were historically delivered, such as through in-person training at health-care facilities. This is important to consider as the organization reviews, assesses, and approves a nursing program's ability to meet regulatory requirements. With respect to implementing the OIP, it will be important to consider how educational institutions plan to deliver nursing leadership education through this new medium and whether this medium is truly effective with nursing students.

Relevant Data

There are several data sources that can be used to support the OIP, both internally within Organization X and externally.

Internal Data

I will first explore the internal data that is publicly available. The first data source is the standards, guidelines, and competencies that define nursing leadership. This data is important to inform the current state regarding how Organization X publicly communicates its definition of nursing leadership to nurses. The organization defines nursing leadership as a demonstration of providing, facilitating, and promoting the best possible care for patients. Moreover, the organization elaborates that leadership requires an individual understanding of one's values and beliefs and how these may impact others, highlighting respect, trust, integrity, and the ability to be a change agent as fundamental to leadership practice. The second data source is a published research study conducted by the organization, which highlights common factors associated with health-care serial killers. The data highlighted that male nurses were five times more likely to be disciplined in professional conduct matters (Tilley et al., 2019). This data is important to inform the ethical issue of equity underpinning this OIP which will be later discussed. The third data source is the organization's public annual report, which highlights the gender distribution in the province's nursing population, and which states that over 90% of nurses identify as female. This data highlights the dominance of the female presence in the nursing workforce. Given the earlier discussion regarding how women are generally not perceived as leaders, this is another key factor as to why nurses are not seen as leaders which illustrates the historical and ethical underpinnings of the OIP. Lastly, the final internal data source is the organization's nursing program approval process, which reviews and approves nursing programs across the province.

Each nursing program is evaluated using three approval standards: structure, curriculum, and outcomes. Programs are expected to produce evidence from their curriculum to support their fulfillment of each standard. This data is important in understanding how Organization X currently operationalizes the program approval process and this will also inform potential solutions.

External Data

Many external data sources are used to inform this OIP. The first external data source is noted in the aforementioned literature from the Advisory Committee on Health Human Resources (2002) and Shirey (2006), which highlights the decline in the nursing leadership community. This data source illustrates the historical underpinnings of nursing leadership in formal leadership roles. The Canadian Institute of Health Information (2019) is another key data source as it provides data to reflect the current Canadian nursing workforce; according to data from 2019, (a) there were 439,975 regulated nurses supporting the health-care workforce in Canada; (b) the registered practical nurse (RPN) population comprised 19% males, while other nursing categories comprised 9% males; and (c) there were 12,837 nursing graduates. This external data will clarify the demographics of the current nursing workforce and the potential magnitude of the OIP's influence.

Guiding Questions Emerging from the Problem of Practice

By exploring the paucity of nursing leadership education to prepare nurse leaders, three lines of inquiry arise. These guiding questions elicit the factors and challenges that underpin the POP's central themes. These questions are as follows:

- How is nursing leadership currently defined, operationalized, and communicated by Organization X?

- What leadership approaches employed by nurses best promote positive patient outcomes?
- How can Organization X implement the leadership approaches that best support positive patient outcomes?

Question 1: How is nursing leadership currently defined, operationalized, and communicated by Organization X?

Before addressing the POP, it is important to assess the current state and identify the perceptions of key stakeholders, such as internal staff and nurses. This question will help identify stakeholder perceptions that converge and diverge, and whether a misalignment exists amongst stakeholders. This question will also help identify whether a misalignment exists between Organization X's definition of nursing leadership and the effective leadership approaches outlined in the nursing literature. Currently, the organization defines nursing leadership as self-awareness grounded by the following values: trust, integrity, excellent communication techniques, and the ability to be a change agent (Organization X, 2019). This is communicated publicly as a standard of practice, which is a baseline expectation for all nurses. Currently, Organization X assumes that nurses demonstrate leadership. Currently, the leadership courses taught in nursing curricula diverges from this perspective. As previously mentioned, Grossman and Valiga's (2016) research noted that nursing curricula primarily focuses on management skills, with the terms leadership and management used interchangeably. Clearly, there is a lack of consistency across these key stakeholders in the system. This POP reminds the organization that their definition and the underpinning values may not reflect how nurses are taught and currently perceive leadership, and that not all nurses may share these values.

Question 2: What leadership approaches employed by nurses best promote positive patient outcomes?

There is a strong connection between nursing leadership and patient safety (Murray et al., 2018). In fact, research has shown that effective nursing leadership enhances patient safety through fostering a positive safety culture, which is discernible at all levels and roles in the nursing profession (Murray et al., 2018). This is why it is so critical to examine this PoP to determine what the most effective nursing leadership approaches are. Based on anecdotal conversations, some nursing educators claim that historically, skills-based leadership approaches adequately prepare nursing students for leadership, which ultimately supports safe patient care. These skills-based leadership approaches include communication and organizational skills in formal leadership roles, such as the role of a team leader or nurse manager. However, it is important to explore what kind of message this conveys to nursing students as they graduate and enter the profession. This model suggests that leadership only occurs when these skills are exercised in specific roles and titles, which deviates from what is communicated in Organization X's standards of practice. It will be important to explore whether current approaches align with what has been proven to be effective in patient care in the literature.

Question 3: How can Organization X implement the leadership approaches that best support positive patient outcomes?

This question encourages Organization X to explore its current state, how each regulatory function is operationalized, and whether each function is effective in communicating its expectations of nursing leadership. Moreover, it encourages the organization to determine the changes that must be made to work toward effective leadership approaches, and inevitably, toward positive patient outcomes. Currently, the organization has several incomplete corporate projects due to a lack of integration between internal teams. This calls for a deeper examination of how the organization is structured and how human resources are utilized to support this work.

Leadership-Focused Vision for Change

In this OIP, the goal is to align thinking, values, structures, and processes toward the overarching vision of adequately preparing nurses for leadership through collaboration. Prior to implementing this vision, it is critical to analyze the organization's current state and the gaps between the current and envisioned states.

Current Organizational State and Identified Gaps

There are two critical perspectives to consider when examining Organization X's current state, those of internal staff members and those of external stakeholders. Currently, the organization is structured and socialized into a traditional hierarchy, where individuals in formal leadership roles (e.g., managers, directors, and chief officers) provide top-down direction to employees at lower levels and to partnering stakeholders, such as educational institutions. Employees at lower levels and educational institutions do not possess high levels of autonomy, influence, or decision-making authority. Their level of autonomy, influence, and decision making is largely subject to the approval of individuals in senior leadership roles. This linear and mechanistic delivery of power and knowledge deviates from the established best practice for organizations, which underscores an even distribution of power and knowledge (Hannay et al., 2013). Additionally, staff observe a lack of integration between internal teams, as evidenced by incomplete corporate projects and duplication of work, which highlights gaps in communication both vertically and laterally across the organization. Internal staff have also observed a gap between theory and praxis, where standards of practice are articulated to nurses and educational institutions, yet there is still an increasing number of nurses being reported to the organization for issues related to conduct. For example, Organization X communicates to nurses and educational institutions that trustworthiness and advocacy are key behaviours of nursing leadership. However, the Professional Conduct team of the organization continues to see

complaints from patients that the nurses caring for them are dishonest and did not advocate to the broader health care team regarding their goals of care. Key stakeholders, such as educational institutions, receive specific direction from Organization X to develop curricula that highlight skills-based leadership approaches and provide opportunities for students to take formal leadership roles, such as that of team leader. With this direction, educational institutions perceive that this is how Organization X defines nursing leadership. Generally, in addressing the POP, it is important to analyze these two perceptions.

Desired Organizational State

As previously mentioned, the more desirable organizational state can be described as demonstrating the following:

- a mutual understanding of nursing leadership internally and externally with key stakeholders such as nurses and educational institutions;
- nursing curricula that reflect relevant and evidence-based leadership approaches that support patient safety;
- an effective and integrated organization to support this endeavour; and
- a consistent demonstration of key leadership behaviours in patient care performed by the majority of nurses.

This organizational state improves the situation for the following actors: (a) Organization X; (b) educational institutions; (c) nursing students; (d) nurses; and (e) patients. Organization X will be able to meet its mandate of public protection by developing and setting clear expectations for entry-to-practice requirements as they relate to nursing leadership. Educational institutions will receive clear direction from Organization X on these expectations and will be able to develop curricula that best support nursing students. Nursing students who graduate to become nurses

will then have a shared understanding that aligns with Organization X's definition of leadership and will be able to implement these approaches when interacting with patients, which will result in a shift in future nursing culture. Lastly, when nurses demonstrate effective leadership approaches, patients will benefit from receiving optimal care.

It is critical for change leaders to assess gaps between an organization's current and desired state (Armenakis & Harris, 2002). To minimize the aforementioned gaps, change leaders must assess and set priorities for change; the next section will discuss this in detail.

Priorities for Change

There are three priorities in fostering the optimal environment for Organization X to address the issue of nursing leadership. The first priority is gaining a clear understanding of how nursing leadership is defined and communicated by the organization and educational institutions. In order for an organization to learn and evolve, it is critical to explore the recalibration of members' collective experiences and expectations (Belle, 2016). Before any significant organizational change, it is important to assess the organization's key tenets, especially values and perceptions of staff (Ravanfar, 2015). Alignment of this definition with the organization and partnering educational institutions, and moreover, to the larger nursing community, will require time and ultimately a change in thought processes and values. Additionally, the areas of convergence and divergence will help to inform the organizational resources required to ensure alignment amongst stakeholders.

The second priority is developing a more integrated organization to support not only this specific endeavour but also any future endeavour that the organization chooses to explore. According to Ingram and Qingyuan Yue (2008), the structure of an organization affects all employees and thereby the level of functioning of the organization. Research states that balance

between strategy and organizational structure is essential in successfully implementing any strategy and this requires certain structural features depending on the organization's environment (Ravanfar, 2015). Therefore, it is critical to explore how Organization X is currently structured and how to move the structure toward effective integration. Effective integration will require a revision of internal policies and the establishment of communication mechanisms to promote less fragmented, isolated work between internal teams. This will result in a more effective organization that can appropriately leverage the human capital required to successfully complete initiatives.

Lastly, the third priority is exploring effective leadership approaches that promote safe patient care and build a safety culture (Murray et al., 2018). It is hoped that updates to nursing curricula and the organization's standards of practice that reflect these evidence-informed approaches will elevate the nursing care provided, thereby supporting the organization's mandate of public protection.

Balancing Stakeholders' Interests

Establishing shared accountability of the POP by internal teams and external stakeholders and identifying shared goals may better prepare the organization for improvement (Belle, 2016; Kotter, 1996). As previously mentioned, Organization X's mandate is to protect the public by providing optimal nursing care. This mandate is also in alignment with the goals of all stakeholders involved in the POP, such as internal staff, educational institutions, nurses, and patients. Therefore, it will be important to communicate with stakeholders regarding the importance of nursing leadership as it relates to the shared goal of optimal patient care (Murray et al., 2018). Although there is alignment at this overarching level, there are still multiple competing organizational priorities that also support this mandate, and it will be critical to

persuade stakeholders to prioritize an exploration of nursing leadership education. The change agent will also need to account for unexpected changes in the health-care environment, such as addressing the COVID-19 pandemic, which has currently been the primary focus for Organization X. This may be challenging as there is no estimated timeframe for when this pandemic will end and when other organizational initiatives can be resumed or initiated. This is a critical factor when assessing the organization's current interests.

Change Drivers

The envisioned future state will be developed in collaboration with internal staff, educational institution partners, nursing students, and nurses. Primarily, the change will be driven by the internal staff of Organization X as they will position the OIP as the main connection between stakeholders. Specifically, staff at lower levels will propose the OIP to leaders in formal leadership roles. Support from formal leaders will drive internal teams to work toward less isolated, more integrated work. This may result in restructuring internal teams to foster collaboration (Ravanfar, 2015). This hierarchical influence will also direct internal staff to collaborate with educational institutions to integrate effective nursing leadership approaches within their curricula. The educational institutions will then influence nursing students to implement effective leadership approaches as they train to become members of the profession. This will then influence the next generation of nurses to be better leaders in the health-care system. There are also external drivers influencing the envisioned future state. A key external driver is the COVID-19 pandemic, which demands higher human resource provision in the health-care industry (Collings et al., 2021). The provincial government has contacted Organization X to help prepare nurses for leadership roles in managing the pandemic. This request from the government will drive the organization to re-prioritize competing organizational

demands. Given these change drivers, it is important to assess whether the organization is truly ready for change; the next section will explore this in detail.

Organizational Change Readiness

Organizational readiness refers to the organization's members' level of commitment and confidence in their abilities to implement change (Diab et al., 2018). Organization X's level of change readiness will be assessed using Holt et al.'s (2007) Four Beliefs Change Assessment Tool.

Holt et al.'s (2007) Four Beliefs Change Assessment Tool

Holt et al.'s (2007) Four Beliefs Change Assessment Tool is based on four beliefs, namely: (1) change process; (2) change content; (3) change context; and (4) individual attributes. Holt et al. (2007) describe readiness for change as a "comprehensive attitude that is influenced simultaneously by the content (i.e., what is being changed); the process (i.e., how the change is being implemented); the context (i.e., circumstances under which the change is occurring); and the individuals (i.e., characteristics of those being asked to change) involved" (p. 234). The next sections will assess how Organization X aligns with each belief.

Change Content

The change content belief refers to the proposed initiative and its characteristics (Holt et al., 2007). The content is directed to the "administrative, procedural, technological or structural characteristics of the organization" (Holt et al., 2007, p. 235). For many years, Organization X has recognized that there is a lack of shared understanding of nursing leadership across teams. There has been a strong desire from the organization to address this issue for a period of time, however due to competing organizational priorities and isolated work amongst teams, this work has not been at the forefront. From an administrative and structural perspective, the organization has several issues, such as teams often working in isolation and incomplete corporate projects.

Given that part of this OIP will also address these structural issues, the organization is ready to engage in this change as it impacts the organization broadly and beyond the POP. The recommendations made in this OIP also impacts the procedural areas of the organization, specifically the nursing education and program approval processes. Given that these processes are reviewed and scheduled to change every five years as part of quality improvement, the organization is ready to engage in potential changes to this process.

Change Process

The change process belief refers to the actions taken during implementation of the change. One aspect of this includes the extent to which staff engagement and active participation is allowed (Holt et al., 2007). Although Organization X has not yet implemented any recommendations from the OIP, the allowance of staff engagement and participation can be assessed. At this time, due to competing organizational priorities and the COVID-19 pandemic, it is unclear whether formal leadership will permit the participation of staff in this OIP. Currently, organizational efforts are focused on developing resources and supporting nurses during the pandemic. However, the pandemic also presents an opportunity for the organization to better position nurses as leaders as the pandemic continues its third wave. Establishing a strong connection between the OIP and the pandemic may be one way to prioritize the implementation of the OIP. Provided that connections between the OIP and the pandemic are made clear to senior leadership, I anticipate that the organization will be ready for change with respect to the change process belief.

Change Context

The change context belief refers to employees' working conditions and the organizational environment they work in (Holt et al., 2007). As previously mentioned, Organization X's general

working conditions can be described as hierarchical, policy-restrictive, with teams working mostly in isolation due to the organization's structure. Given that the OIP plans to address the structural issues in the environment, the organization is ready to engage in this change. It is also important to highlight positive organizational conditions, such as how the organization is in the process of merging teams while striving toward its mandate of patient safety, which guides organizational work. This underscores how the organization recognizes the importance of structure in fostering a positive environment and highlights that they are ready to engage in this change from the change context perspective.

Individual Attributes

Holt et al.'s (2007) final belief concerns the individual attributes of employees. Each individual employee is unique, and some employees may be "more inclined to favor organizational changes than others may be" (p. 235). Although there is no primary data available to assess each individual employee's level of change readiness, the attributes of the key teams driving change can be assessed. The OIP will be specifically driven by internal staff of the Nursing Support and Education teams. Generally, these teams can be described as collaborative, open, and engaged, which are positive attributes that will support change. The key functions of the Nursing Support team include but are not limited to the following: (a) engaging with nurses and patients through practice inquiries; (b) developing resources to support nursing practice; and (c) supporting professional conduct processes. Through these functions, the Nursing Support team assesses the paucity of nursing leadership and therefore is more inclined to support the OIP and its recommendations. The Education team develops nursing curricula, engages with educational institutions, and possesses the sight lines to assess the quality of nursing leadership education. Given this assessment, the Nursing Support and Education teams are well positioned

to support the OIP. Based on the assessment outlined above, Organization X is prepared for and ready to engage in this change, provided that the OIP is delivered in a way that supports current organizational priorities, processes, and contexts. To further assess change, the next section will describe the competing forces.

Competing Forces

The sources or forces affecting a change process are critical to understand, especially when trying to determine whether a change initiative is efficacious (Kezar, 2011). For Organization X and stakeholders to advance in levels of engagement and to commit to change, it is important to closely examine the forces at play; the driving forces must be stronger than the opposing forces to reach the desired state (Burnes, 2004; Rosch, 2002). Figure 2 illustrates the forces influencing change in this OIP.

Figure 2*Competing Forces in Organizational Improvement Plan*

Driving Forces		Opposing Forces
<ul style="list-style-type: none"> ● Value of leadership ● Value of collaboration ● Value of professionalism ● Value of integrity ● Commitment to agility ● Commitment to continuous quality improvement ● Hierarchical organizational structure with significant influence ● Opportunity to learn and incorporate stakeholder perspectives ● Commitment to excellence in nursing profession ● Commitment to patient safety ● Strong collaborative partnerships with key stakeholders 	<p>Engagement with Nursing Leadership Organizational Improvement Plan</p>	<ul style="list-style-type: none"> ● Lack of collective, shared definition of nurse leadership ● Hierarchical organizational structure with uneven distribution of knowledge and power ● Fragmented, isolated work ● Lack of effective organizational communication mechanisms ● Competing organizational priorities ● Constantly evolving and dynamic health-care environment (e.g., COVID-19 pandemic)

In the left-hand column of Figure 2, the organization's key values, commitments to the nursing profession, and existing partnerships are notable driving forces in this current state. In the right-hand column, there are several critical opposing forces, such as the lack of a collective shared definition of nursing leadership, the organization's current structure and processes, competing organizational priorities, and the evolving nature of the health-care environment. These opposing forces are significant and leave little time and energy for the organization to dedicate to the initiative of nursing leadership. It is important to note that the organization's hierarchical structure can be considered both a driving force and an opposing force. Individuals in formal

leadership roles have significant influence and have the authority to propel initiatives forward. However, if they do not deem this initiative to be important, this can also be an opposing force. These forces will be important for the change leader to navigate.

Chapter Summary

In Chapter 1, I presented Organization X's context, my personal leadership position and lens as a nursing consultant, and the POP regarding the paucity of education to effectively support nursing leadership. I described the evolution of nursing practice and leadership and the contributing political, economic, social, and technological factors influencing the POP, such as the COVID-19 pandemic. I described the three lines of inquiry stemming from the POP, which explore: (a) how nursing leadership is currently defined, operationalized, and communicated; (b) what leadership approaches are employed by nurses to promote positive patient outcomes; and (c) how Organization X can best implement these approaches. I then highlighted the desired organizational state, which illustrates how stakeholders will have a mutual understanding of nursing leadership, curricula that will reflect evidence-based leadership approaches, a consistent demonstration of leadership behaviours, and lastly, an integrated organization to support the work. A study by Holt et al. (2007) was presented as a key tool to assess the organization's level of change readiness. Lastly, the driving and opposing forces in the OIP were described, with the opposing factors presented as significant and important to address when implementing the change plan.

Chapter 2: Planning and Development Introduction

Chapter 2 of this OIP will explore the process of addressing issues in nursing curricula, while also improving the structural state of Organization X to support this work. First, I will explore adaptive, transformational, and team leadership approaches with regard to their role in driving change in the organization. Secondly, I will discuss the framework for leading the change as examined through the structural lens. Furthermore, I will describe the framework for driving change as it aligns with Cawsey et al.'s (2016) continuums of change and will compare two change models: those of Lewin (1951) and Deming (1983). I will then critically analyze the organization through the open systems approach and Nadler and Tushman's (1980) congruence model. Moreover, I will propose and analyze three solutions to address the POP and describe how Deming's change model (1983) supports this OIP in further detail. Lastly, I will describe an ethical challenge underpinning this OIP and will discuss how this will be addressed by key organizational actors.

Leadership Approaches to Change

Effective leadership is critical to the strategic planning of change in health-care organizations (Collins & Collins, 2007). As such, this next section will review the key leadership approaches that will drive change in the organization at both micro and macro levels. The POP will be addressed through three leadership approaches: adaptive, transformational, and team leadership.

Adaptive Leadership

Adaptive leadership is an effective and suitable approach in addressing this POP as it will address the POP and broader organizational issues. Heifetz et al. (2009), seminal theorists in adaptive leadership, posit that adaptive leadership:

- mobilizes constituents to appropriately address challenges and encourage them to thrive;

- enables and supports diverse, distributed, and collective knowledge; and
- encourages prototyping and an openness to improvise.

After employing adaptive leadership practices, organizations produce positive impacts socially and environmentally (Heifetz et al., 2009). McKimm and Jones (2018), current theorists in adaptive leadership, argue that this approach is most effective when dealing with complex systems that present many nuances and challenges. The impacts of employing these adaptive practices will help Organization X fulfil its mandate as a nursing regulatory body in a complex health care system. In connection with the functionalist paradigm and structural frame, as an institution meeting the health care system's broader needs, Organization X must be equally responsive to the environment's complexities. Therefore, being nimble to challenges and open to prototyping and improvisation are useful approaches in this respect. This calls for leaders to strategize and navigate around multiple dimensions, relationships, and uncertainties. It also encourages leaders to think more broadly within larger systems and make connections between stakeholders and resources to meet goals and "simplify complexities" for constituents (McKimm & Jones, 2018, p. 521).

These are the skills and thought processes required for leaders of Organization X to address the POP and any other future organizational or nursing issues. With regard to the POP, it is important to consider the evolving nature of the nursing profession which requires "new ways of thinking" about how to solve complex challenges (Corazzini & Anderson, 2014, p. 532). Nurses are constantly expected to participate in adaptive work by shifting their normative approaches to patient care and generate innovative approaches (Corazzini et al., 2014). These expectations underscore the need for adaptive leadership to be introduced at an early stage of a nurse's career and is an effective approach to integrate in nursing leadership curricula.

Adaptive leadership will also support the fragmented, isolated work that is often experienced by internal teams, as this approach will encourage diverse and distributed intelligence across the organization. On a micro level, adaptive leadership will build capacity amongst internal staff as the approach encourages awareness of how the dynamic nature of the health-care environment impacts nursing practice. Adaptive leadership also encourages connections between stakeholders and resources. Staff currently liaise with key stakeholders, such as nurses, employers, and government, and they produce resources such as policies and regulations; however, there is a need to strengthen this connection, and this will be achieved through implementing adaptive leadership.

Team Leadership

Team leadership is another effective approach that will be used in addressing this POP due to the level of collaboration needed across the organization to support potential recommendations of the POP. Through the perspective of the functionalist paradigm and the structural lens, the organization's structural issues significantly impact its ability to collaborate and gain momentum in completing projects. Collaboration and momentum in addressing this POP will be critical to this OIP's success and the team leadership approach was selected to help facilitate this. As Courtright et al. argue, "Successful teams possess a collective sense of efficacy regarding the team's ability to successfully accomplish the work" (2015, p. 1825). McGrath (1962), a seminal theorist in team leadership, underscored the key functions of team leadership:

- Diagnostic: leaders monitor team performance by contrasting performance with acceptable standards.
- Remedial: leaders take action to remediate team performance.

- Forecasting: leaders monitor the environment and the effects these conditions may have on team performance.
- Preventive: leaders take an upstream approach to minimize potential negative effects.

With respect to the diagnostic function, Organization X assesses individual performance against competencies or standards developed by the organization. Based on anecdotal evidence, these competencies are not evidence-informed but rather reflect the subjective opinions of what is acceptable from the perspective of senior leadership. The team leadership approach will drive the organization to consider the appropriate metrics to assess the performance of teams. Regarding the remedial function, Organization X has historically taken minimal steps to address team performance. However, the use of the team approach and appropriate standards to assess performance will help to support more effective remediation measures. In the forecasting function, Organization X uses data from a variety of sources to assess risk and determine its impact on regulatory functions. Finally, in the preventive approach, Organization X develops resources to address these areas of risk. The team leadership approach will support these collaborative functions more effectively.

Transformational Leadership

Lastly, the transformational leadership approach will also be used to lead change in this OIP as it will address the POP and mobilize implementation of the OIP. Transformational leadership refers to a leadership approach which supports the envisioning of an organization to actualize its true potential and mobilizes the organization to achieve this vision and implement long-term changes (Tichy et al., 1984, as cited in Spector, 2014). As Bass and Avolio explain, “Transformational leaders integrate creative insight, persistence and energy, intuition and sensitivity to the needs of others to forge the strategy culture alloy for their organizations” (1994,

p. 541). In connection with the functionalist paradigm and structural frame, transformational leadership will help position Organization X as a high-performing institution while building relationships with key stakeholders and meeting the broader system's health care needs. This approach will also be used to drive change at both macro and micro levels. On a micro level, transformational leadership will be integrated into how I engage and position this OIP with internal teams and senior leadership. Based on anecdotal evidence, leaders who demonstrate transformational leadership have been more influential in the organization. Furthermore, the transformational leadership is a common, effective approach seen in nursing leadership literature as previously mentioned. Its ability to foster relationships and appeal to the intrinsic motivations of others is beneficial in nurse-patient relationships and nurses working with others in the health care team (Lin et al., 2015; Wong, 2015). Therefore, the transformational leadership approach will be effective if integrated into nursing education. The relational aspect that underpins this approach will be advantageous for patients when this is employed by nurses.

Section Summary

In this section, I have highlighted the key leadership approaches driving change in this OIP. Both adaptive and transformational leadership will be used, firstly, within the development of nursing curricula, and secondly, when engaging with key stakeholders; this will be critical to the OIP's success. Team leadership will also propel change forward by helping the organization deeply assess its functionality through the teams lens while harnessing the strengths of individual team members to achieve the OIP's objectives. It is clear that orchestrating adaptive, transformational, and team leadership approaches in unison will promote and sustain the desired change within Organization X.

Framework for Leading the Change Process

This section of the OIP will now review the framework for leading the change process through the structuralist frame. I will then assess the OIP as it aligns with Cawsey et al.'s (2016) descriptions of the change process on two spectrums. Finally, I will briefly describe Deming's (1983) change model and will show how it compares to Lewin's (1951) change model.

Structuralist Frame

In Chapter 1, Organization X was described through the structuralist frame which is critical in driving change forward in this OIP. An organization's strategy is bounded by the environment (Kim & Mauborgne, 2009). To put this simply, "structure shapes strategy" (Kim et al., 2009). When the structural conditions of an organization are favorable and you have the appropriate resources to support the work, the structural approach is likely to produce positive impacts (Kim et al., 2009). This is why the structuralist frame is the most appropriate in implementing this OIP. The structuralist frame was described as hierarchical, with most decision-making authority found at senior leadership levels (Bolman & Deal, 2013). Reporting constituents experience a limited degree of decision making and autonomy and are accountable for complying with direction from senior leadership. As previously described, internal teams often work in isolation, resulting in fragmented work. The organization's structural frame is a significant factor as to how internal teams currently address the paucity of education to support nursing leadership. Currently, the Education team consists of three nursing education consultants, who report to a director. Generally, the Education team has limited collaboration with other teams, although individual consultants demonstrate a willingness to collaborate with others. Nursing curriculum and the program approval process is mostly determined by the team and senior leadership, with little or no input from other regulatory processes such as the Nursing Support and Professional Conduct teams. Data from other regulatory functions is critical to

inform the quality of nursing education. Restructuring will involve a shift in how the current team is structured and changes to program approval policies so that data from other internal teams are more effectively integrated. Therefore, an openness to organizational restructuring is essential to address the OIP and implement potential recommendations.

The structural frame has key assumptions that must be addressed in the change plan.

Bolman and Deal (2013) present the following key assumptions for organizations:

- They exist to achieve goals and objectives.
- They increase efficiency and improve performance through specialized teams and division of labour.
- They use appropriate coordination and control measures to ensure individuals and units collaborate.
- They work best when logic precedes personal agendas and external factors.
- They use effective structures fitting current circumstances.
- They address challenges through problem-solving and restructuring.

When presenting this OIP to senior leadership, it is prudent to present the key assumptions of the structural frame to highlight the rationale behind a potential organizational restructuring to support changes to nursing curricula.

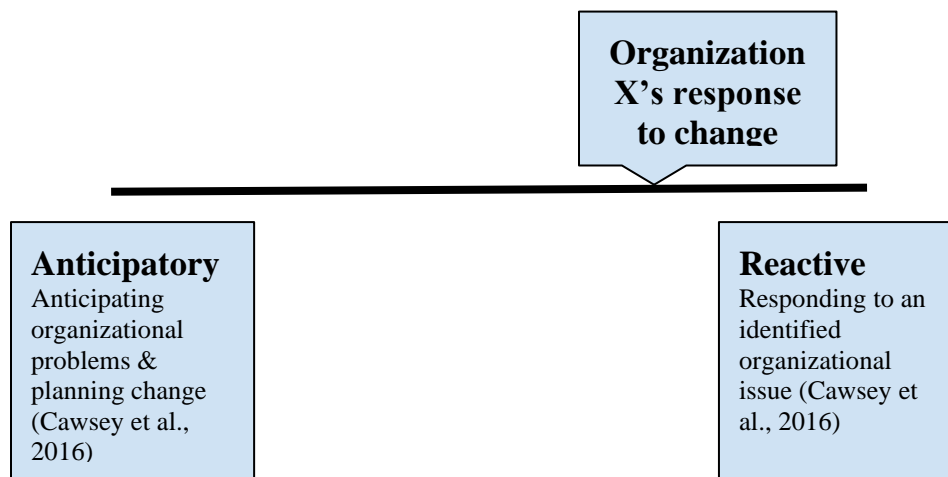
Assessing Change Processes and Types of Change

Since I plan to promote modifications to the organization's structure, it is critical to be attentive to the change processes that can promote the change plan. Cawsey et al. (2016) describe the change process on two spectrums: (a) reactive or anticipatory; and (b) incremental or discontinuous. This is best viewed through the lens of a continuum (Cawsey et al., 2016). Based on anecdotal data and my professional experience and perspective working with Organization X

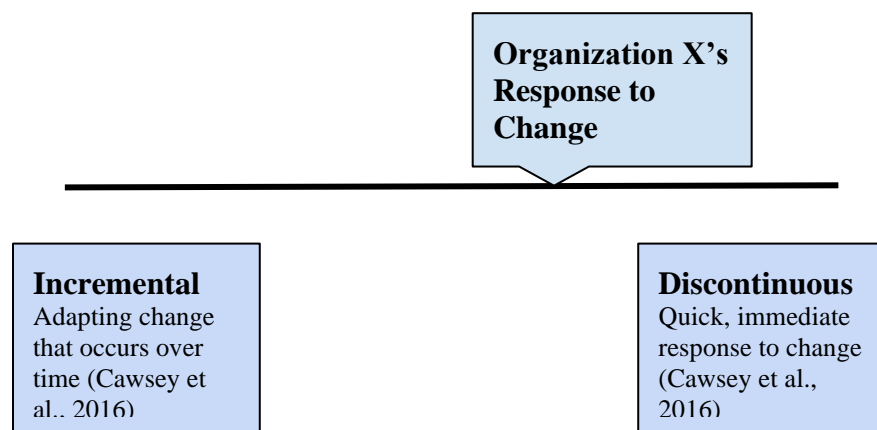
as a nursing consultant, the organization's approach has been more reactive, as illustrated in Figure 3. On the incremental or discontinuous spectrum, Organization X's response to change can be described as more discontinuous.

Figure 3

Organization X on the Reactive or Anticipatory Spectrum



The reactive aspect of the change spectrum refers to a response to a significant change or to “external events” (Cawsey, et al., 2016, p. 20). Historically, Organization X can be described as reactive. For example, reactivity is observed when there is a change in legislation that may impact nursing practice. Organization X reacts by quickly assessing the legislation and potential risks and swiftly communicates these changes to nurses and other stakeholders. Regarding the OIP, Organization X is well aware of its need for change. Senior leadership and relevant teams have observed symptoms of the POP, such as the number of reports and complaints related to nurses failing to demonstrate leadership attributes. Furthermore, the decision for change has occurred in response to changes in the external environment. Cawsey et al. (2016) describe the process for determining change after an issue has arisen as reactive; therefore, Organization X is considered reactive on this spectrum.

Figure 4*Organization X on the Incremental or Discontinuous Spectrum*

Regarding the incremental and discontinuous spectrum, Organization X is identified as more discontinuous (see Figure 4). As highlighted by Cawsey et al. (2016), discontinuous change is most effective when the organization requires an immediate change. The lack of education to support nursing curricula represents the need for an immediate change to respond to the symptoms of the POP that directly impact patient safety. A key assumption of the reactive and discontinuous organizational archetypes is that change is often directed at middle and senior leadership and does not account for staff buy-in at lower levels of the organization (Northouse, 2016). Therefore, it is critical for leaders to effectively and consistently communicate with staff at lower levels to build trust and obtain their buy-in. Cawsey et al. (2016) underscore how this approach focuses on changes to organizational processes, while senior leadership drives change through, appealing to the motivations of staff at lower levels. This also highlights how the transformational leadership approach can be leveraged. For Organization X, immediate changes include the modifications made to nursing curricula to integrate evidence-based leadership approaches. Additionally, immediate changes can be made to program approval processes.

Reviewing Different Change Models

To support the development of this OIP, various change models were reviewed to determine the most effective model. Deming's (1983) and Lewin's (1951) change models were considered. Firstly, Lewin's (1951) change model involves three steps: (1) Unfreeze: examining the current state, increasing driving forces for change, and decreasing resisting forces against change; (2) Move: implementing changes and involving stakeholders; and (3) Refreeze: finalizing changes, establishing new methods, and rewarding desired outcomes. With the Unfreeze step, it fosters motivation amongst stakeholders but does not necessarily control the direction of the change (Schein, 1999). As mentioned in chapter one, there are significant driving and opposing factors present in the OIP that are complex and important to navigate. This requires strategic direction and the Unfreeze step does not provide the control needed to navigate through these factors. With the Moving step, Lewin (1951) discusses the importance of involving stakeholders but does not provide significant detail on how this should be accomplished. Given that addressing the POP will involve extensive stakeholder engagement, the Moving step does not satisfy the OIP's requirements. With the Refreeze step, a major drawback is the assumption that individuals will adjust and establish new changes and the desired outcomes will be observed. This is not guaranteed and the organization may not necessarily adjust or have the time to get used to the new changes. Lewin (1951) provides a simplified approach to understanding and implementing change in an organization. Given these drawbacks and its simplicity, it has received criticism that it does not reflect modern organizations, nor does it address the granularity and complexity of organizational issues (Burnes, 2004). This OIP has highlighted a complex issue that Lewin's (1951) change model may not be able to address. Therefore, it was not selected as the most effective change model to address the POP.

Deming's (1983) change model was selected as the most appropriate model to address the POP and support change in Organization X. The key stages of this model are: (1) Plan; (2) Do; (3) Study; and (4) Act, which form the acronym PDSA. Similarly to Lewin's (1951) model, Deming's (1983) model also provides a simplified approach, however it also offers an iterative quality improvement method rooted in scientific method (Leis & Shojania, 2017). Each PDSA cycle combines prediction with a testing environment for change, involving a series of rapid testing cycles (Leis & Shojania, 2017). It assumes that change processes are not perfect but rather iterative, which is important to this OIP's implementation. As mentioned in chapter one, a key opposing force identified in this POP is the dynamic and unpredictable nature of the health care environment. Deming's (1983) PDSA model is the most appropriate in addressing this unpredictability as its rapid testing cycles account for ongoing changes. It provides change agents with the opportunity to constantly evaluate and adjust approaches to anticipate and meet needs, which connects well with the key tenets of the adaptive leadership approach in identifying challenges and adapting to meet those challenges. This also creates momentum for driving forces as described in chapter one, specifically the organization's commitment to agility and quality improvement. The application of Deming's (1983) model as it relates to the OIP will be discussed in further detail later in this chapter.

Critical Organizational Analysis

Cawsey et al. (2016) underscore the importance of change leaders to identify and analyze the issues to inform the actions needed to transform an organization. This section of the OIP will critically analyze the organization, drawing on the previously discussed change readiness findings, organizational components, research, and needed changes. I will also diagnose and analyze the needed changes using the open systems approach and the congruence model (Nadler & Tushman, 1980).

Open Systems Approach

The open systems approach to analyzing organizations underscores the fact that an organization interacts with its environment in a dynamic way (Katz & Khan, 1978).

Organizations that use an open systems approach posit that leaders can identify divergent areas and assess the areas of risk between the organization's strategic plan and its external environment (Cawsey et al., 2016). Within Organization X, this approach will help senior leadership and internal staff to appreciate the paucity of nursing leadership education and its impact on other regulatory functions and patient care. Moreover, Cawsey et al. (2016) argue that an organization should not be assessed in isolation from its environment but rather in respect to how the environment and its resources can be used to inform outputs and outcomes. This approach aligns with how Organization X is positioned in the broader health-care system. Collaboration with key system partners, such as nurses, government, employers, and educational institutions provides Organization X with data identifying risks and other resources that the organization can leverage. With respect to the OIP, it will be critical for the organization to be assessed with regard to its relationship with educational institutions, nurses, and nursing students; this aligns well with the theoretical paradigm of functionalism and the theoretical lens of structuralism. The organization will also need to be assessed with regard to its relationship with other institutions and social facts, such as other policies from educational institutions. The next section of the OIP will focus on Nadler and Tushman's (1980) congruence model, which assesses the organization's respective components and its effectiveness.

Nadler and Tushman's (1980) Congruence Model

Nadler and Tushman's (1980) congruence model promotes the analysis of an organization and examines how effectively the various organizational components function

together. This model aligns well with the functionalist and structural theoretical lens of this OIP, given that it helps to assess elements and how they function together. In this model, organizations consist of the following interdependent components: (a) inputs; (b) strategy; (c) people; (d) work; (e) formal organizational arrangements; (f) informal organizational arrangements; and (g) outputs (Nadler & Tushman, 1980). Assessing the organization's components in relation to its environment can help to identify performance gaps (Cawsey et al., 2016). The more congruence there is between these components, the organization's external environment, and its broader strategic plan, the more effective and operational this organization will be (Nadler & Tushman, 1980). Given Organization X's many functions and complexities, the congruence model will help to diagnose and analyze changes at Organization X to address the paucity of nursing leadership education. The next section of this OIP will assess Organization X's broader context and components in further detail using Nadler and Tushman's model.

Inputs

The first part of Nadler and Tushman's (1980) model are inputs. Inputs are the components of an organization that are fixed, such as the environment, resources, and strategic plan that influence the change process. These aspects will be further discussed in the upcoming sections.

Environment

Nadler and Tushman (1980) emphasize that every organization exists within a larger system, which includes micro agents, such as individuals and groups, and macro agents, such as other organizations. The PEST analysis described in Chapter 1 of the OIP has described the system in which Organization X operates. From a political perspective, Organization X needs to build a consistent rapport with government, specifically the Ministry of Health and Ministry of

Education, to ensure the organization is meeting its legislative requirements. Economically, the COVID-19 pandemic has strained funding for both the health care and education industries in the province. Socially, the organization can build stronger relationships with other key stakeholders, such as educational institutions, associations, and unions, and can leverage existing nursing leadership education. From a technological perspective, as more educational institutions deliver virtual education, Organization X will need to take this into account as nursing curricula are reviewed.

Resources

It is also important to consider the internal and external resources that Organization X has access to in order to implement change. Internally, the organization has access to very knowledgeable, competent internal staff and senior leadership, including the Manager of Nursing Support, the Director of Professional Practice, and the Chief of Quality, who are overseeing this change. Internal staff members possess a wealth of education and experience in nursing education and in working with educational institutions, which will be critical to leverage for implementing recommendations in the OIP. Externally, the organization also has access to knowledgeable staff working within nursing programs to help support the change. The organization can also connect with nursing associations and unions and can leverage their student interest groups to support changes to nursing curricula. Leveraging these relationships will be critical in bridging the previously identified gap in sharing a common understanding of nursing leadership across key stakeholders.

Organization X's Strategic Plan

An organization's strategic plan is a clear indicator of how an organization currently operates and its vision moving forward (Argyris, 1995). Organization X's senior leadership team

has identified a proactive approach to target risks in nursing practice and patient care as a key element of its strategic plan; this demonstrates an alignment between the strategic plan and the OIP. Reforming nursing curricula to better prepare the nursing workforce for leadership is an upstream strategy. Addressing the symptoms of the POP, such as the number of leadership-related reports and complaints, also demonstrates how the OIP can target risks in patient care. Change leaders will need to leverage how the OIP complements the greater strategic plan.

Assessment of Organizational Components

This section will assess each of Cawsey et al.'s (2016) organizational components: people, work, formal organizational arrangements, organizational arrangements, and outputs.

People. In implementing change, it is critical for leaders to assess the impact of the change on stakeholders and to identify the agents who can facilitate and support the change (Cawsey et al., 2016). In the context of this OIP, the following stakeholders will be impacted: (a) senior leadership; (b) internal staff from relevant teams; (c) educational institutions; and (d) nursing students. First, senior leadership will need to approve and endorse the change. Internal staff from the Nursing Support and Education teams will implement changes to nursing curricula and support educational institutions. Staff from educational institutions will also implement these changes and support nursing students. Finally, nursing students will experience curricular changes and will demonstrate these changes in practice.

Work. Work refers to the fundamental operations of an organization as they relate to the organization's strategic plan (Cawsey et al., 2016). Within the context of the OIP, new operations will involve a shift in former processes and policies to following new ones for developing and approving nursing curricula, impacting all stakeholders. Internal staff and senior leadership will need to communicate and shift the organization's definition of nursing leadership

to stakeholders. This will require a robust communications and stakeholder engagement strategy. In addition, teams will need to collaborate more, resulting in a restructuring of the organization. This will require a clear definition of roles and job description, which will also need to be reflected in processes and policies.

Formal Organizational Arrangements. According to Nadler and Tushman (1980), the formal organization looks at how the organization builds, synchronizes, and manages the operations of staff “in pursuit of strategic objectives” (p. 47). As identified in Chapter 1, Organization X’s current structure can be described as hierarchical, with the Education team often working in isolation with minimal input and collaboration with other teams; this structure needs to change. The Education team requires support from other teams to reform the nursing curricula. This may also require hiring an additional educational consultant in the future to integrate changes to nursing curricula, meet with educational institutions, and educate internal staff regarding these changes.

Informal Organizational Arrangements. Informal organizational arrangements refer to the organization’s accepted culture and norms around their operations (Nadler & Tushman, 1980). In Chapter 1, the culture was described as generally collegial, engaging, and mostly collaborative; however, collaboration is not often consistent. This culture is reflective of the organization’s values of professionalism, leadership, and collaboration. Internal staff exude this culture during day-to-day work and operations within the limits of the current structure, their individual role, and their team. However, the culture and their values are not consistently demonstrated across functions as work is often still carried out in isolation.

Outputs

The outputs of an organization refer to the services provided in order to achieve the organization's objectives (Nadler & Tushman, 1980). In this model, the macro and micro outputs are evaluated and refined, thereby contributing to a continuous quality improvement process (Nadler & Tushman, 1980). In relation to this OIP at the organizational level, outputs are related to how the organization develops the program approval process and assesses nursing curricula. At the team level, the Nursing Support and Education teams are responsible for modifying and approving the curriculum and for engaging with the educational institutions. At the individual level, each member of senior leadership and internal staff will see the benefit of these changes. Each nursing student will also have an improved understanding of nursing leadership.

Congruence Analysis

Generally, the organization is not in congruence, given that there are many aspects that do not converge and many ways in which employees do not collaborate with one another. For example, it is evident that there is isolated, fragmented work with teams often working in silos, yet Organization X's strategic plan champions the importance of collaboration. Given this analysis, and in the context of this OIP, it will be challenging to implement the change effort, and a strategic solution will be required in order to slowly introduce and implement change in an effective way.

Summary of Changes

In this section, Organization X was analyzed using Nadler and Tushman's (1980) congruence model. While there are areas of the congruence model that are fixed and cannot be changed, such as inputs, the analysis highlights the following areas for change: (a) work; (b) formal organizational arrangements; (c) informal organizational arrangements; and (d) outputs. With regard to the work aspect of model, what will need to change are Organization X's

processes and policies and definition of nursing leadership across the organization. Regarding the formal organizational arrangements, this will require a change in the organization's overall structure. Informal organizational arrangements will also need to change as the organization shifts towards broader and stronger collaboration across teams. Finally, the outputs will also require changing as the program approval process will be modified to support the OIP's implementation. The next section will describe possible solutions to operationalize these changes.

Possible Solutions to Address the Problem of Practice

In this section of the OIP, I will present three solutions to address the POP. Each solution will describe in detail: (a) organizational changes; (b) new priorities; (c) new practices or policies; (d) new objectives and intended organizational change; and (e) resource needs. I will then critically analyze the benefits and drawbacks, and differences and similarities of each solution. Finally, I will describe the proposed solution using Deming's (1983) Plan, Do, Study, Act (PDSA) change model.

Solution One

Solution One involves a multi-pronged approach that will address Organization X's structural issues and the POP within a limited time frame.

Table 1*Operationalizing Solution One*

Organizational Changes	<ul style="list-style-type: none"> • Developing a small working group of subject matter experts from relevant teams • Making select changes to nursing curricula focusing on nursing leadership courses only, which integrates transformational, adaptive, and team leadership approaches
New Practices or Policies	<ul style="list-style-type: none"> • A project charter outlining the terms of reference for the small working group • A policy outlining new requirements for nursing curricula • A process for continuous review and maintenance of leadership courses
New Objectives and Intended Organizational Change	<ul style="list-style-type: none"> • A shared understanding of “nursing leadership” across key stakeholders • A shared understanding of effective leadership approaches in nursing practice • An example of collaborative, integrated work across internal teams
Resource Needs (e.g., Human, Time, Technology)	<ul style="list-style-type: none"> • One subject matter expert from each of the following teams: Nursing Support, Education, Professional Conduct • Reference Group consisting of representatives from each nursing program • Oversight from at least one member of senior leadership (e.g., manager) • Six to nine months to initiate and implement this work • Use of existing technology (e.g., video conferencing)

Table 1 outlines Solution One’s organizational changes, new practice and/or policies, new objectives and intended changes and the relevant resource needs. One tenet of Solution One involves the formation of a core working group. The core working group will include select subject matter experts from Nursing Support, Education and Professional Conduct, teams which are directly impacted by the OIP’s implementation. The subject matter experts will be high

performing individuals who have demonstrated an ability to consistently meet their operational deliverables and competencies of their respective roles. The senior leadership team will be closely involved in this selection process. I view Solution One as a “pilot” solution, which offers focused strategies. It will address the POP through targeting nursing leadership courses specifically, while offering a way for senior leadership to see how internal teams can collaborate more effectively across the organization. This solution is strategic and reasonable within the context of the organization’s competing priorities, especially during the COVID-19 pandemic.

Solution Two

Solution Two also involves a multi-pronged approach that addresses Organization X’s structural issues and the POP over a longer period of time. Table 2 outlines Solution Two’s organizational changes, new practices and/or policies, new objectives and intended organizational changes, and relevant resource needs.

Table 2

Operationalizing Solution Two

Organizational Changes	<ul style="list-style-type: none"> • Organizational restructuring consisting of the merger of the Nursing Support and Educational Teams and two Professional Conduct staff • Total overhaul of nursing curricula to reflect effective leadership approaches in all facets
New Practices or Policies	<ul style="list-style-type: none"> • New policies that reflect mandate, scope, and responsibilities of new team • A policy outlining new requirements for nursing curricula • A process for continuous review and maintenance of nursing curricula
New Objectives and Intended Organizational Change	<ul style="list-style-type: none"> • A shared understanding of “nursing leadership” across key stakeholders • A shared understanding of effective leadership approaches in nursing practice • Permanent structural changes that foster collaboration and integration across teams

Resource Needs (e.g., Human, Time, Technology)	<ul style="list-style-type: none"> • Both existing Nursing Support and Education teams and two Professional Conduct staff for permanent redeployment • Reference group consisting of representatives from each nursing program • Oversight from at least one member of senior leadership (e.g., manager) • Nine months to one year to initiate and implement this work • Use of existing technology (e.g., video conferencing)
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Solution two offers more significant and long-term changes with the merger of two teams and completely deconstructing current curricula to reflect effective nursing leadership approaches throughout. It will address the POP and will provide a sustainable organizational structure within which to collaborate over a long period of time. This solution may not be possible considering competing organizational priorities and the gravity of the change.

Solution Three

Solution Three involves a simplified approach that immediately addresses Organization X's POP over a short period of time. Table 3 outlines Solution Three's organizational changes, new practices and/or policies, new objectives and intended organizational changes, and relevant resource needs.

Table 3

Operationalizing Solution Three

Organizational Changes	<ul style="list-style-type: none"> • No organizational change
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New Practices or Policies	<ul style="list-style-type: none"> • New practice to update educational institutions during meetings regarding best practices in nursing leadership
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New Objectives and Intended Organizational Change	<ul style="list-style-type: none"> • Communicating findings of effective leadership approaches through other mechanisms (e.g., meetings with educational institutions) outside formal organizational program approval processes • A shared understanding of “nursing leadership” across Nursing Support and Education teams and educational institutions
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Resource Needs (e.g., Human, Time, Technology)	<ul style="list-style-type: none"> • A shared understanding of effective nursing leadership courses • Nursing Support and Education team • Minimal oversight from Manager of Education team • Two to three months to initiate and implement this work • Use of existing technology (e.g., video conferencing) to conduct meetings
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Solution Three presents the most simplified approach, which immediately addresses the POP through use of existing communication mechanisms within Organization X. It does this by simply raising awareness of effective nursing leadership approaches to stakeholders without significant changes to the organization and its current policies and practices. It is clearly not resource-intensive by using existing mechanisms; however, it is the solution least likely to support change in the long term.

Analyzing the Solutions

This next section will involve a critical analysis of the three solutions. Table 4 outlines each of the solutions, their respective benefits and disadvantages.

Table 4

Critical Analysis of Organizational Solutions

Solution One	<p>Benefits</p> <ul style="list-style-type: none"> • Small working group will act as a “prototype” for senior leadership for a potential organizational restructuring in the future • Will address issues in nursing curricula within a defined time period • Will support desired change in nursing curricula over the long term • Not highly resource-intensive <p>Disadvantages</p> <ul style="list-style-type: none"> • May not address structural issues over the long term • Will require some significant change to policies and processes
Solution Two	<p>Benefits</p> <ul style="list-style-type: none"> • Will support long-term change in structural issues • Will support long-term change in nursing curricula

Disadvantages

- Too much change at once
- Resource-intensive
- Significant change may not align with other organizational priorities
- Will require significant change to policies and processes
- Will require significant stakeholder buy-in internally and with educational institutions

Solution Three Benefits

- Will provide an immediate short-term intervention to POP
- Will not require significant change in current processes and policies
- Not resource-intensive

Disadvantages

- May only result in minimal to no change to nursing curricula as this change is not mandated in program approval processes
-

Similarities and Differences Between Solutions

This section will discuss the similarities and differences between the solutions. Solution One and Solution Two both take a multi-pronged approach, aiming to address both the organization's structural issues and the POP simultaneously. Each solution aims to address the POP over the long term; however, there are also differences between these two solutions. Solution One takes a more focused approach, targeting nursing leadership courses only, whereas Solution Two aims to look at the entirety of nursing curricula to ensure they accurately reflect effective nursing leadership approaches. There are also differences in how each solution approaches organizational structural issues: Solution One provides Organization X with a prototype of a potential structural change through a working group, while Solution Two proposes a merger between two teams and the redeployment of staff from the Professional Conduct team. Solution Two presents substantially too much change for the organization at once, whereas Solution One is more focused and gradual.

Solution Three differs significantly from Solutions One and Two. Solution Three takes a very simplified approach through existing communication mechanisms between Organization X and the educational institutions. Communicating effective nursing leadership approaches through meetings with stakeholders is one way that this can be accomplished. This presents the most timely and least resource-intensive solution, but also may result in minimal organizational change and may not be the most effective in promoting changes to nursing curricula to reflect effective nursing leadership. Therefore, Solution Three was not chosen as the most appropriate and effective solution to address the POP.

Based on the above analysis, the most feasible and appropriate solution is Solution One. Solution One presents the most benefits in comparison to the other solutions. One key feature of this solution is the use of prototyping, such as the formation of a working group to address the POP. The working group represents a future state that Organization X can work toward while providing senior leadership with proof of concept, demonstrating less isolated, fragmented work and increased collaboration across internal teams. This aligns with findings in literature that promote “low-fidelity prototyping” in organizational change to “promote control, breaking down larger tasks” into more moderate, manageable tasks (Gerber & Carroll, 2012, p. 4). This can support leaders in gathering evidence about a proposed design, communicating the evidence, and making informed decisions in their organizations (Gerber & Carroll, 2012; Ravanfar, 2015). Furthermore, Solution One aligns well with the adaptive leadership approach, specifically lean improvement processes. Through maintaining lean processes, it is easy for change agents to discover whether proposed changes are truly effective, which is a key tenet of adaptive leadership (Dunn, 2020; Lapinsky et al., 2006; Pakdil & Leonard, 2015). Furthermore, the adaptive leadership approach underscores the importance of cohesive teams that exhibit critical

thinking, comfort with ambiguity and an ability to make rapid adjustments through continuous quality improvement (Dunn, 2020; Yukl & Mahsud, 2010). Solution One offers this through the formation of the small working group consisting of subject matter experts from across the organization. Moreover, Solution One addresses changes to nursing curricula within a defined and reasonable time frame, supports long-term change, and does not present a significant demand on resources. It also supports significant change without being so much change at once that the organization cannot handle it. Change in any organization can be perceived as “pervasive,” and it is critical for change leaders to manage its effects (Raffanti, 2005; Tsoukas & Chia, 2002). Solution One demonstrates a strategic and measured approach to addressing the POP, while also managing the instability that these changes may present to stakeholders. The next section will describe Deming’s (1983) change model, which will be used to support Solution One.

Deming’s (1983) Plan, Do, Study, Act (PDSA) Change Model

There are four stages in Deming’s (1983) change model: (1) Plan; (2) Do; (3) Study; and (4) Act; these form the acronym PDSA. Each stage will be explored in detail as it relates to this OIP.

Planning Stage

The first stage is to plan, which involves exploring the issue through a series of questions that focus on overarching goals and the supporting evidence. This stage also involves describing the short-, medium-, and long-term effects of the solution and a clear implementation strategy. Lastly, the metrics for measuring progress are also determined, as are the likely impacts within the system (Deming, 1983). This will be an important stage for the working group to consider as outlined in Solution One. As previously mentioned, one of the key policies that will need to be developed is a project charter. The project charter will outline the OIP’s overarching goals, the

issue, and the phases and key milestones of the project; this will be key deliverable for the planning stage.

Doing Stage

Regarding the Do stage of Deming's (1983) PSDA model, this is where change leaders implement, test, intervene in, and document what has happened. This may occur at various points in time to determine a pattern of data, where data is assessed against a quality indicator being studied over a period of time (Deming, 1983). I anticipate that with competing organizational priorities, it may be difficult to implement new initiatives, such as the OIP. I anticipate that senior leadership may be resistant to addressing the POP in the midst of a pandemic. To maintain traction and motivation for this work, the OIP will need to be positioned as an upstream strategy that will support the organization's mandate of public protection through developing strong nurse leaders. Additionally, the working group responsible for this project will need to develop an evaluation strategy to assess key data sources; this might involve measuring leadership attributes, assessing project outcomes, and viewing data sources from various regulatory processes, such as the number of complaints and reports received.

Studying Stage

In the Study stage of the PDSA cycle, change leaders analyze relevant data and the process itself (Deming, 1983). Key questions include whether the outcome was close to predictions, whether the work proceeded as planned, and what key lessons were learned (Deming, 1983). I anticipate that one measure of initial success will be senior leadership's openness to exploring a future restructuring of the organization and focused changes to nursing leadership courses in curricula.

Acting Stage

In the Act stage, change leaders must consider which existing interventions are truly effective and how to maintain this effectiveness over time (Deming, 1983). This includes exploring smaller to larger modifications and considering how the modifications generally impact the organization. In this stage, the result may be the employment of micro PDSA cycles. If the pilot implementation is successful, I plan to build on this by positioning and promoting the pilot with senior leadership as an excellent example of what an organizational restructuring can look like. I will emphasize how the changes to nursing curricula exemplify the upstream approach, which aligns with the proactivity goal in Organization X's strategic plan. Before implementing a proposed solution, it is important to examine any ethical issues that may underpin an organizational issue. As such, the next section of this OIP will review leadership ethics and organizational change.

Leadership Ethics and Organizational Change

On a daily basis, leaders make decisions that can significantly impact individuals, consequently making leadership an ethical issue (Vogel, 2012). Therefore, it is critical to examine the ethical considerations and commitments underpinning this POP and how they connect to the theoretical lenses of functionalism and structuralism, as well as to adaptive, team, and transformational leadership approaches. In this section, I will discuss my personal ethical views and the ethical considerations and challenges impacting the paucity of education to develop nursing leadership. Lastly, I will explore the ethical commitments of Organization X and key organizational actors, such as the Nursing Support and Education teams, senior leadership, and partnering educational institutions.

Personal Ethical Views

As a leader, it is important for me to acknowledge that leaders are deeply influenced by their individual ethical principles and views (Northouse, 2016). The seven ethical values from

the CNA's Code of Ethics of Registered Nurses (2017) resonate with me personally. They are as follows:

- providing ethical and competent care;
- promoting health and well-being;
- fostering and respective evidence-informed decision-making;
- respecting individual dignity;
- maintaining confidentiality and privacy;
- being accountable; and
- promoting fairness.

In this section of the OIP, I will discuss how the aforementioned values from the CNA (2017) inform my perspective and connect with the OIP.

Providing Ethical and Competent Care

Providing ethical and competent care is a value that underpins the foundation of my personal nursing practice when engaging with patients and nursing philosophy. This is also what guides my practice as a nursing consultant and aligns well with Organization X's patient care mandate. This will also be a key message that will be used when obtaining buy-in from organizational actors, as effective nursing leadership support providing ethical and competent care.

Promoting Health and Well-Being

The promotion of patient health and well-being is another fundamental principle that I use when engaging with nurses and patients. This also aligns well with the transformational leadership approach that will be used to address the POP. According to Hay (2006),

transformational leadership requires leaders to appeal to the intrinsic motivations of constituents, and similarly, promotion of health and well-being is a demonstration of this facet.

Fostering and Respecting Evidence-Informed Decision Making

Evidence-informed decision making is another fundamental principle that I use when making policy decisions and operationalizing regulatory processes as a nursing consultant. Evidence-informed decision making has also been a guiding principle in developing this OIP, and the best available data sources will be used when communicating the OIP to senior leadership.

Being Accountable

Accountability is fundamental in nursing practice and means that nurses are “accountable for their actions and answerable for their practice” (CNA, 2017, p. 16). This is evident in the OIP as I describe my role and my responsibilities in addressing the POP. Furthermore, all organizational actors have a commitment to address ethical challenges, and their commitments and plan to address these commitments will be described in the next section.

Promoting Fairness

Promoting fairness and equity is another fundamental principle guiding my lens for the OIP and how it relates to key stakeholder groups such as nurses and members of the public. The paucity of fairness in regulatory processes when assessing nurses has been flagged as a key ethical challenge in this OIP and will be discussed in the next section.

Ethical Considerations and Challenges

Dixon (2013) underscores the need for the nursing profession to deeply examine the ethics underpinning regulatory processes and how these interact with an individual’s personal values and principles. As previously mentioned, a key data source informing the POP is the

increasing number of reports and complaints received by Organization X related to nurses who do not appropriately demonstrate nursing leadership behaviours. This evidence is important to examine as it highlights an underlying ethical challenge: whether Organization X operationalizes equitable and just regulatory processes for all nurses, specifically the male nursing population. Data from internal staff highlight the fact that a significant number of conduct issues involve male nurses, and as previously mentioned, male nurses are five times more likely to be disciplined in professional conduct matters (Tilley et al., 2019). The majority of these discipline cases relate to issues regarding nurse-patient relationships, specifically sexual abuse (Tilley et al., 2019). While this evidence is quite specific, it does highlight the ethical dilemma of whether nursing values and expectations are realistic for male nurses to meet, and whether Organization X's regulatory processes are fair and just for male nurses. The next section will review the theoretical framework underpinning this ethical dilemma.

Theoretical Framework of Ethical Challenge

There are many theories that may be used to examine this ethical challenge. There is a dimension of social role theory that may colour perceptions of what it means to be a leader in the nursing profession. According to Clow et al. (2015), social role theory suggests that males and females behave differently and consequently will assume specific roles in society, particularly in the labour force. In early history, the nursing profession was dominated by females, as women primarily assumed the "nurturer" role and performed domestic services for the sick (Egenes, 2017). Currently, the nursing profession remains dominated by females. Contrastingly, male nurses are viewed negatively as they deviate from their perceived role in society (Clow et al., 2015). According to Burnett (2007), 44% of male nurses reported having experienced discrimination because of their gender, and 31% report having experienced social isolation from

their colleagues and community. It is clear that male nurses may not be perceived and treated equitably to their female counterparts; this highlights a clear ethical challenge in the nursing profession. Similar evidence is found in the way in which Organization X operationalizes its regulatory processes, and it is important to critically analyze how the organization plans to commit to addressing this ethical challenge.

Social constructivist theory is one theory that can be used to deeply examine the issue and offer potential solutions. Social constructivist theory views the structures of society as “social constructs in continuous process of change, and as a result of social interaction” (Lombardo & Kantola, 2021, p. 126). The ethical issue of leadership perceptions of male nurses is a symptom of historical social constructs and interactions males have had with society. For example, this is evident in current societal perspectives where males are not seen in “nurturer” roles as previously described. Through the social constructivist lens, society plays a role in diffusing and internalizing norms and the promotion of social learning that can influence individuals’ preferences and interests (Lombardo & Kantola, 2021). This aligns well with the functionalist paradigm and structural lens, where Organization X can play a role in shifting norms and promote social learning for nursing leadership. Organization X can help all nurses, including male nurses, imagine themselves beyond this given frame of reference and step outside of previous social constructs and interactions to change this narrative (Nyikos & Hashimoto, 1997). Through this lens and in conjunction with transformational, adaptive and team leadership approaches, this ethical issue can be addressed. The next section will describe the commitments of Organization X’s actors and the plan to address each commitment.

Ethical Commitments of Organizational Actors

Appendix A describes each organizational actor identified in the OIP, their respective ethical commitments, and the plan to address each ethical commitment through transformational, adaptive, and/or team leadership approaches. It is clear in Appendix A that each organizational actor group shares similar ethical commitments and leadership approaches in addressing the ethical challenge of equitable processes for all members of the nursing profession. It is important to note that slight modifications to the plan will need to be made, depending on the organizational actors' level of influence and their interaction with other stakeholders. Overall, there is a shared organizational commitment to equitable processes and overlapping plans to address challenges to this commitment.

Section Summary

In this section, I have described my personal ethical values and the ethical dilemma of whether regulatory processes at Organization X are truly fair and equitable for all nurses. Specifically, I highlighted the key ethical question of whether leadership expectations are realistic for male nurses to meet. Drawing from social role theory and current evidence, it is clear that this ethical dilemma requires close examination and needs to be a key consideration as this work moves forward.

Chapter Summary

In Chapter 2, I have explored solutions for addressing the paucity of effective leadership approaches in nursing curricula. I first described how adaptive, transformational, and team leadership approaches drive this change. I then described relevant frameworks through structuralism and how Organization X has a more reactive and discontinuous change archetype. I also reviewed and compared Lewin's (1951) and Deming's (1983) change models and outlined why Deming's change model was the most appropriate for assessing change. I then critically analyzed the organization through the open systems approach and Nadler and Tushman's (1980)

congruence model. I proposed and analyzed three solutions to address the POP and presented Solution One as the most viable. I then described how Deming's (1983) model supports this OIP in further detail. Finally, I described how male nurses are unfairly treated in regulatory processes and how this presents an ethical challenge underpinning this OIP; I referred to the plan to address this challenge by key organizational actors. In the next chapter, I will explore how this OIP will be implemented, evaluated, and communicated.

Chapter Three: Implementation, Evaluation and Communication

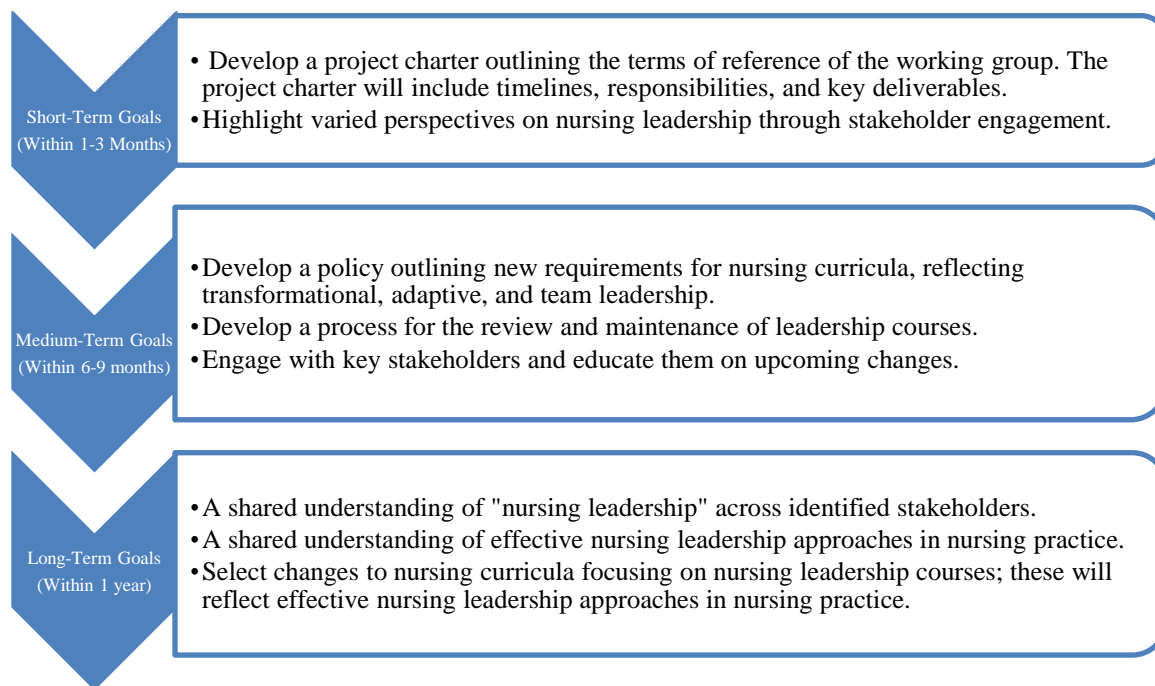
The first two chapters of this OIP described the POP, organizational context, and feasible options for ensuring Organization X was truly ready to address the issue and embrace change. Chapter 3 of this OIP will present a plan for implementing, monitoring, and communicating the organizational change process. By connecting with the theoretical lenses of functionalism and structuralism, I will explain how I plan to use transformational, adaptive, and team leadership approaches; the selected solution; and the change model to communicate, implement, and assess the change plan. I will describe the goals and strategies that I will use to facilitate implementation. Lastly, I will articulate how I will use these key leadership principles to communicate change and initiate next steps, and I will outline considerations for future work.

Change Implementation Plan

This section will outline my strategy for managing change in the organization. First, I will describe the short-, medium-, and long-term goals of the OIP. I will then describe how I plan to understand and manage stakeholder reactions, such as resistance to change. I will describe the personnel selected to empower others as this change occurs, and I will identify relevant supports and resources in the organization. Finally, I will describe the potential issues that may arise and propose strategies that can be used to address these issues, and I will explore limitations of the plan.

Goals

Goals, on any macro or micro organizational scale, are critical in driving change forward (Gorenak & Košir, 2012). Based on the selection of Solution One, Figure 5 highlights the short-, medium-, and long-term goals of the OIP and their respective timelines.

Figure 5*Goals of Organizational Improvement Plan*

The short-term goals reflect the goals of the Plan stage of the PDSA cycle; the key deliverables in the first three months are a project charter and early communications with stakeholders to obtain information from them and for the project team to better understand the organization's current state. Within six to nine months, the medium-term goals reflect the goals of the Do and Study stages of the PDSA cycle which are key tenets of this change implementation plan. These include:

- the development of a policy for integrating key leadership approaches into nursing curricula,
- the development of a policy for reviewing and maintenance of leadership courses,
- the development of a stakeholder engagement strategy and,
- facilitating meetings with the core working group, senior leaders, and educational institutions.

Throughout the Do and Study stages, the working group and key stakeholders will provide regular, timely feedback to receive real-time information about the change process and deliverables throughout different intervals of the project. Finally, at the one-year mark, the long-term goals reflect the goals of the Act stage of the PDSA cycle, where leaders will reflect on whether these overarching goals were met with regard to a shared understanding of nursing leadership and courses that accurately reflect adaptive, transformational, and team leadership approaches.

Alignment with the Strategic Plan

This change plan aligns well with Organization X's broader strategic plan. Reforming nursing curricula to reflect consensus on effective leadership aligns with the strategic plan's proactivity pillar by targeting nursing students before they enter the profession. As previously mentioned, the literature often associates nursing leadership with attributes such as advocacy, thoughtfulness, responsiveness, commitment, scholarship and innovation (McBride et al., 2006). Implementation of the OIP presents new characteristics of nursing leadership as being a pioneer, role model, change agent and advocate (Mannix et al., 2013). It requires nurses to be safe and effective clinicians who are also flexible and ready to take risks to lead changing health care environments (Pepin et al., 2011). By fostering these attributes through educating nursing students at an early stage, this presents an upstream approach and supports the future of nursing practice. As previously mentioned, the COVID-19 pandemic is the key focus of the organization at this time. The timeline for when this pandemic will end is uncertain; it may last for an indefinite period of time. Taking proactive measures to prepare the nursing workforce for leadership will support the human resource requirements resulting from COVID-19. Therefore,

this change plan effectively aligns with the broader strategic plan and the current state of the health-care system.

Benefits for Social and Organizational Actors

In addition to aligning with the overall strategic plan and organizational mandate, there are benefits for social and organizational actors. At the senior leadership level, they will benefit as the OIP demonstrates true collaboration across the organization with the working group pilot, while reflecting one key mechanism that the organization can implement to proactively protect the public by adequately preparing nurses for leadership. The working group pilot prepares the organization for future restructuring and more favorable working conditions, which will shape any strategic direction that the organization may take (Kim et al., 2009). This aligns well with the structural contingency theory described earlier in the OIP. Within the Nursing Support and Professional Conduct teams, implementation of the OIP will result in a decrease in nursing leadership–related inquiries and matters in the queues. For example, when nurses integrate key tenets of transformational and adaptive leadership such as appealing to the intrinsic motivations of patients and critically thinking through problems, patients receive optimal care (Corazzini et al., 2014; Bass et al., 1994). When patients receive optimal care, there are less reports and complaints about nursing conduct made to Organization X. This will result in a reduced workload for internal staff. For the Education team, this will fulfill their mandate of supporting academics and nursing students in effective nursing practice before entering the workforce. Educational institutions will also have the support they need to deliver effective nursing curricula. Once these nursing students enter the profession, patients will receive optimal nursing care as they are well prepared to lead and demonstrate key leadership attributes such as innovation, advocacy, responsiveness to patient needs (Mannix et al., 2013; McBride et al.,

2006). Leveraging these benefits in the key messages of the OIP will be critical for generating and sustaining interest in its implementation, both immediately and in the long term.

Understanding Stakeholder Reactions

Stakeholders are groups or individuals “who can affect or [are] affected by the implementation of the change project” (Freeman, 1984, p. 46). Stakeholders can have different responses to change, influenced by their personal views and experiences, by historical change, or by consideration of the potential impact the change may have (Mdletye et al., 2014). In this change implementation plan, the key stakeholders include senior leadership, specific internal teams (Nursing Support, Education, and Professional Conduct), partnering educational institutions, and nursing students. I anticipate that each stakeholder group will have varying responses to change. I anticipate that senior leadership, internal teams, and educational institutions will be generally supportive of this change as the initiative supports the organization’s mandate, regulatory processes and existing structural issues. There may be some resistance internally as this new initiative may conflict with other competing organizational priorities and the unpredictable nature of the COVID-19 pandemic. I anticipate that partnering educational institutions will be initially resistant as it will be resource-intensive to modify and revise existing courses. I anticipate that current nursing students may be resistant to this change as the curriculum will introduce new content and new approaches to nursing leadership.

To prepare for these reactions, it is critical to effectively communicate with stakeholders and foster a sense of urgency related to the POP and the rationale for this change, and to obtain buy-in in a timely way (Kotter, 1996). Using Organization X’s key communication methods, I will develop a robust communication strategy before, during, and after implementation of the OIP. This includes attending and promoting this information during team and educational

institution meetings, sending e-mails and briefing documents, and using the organization's internal system. Through these communication methods, I will provide an opportunity for stakeholders to provide feedback and an open channel for stakeholders to identify and communicate their concerns.

Personnel to Empower Others

Northouse (2016) underscores how staff are more likely to embrace organizational change when the vision is clearly articulated by charismatic leaders who build meaningful relationships with staff. Furthermore, leaders need to actively seek out “ambassadors for change” (Karp, 2006, p. 14). Using these principles from transformational leadership, within Organization X, there are a number of ambassadors who can engage and empower stakeholders and achieve the organizational change that the OIP requires. These personnel include nursing consultants leading the change from the Nursing Support, Education, and Professional Conduct teams, the managers of the Nursing Support, Education, and Professional Conduct teams, the Director of Professional Practice, and lastly, the Chief Quality Officer. The nursing consultants will be considered the primary change leaders, and they will be involved at a more micro level when engaging with individual staff members of the working group and educational institutions. At this micro level, the nursing consultants will assess how staff and educational institutions are ready for and are responding to change and will empower them to move forward with the work. These nursing consultants will be critical in promoting the benefits of the OIP's implementation and building interest around the OIP. The managers of the Nursing Support, Education, and Professional Conduct teams with support from the Director of Professional Practice and the Chief Quality Officer will help support cultural change at a systems level by ensuring teams are well informed of the change, the rationale, and the larger systems integration. As articulated by Zaccaro et al.

(2001), senior leadership will need to “define team directions, organize the teams to maximize progress along such directions” (p. 452). Therefore, it will be prudent for senior leadership to use team leadership strategies to communicate the necessity for this change. Furthermore, this approach and identification of appropriate personnel to empower others aligns well with the structural lens, which underscores how organizations thrive when appropriate coordination and control supports the effective integration of individuals and units (Bolman & Deal, 2013). In addition to the appropriate personnel, the next section will discuss the relevant supports and resources required.

Supports and Resources

A detailed project plan ensures greater accountability by organizational actors, delegates key responsibilities to the project team and senior management, monitors against goals, and identifies potential issues upfront (Clarke, 1999). Solution One’s project plan highlights the following key deliverables:

- development of a project charter;
- stakeholder engagement;
- development of a new policy to support integrating effective leadership approaches into nursing leadership courses;
- development of a new maintenance and review process;
- education for stakeholders; and
- execution of the monitoring and evaluation plan

Appendix B outlines the time, human, technological, and financial resources and the approval required to implement Solution One’s deliverables. Within the first three months of initiation of the OIP, the working group, consisting of subject matter experts from across key areas of

Organization X, will develop a project charter through the use of internal video conferencing. The project charter will then require approval from managers and directors from these key areas and from the Chief Quality Officer. The next deliverable is the securing of stakeholder engagement within the first three months to determine perspectives on nursing leadership and to receive input on proposed deliverables. The working group will collaborate closely with other internal teams, educational institutions, and other stakeholders to understand the current state of the organization and perspectives on nursing leadership. There will be no required approvals at this point. The next deliverable is the development of a new policy and process for integrating effective leadership approaches in nursing curricula within five to six months of initiating the OIP. The working group will then collaborate with educational institutions to develop this process, and this will require approval from senior leadership. Within seven to nine months, the working group will then continue engaging and educating key stakeholders on the new leadership courses. Finally, within nine months, and moving forward after the OIP's implementation, the working group will monitor and evaluate implementation through a variety of different mechanisms, such as surveys and focus groups with key stakeholders. This will require additional support from the Analytics and Research team and the same level of senior leadership approval.

Throughout the implementation of these supports and resources, it will be important to apply several PDSA cycles throughout the OIPs implementation to refine the change plan and to determine if the appropriate resources are in place to support the work and desired outcomes. For example, under the medium-term goals previously described, key goals include developing a policy outlining new program approval requirements and a process for review and maintenance. This will be an iterative process as stakeholders may suggest changes to the policy or process. It

will be important to implement smaller PDSA cycles for these specific goals to ensure that desired outcomes are met. Leis and Shojanian (2017) suggest that a key benefit of authentically applying several PDSA cycles is the “high return on failure ratio where valuable lessons are learned with relatively little resources invested to learn” (p. 574). Effectively managing resources is critical to the implementation of the OIP as it accounts for and appreciates competing priorities given the COVID-19 pandemic that the organization is currently navigating. This will also increase confidence that the change under consideration will produce desired results and improvement across the organization (Leis & Shojanian, 2017). This project plan will be used to guide the discussion for this section.

Implementation Issues and Strategies

Five main issues regarding the implementation of this change plan are anticipated: (1) the COVID-19 pandemic and its impact on organizational priorities; (2) competition with other organizational priorities; (3) resistance from stakeholders; (4) lack of lower-level staff participation; and (5) lack of knowledge-sharing regarding the benefits of the change. To address how this OIP may conflict with the COVID-19 pandemic, it will be important to frame how the implementation of the OIP aligns with and supports pandemic efforts. Recent literature describes the use of adaptive leadership in the COVID-19 pandemic response. Ramalingam, Wild, and Ferrari (2020) describe the importance of adaptive leadership in identifying risks in the system, applying measures rapidly while innovating and problem-solving. The adaptive leadership lens will be critical to communicate how the OIP prepares the nursing workforce to lead the charge with the pandemic, considering how nurses account for the largest group of the provincial health-care workforce. To address how the OIP may interfere with competing organizational priorities, it will be critical to frame how implementation of the OIP will support these priorities and will

be beneficial for other actors within the organization using the team leadership approach. It will be important for leaders to support teams in staying collectively focused on the issues while attempting to understand one another, and how they take risks to achieve team goals (Kraiger & Wenzel, 1997). For example, implementation of the OIP will result in lower queues in Professional Conduct and Nursing Support teams. In addition to the tactics previously discussed in addressing stakeholder resistance and addressing issues (4) and (5), it will be critical to communicate the change and share knowledge with all members of the organization while integrating principles from transformational leadership such as communication and appealing to the intrinsic motivation of others. Knowledge sharing has been proven to facilitate effective organizational change, while establishing a culture of collaboration, mentorship, and enhanced communication (Aslam et al., 2018).

Limitations

There are three key limitations identified in this change implementation plan: (1) the time commitment and resource allocation; (2) frustration and change fatigue experienced by staff; and (3) challenges measuring the impact of the change in the nursing profession. With regard to the time commitment and resource allocation, the working group is expected to meet at least one to two hours and commit eight hours in total each week to complete deliverables. This may be extensive, considering other competing organizational priorities. However, as previously mentioned, it will be important to frame how addressing this POP will address other organizational issues such as queues. The second limitation is frustration and change fatigue that may be experienced by staff. As previously mentioned, Organization X has competing organizational priorities in addition to facing the external pressures of the COVID-19 pandemic. Although adapting to these stressors will ultimately help the organization to develop, relentless change can have a negative impact on staff (Assink, 2019). This may be too much change in a

short period of time. To support staff with stressors, it will be important to employ transformational leadership principles through motivating staff and articulating a clear vision (Tichy et al., 1984, as cited in Spector, 2014). Finally, I anticipate there will be challenges in evaluating extensive macro change within the nursing profession. Given that Organization X is a provincial regulatory body, it will be difficult to assess the extent to which the change has been effective in educational institutions and amongst nursing students as they enter the workforce in the long term. Evaluating change will be discussed in further detail later in the chapter.

Section Summary

In this section, I have described the change implementation plan that will be used to support the development of effective nursing leadership curricula. First, I described the short-, medium-, and long-term goals of the plan as they relate to the implementation of Solution One. I then described how the plan fits with the broader strategic plan and the current health-care environment of the COVID-19 pandemic. I described how the plan will benefit organizational and social actors in many ways, including alleviating workload and providing stakeholder support. I described how there will be varying stakeholder reactions ranging from resistance to general support, and how communication will be a key strategy to manage these reactions. I identified the personnel to empower others, including key members from the working group and senior management. To complete this work, I identified the time, human, technological, financial, and approval resources. I also identified key implementation issues and limitations, including resource implications, change fatigue experienced by staff, and evaluation limitations considering the extensive influence of Organization X. The next section will discuss a key component of any effective change implementation plan: change process monitoring and evaluation.

Change Process Monitoring and Evaluation

Monitoring is defined as the “planned, continuous and systematic collection of information,” and evaluation is defined as “planned, periodic and systematic determination of the quality and value of a programme” (Markiewicz & Patrick, 2016, p. 12). Furthermore, evaluation is a “careful, retrospective assessment of merit, worth and value of the output and outcome of interventions, which is intended to play a role in future practical action situations” (Vedung, 2017, p. 13). Therefore, it is imperative to clearly and effectively identify the monitoring and evaluation mechanisms that will be utilized to frame and guide the implementation of this OIP. Through the theoretical lenses of the functionalism and structuralism, the tools used in combination with adaptive, transformational, and team leadership approaches will clearly articulate anticipated outcomes and ensure accountability throughout the change management process. This section will describe the approaches used for monitoring and evaluating the change overall, and the mechanisms that will be used to gauge progress and assess change actions.

As highlighted in Chapter 2, Solution One was selected as the most feasible and appropriate solution to implement at this time. To support, monitor, and evaluate the effectiveness of Solution One, Deming’s (1983) Plan, Do, Study, Act (PDSA) change model will be used. This model also supports the change leader in making changes and developing iterations to the change process on a smaller scale. Given that the Plan and Do phases were discussed in significant detail in previous sections of the OIP, Table 5 summarizes Solution One at a high level throughout the Study, and Act phases of the PDSA change model and the anticipated contributions to reforming nursing leadership courses.

Table 5*Solution One throughout the PDSA Cycle and Anticipated Outcomes*

	Solution One (Selected Solution)	Anticipated Outcomes
Study	Monitor Plan: <ul style="list-style-type: none"> • Program Approval Process • Educational institution surveys • Data from regulatory functions (e.g., number of matters in Professional Conduct and Nursing Support teams) • Staff engagement surveys • Formal and informal feedback (e.g., surveys, focus groups, e-mails, interactions with staff) • Case studies 	<ul style="list-style-type: none"> • Analyze alignment between nursing curricula and new policy • Analyze results from educational institution and staff engagement surveys • Determine themes from monitoring data sources • Integrate data and themes into policy and process
Act	Finalize Plan: <ul style="list-style-type: none"> • Identify best practices and gaps • Implement best practices and make modifications as needed 	<ul style="list-style-type: none"> • Working group communicates with senior leadership and key stakeholders about how their feedback informed the final plan • Working group reflects on key learnings of implementing Solution One • Nursing curricula and programs reflect effective leadership approaches and are well prepared for change

It is important to note that Table 5 provides a macro-overview of the OIP's implementation throughout the Study and Act stages. As previously described, there will also be micro PDSA cycles employed for specific deliverables. For example, the policy and process development for nursing program approval will be an iterative process and will require a PDSA cycle on a smaller scale for this specific deliverable. Therefore, the larger PDSA cycle will oversee the smaller

PDSA cycles for specific deliverables. The monitoring strategy for this will be described in further detail in a later section.

In conjunction with the PDSA cycle, Nadler and Tushman's (1980) congruence model will also be used to monitor factors that can influence organizational change, such as social or political factors. This aligns well with the functionalist paradigm and structural lens, where there is an appreciation for how organizations are significantly influenced by external factors and are responsive to society (Durkheim et al., 1938). The use of both the PDSA cycle and congruence model will offer strategic direction for developing a monitoring plan for change that is ongoing and comprehensive.

Figure 6

Applying PDSA and Congruence Model

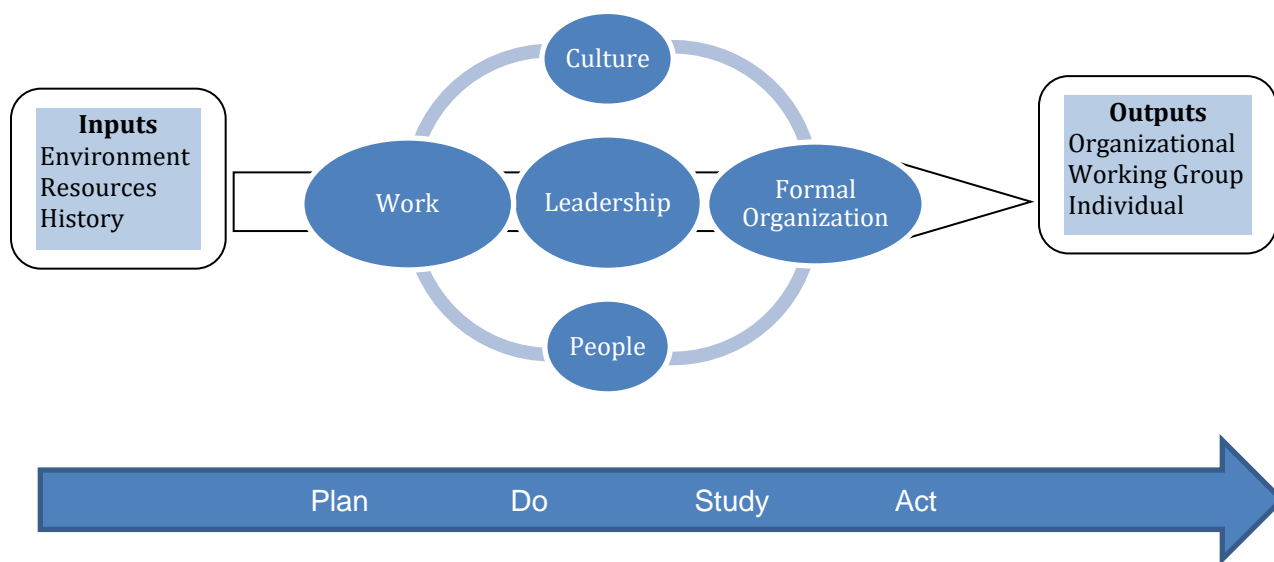


Figure 6 shows how both models are used collaboratively with leadership approaches at the core of the organizational change process. In combination, the congruence model will monitor whether the organizational components are in congruence with one another on a higher, more systematic level. It will determine whether the inputs, such as human resources, are sufficient in

supporting the outputs, such as the implementation of the OIP. The PDSA cycle will be used to monitor the more granular execution of the OIP as previously described. I will now describe how Nadler and Tushman's (1980) congruence model will be used in conjunction with the PDSA model. For example, a key input may be a potential legislative change which grants permissions for colleges to develop more nursing programs in the province. This environmental change will impact the key tenets of the model in the following ways:

- **Work:** The Nursing Program Approval process will need to integrate leadership approaches and review and approve more nursing programs.
- **Culture:** This change will require collaboration amongst teams. Internal staff exude this culture during day-to-day work and operations within the limits of the current structure, their individual role, and their team. However, the culture and their values are not consistently demonstrated across functions as work is often still carried out in isolation.
- **Formal Organization:** The organization will need to oversee how they synchronize and manage staff operations to meet this change.
- **People:** Senior leadership, Nursing Support and Education teams will be directly impacted as they are directly involved in the Nursing Program Approval process. This change may result in a demand for more internal staff to support this change. Staff from educational institutions will also implement these changes and nursing students will experience these changes.
- **Leadership:** Transformational, adaptive and team leadership approaches will be utilized in order to support the change.
- **Outputs:** Nursing Program Approval processes and policies will need to be modified to support this increase of nursing programs.

If congruence amongst these tenets is not successfully achieved, the PDSA cycle can be employed to determine what adjustments need to be made to one or more elements of the congruence model. For example, the PDSA cycle can be used to assess, monitor and evaluate deliverables of the OIP such as Nursing Program Approval processes and identify what adjustments need to be made during the Study and Act stages, such as human resource requirements. The core working group can then advocate to senior leadership that they require additional resources to support the work. Adaptive leadership approaches can be used to assess congruence and mobilizing the PDSA cycles as it encourages staff to work through these challenges and participate in creative problem solving (Heifetz et al., 2009). The team leadership approach can be used in the coordination of the core working group to understand roles and make adjustments as needed (Kraiger & Wenzel, 1997). Lastly, the transformational leadership approach can be used when communicating with key stakeholders in maintaining the vision of the OIP and propelling them towards desired outputs of the congruence model (Tichy et al., 1984, as cited in Spector, 2014). The next section will describe how the OIP's progress will be monitored.

Current Standards for Monitoring Progress

Organization X has its own practices for monitoring the organization's performance and specifically, for assessing how educational institutions meet regulatory requirements. This includes: (a) the program approval process; (b) surveys conducted by educational institutions for nursing students and new graduate nurses; (c) data from across regulatory functions such as the number of matters in Nursing Support and Professional Conduct functions; (d) staff engagement survey results; and (e) case studies assessing nursing students' knowledge of nursing leadership before and after the revised course. Table 6 describes in detail how progress will be monitored

and evaluated, the relevant PDSA stage and the timelines for completion. Each activity will be explored in further detail in the next sections.

Table 6

Monitoring and Evaluation Plan

PDSA Stage	Specific Activity	Monitoring & Evaluation	Timeline
Study	Regular, consistent feedback from Organization X staff and educational institutions	Collection of feedback on key deliverables (project charter, effective leadership approaches, policy and process for review and maintenance) at scheduled meetings and via e-mail with at least 75% of Organization X staff and educational institution partners responding	At every scheduled meeting Core working group, every meeting with academic partners and ad hoc
Study Act	Evaluation from program approval processes	Collection of at least 75% of nursing programs will integrate new requirements for nursing leadership curricula reflecting transformational, adaptive, and team leadership approaches	Immediately after OIP is implemented (9 th month mark)
Study Act	Surveys conducted by educational institutions for nursing educators and students	Collection of survey responses with 75% of nursing educators and 75% of nursing students completing survey	Immediately after first semester of revised nursing course is completed by inaugural nursing student cohort
Study Act	Data across regulatory functions	Collection of all leadership data from nursing practice inquiries and professional conduct matters	6 months after OIP completion and 1 year after OIP completion
Study Act	Staff engagement survey results	Collection of survey responses with 75% of Organization X staff completing survey	Immediately after OIP is implemented (9 th month mark)
Study Act	Case studies assessing nursing students' knowledge of	Collection of case studies with a representative sample of nursing students across the Canadian province	Nursing students will be assessed at various points in time: (1) immediately before

PDSA Stage	Specific Activity	Monitoring & Evaluation	Timeline
	nursing leadership before and after revised course		students begin the revised program; (2) throughout duration of the program; (3) upon completion of program; (4) 1 year after graduation

Program Approval Process

As previously mentioned, Organization X's program approval process confirms that all nursing programs within this Canadian province meet comprehensive standards so that nursing graduates are prepared to practice safely. It provides a standardized approach to evaluating the nursing program's structure, curriculum, and outcomes. This not only reflects the organization's ability to meet its regulatory requirements but is also the benchmark used to assess educational institutions and their effectiveness in preparing students for the nursing profession. This will be a key metric for assessing the effectiveness of the change and whether nursing programs have effectively integrated effective nursing leadership approaches within the curriculum.

Educational Institution Surveys

Nursing programs within educational institutions conduct surveys to assess the level of satisfaction, understanding, and application of nursing students and new graduate nurses. This is a key metric that Organization X can leverage to immediately assess the effectiveness of nursing curricular changes. This will also help to gauge the relevance of the nursing leadership courses and their ability to meet student and graduate needs. It will be prudent for the organization to develop survey questions that specifically assess nursing leadership-related courses and the students' ability to understand and apply this learning in clinical practice and upon graduation.

Surveys will also be circulated to educational institutions to determine how they perceive the success and knowledge, skill, and judgment of nursing students. This will be another key metric to evaluate student success.

Data from Regulatory Functions

As previously mentioned, the number of leadership-related inquiries and matters in Nursing Support and Professional Conduct processes will be one metric in assessing the effectiveness of the change. I acknowledge that it may be difficult to confidently determine whether a correlation exists between the number of inquiries and reports observed in these functions and the change. This is because there may be other factors influencing this phenomenon, such as other changes in the health-care environment or other regulatory efforts influencing the number of inquiries and matters received by Organization X. For example, the COVID-19 pandemic may deter employers from reporting nursing conduct, given the need for nurses to support human resource needs at this time. It will be important to filter what other factors may impact this data source when evaluating the change.

Staff Engagement Surveys

On a yearly basis, staff engagement surveys will be used to assess and monitor the staff's level of engagement and understanding of organizational priorities and to identify organizational needs and gaps. This survey will be conducted, analyzed, and themed by senior leadership. At times, this survey will obtain feedback related to key organizational initiatives that impact many regulatory functions, such as program approval. This may be one way to assess the effectiveness of the change and gather insights into whether internal staff perceive the OIP as effective.

New Standards of Monitoring and Evaluating Progress

There will be two new standards for monitoring and evaluating the progress of the change: regular feedback during multiple phases and case studies determining how nurses and nursing students apply the new learning in patient care.

Regular Feedback

True organizational change can take a long period of time to materialize, thereby highlighting the importance for change leaders to obtain feedback during multiple phases (Stouten et al., 2018). It will be important to obtain regular feedback from key stakeholders throughout implementation, as this will support motivation and encourage improvements throughout the change process. This feedback will be formal and informal and will occur at almost every scheduled meeting with the core working group and educational institution partners. Formally, the core working group will develop qualitative and quantitative surveys for internal and external stakeholders and will hold focus groups to obtain feedback on key deliverables of the OIP. For example, the core working group can distribute the proposed policy and process for reviewing and maintaining nursing leadership courses to key stakeholder groups with an accompanying survey that will assess its level of clarity and relevance to nursing students. Informally, stakeholders can submit questions and concerns through e-mail or by using the internal messaging system to contact a member of the core working group. This feedback will also gauge progress after support is provided and the relevance of the support to stakeholder needs. Therefore, feedback will be given at every stage of the PDSA cycle.

Case Studies

Comparative case studies are one way to determine the effectiveness of the change for both nursing students and nurses. A case study is an in-depth examination, over a period of time of a single factor such as a policy, intervention, or process (Goodrick, 2020). To determine the

causality between the OIP and its impact on nursing practice, case studies examining the current state of nursing students with the existing curriculum will be compared to case studies post-implementation of the new curriculum. Nursing students will be assessed at various points in time: (a) immediately before they begin the revised program; (b) throughout the duration of the program; (c) upon completion of the program; and (d) one year after graduation from the nursing program. This will highlight areas of divergence and convergence and will be able to support or refute the success of the OIP. Although there is a benefit to using comparative case studies, I recognize that this may be time- and resource-intensive given the many iterations of evidence collection and analysis (Goodrick, 2020).

Monitoring to Gauge Success

The core working group will play the unique role of monitoring, documenting, and communicating each step of the change plan. As previously mentioned, there will be micro PDSA cycles occurring for specific project deliverables such as the policy and process for nursing program approval. The owner accountable for that project deliverable will be responsible for monitoring the micro PDSA cycle and reporting back to the larger working group with feedback on where the deliverable is within the micro PDSA cycle. In conjunction with the previous discussion on regular feedback, the feedback will identify which processes and deliverables are successful or unsuccessful in a timely manner. As previously described, Solution One proposes a multi-phased approach with many deliverables scaffolded and interdependent on one another. Therefore, regular, timely feedback for each specific deliverable and the project as a whole allows for effective application and a determination of whether the project is meeting intended objectives before moving on to the next (Straatmann et al., 2016).

The core working group will also work closely with the academic sector. On a quarterly basis, Organization X will meet with an academic reference group consisting of senior academic leaders from nursing programs across the province. These meetings will be critical for the core group to provide frequent updates of the OIP and obtain feedback on key deliverables. Outputs and outcomes following each goal will be shared with this key stakeholder group. Observing tangible success and change can help transform individuals who are potentially resistant to change into change adopters (Straatmann et al., 2016).

Section Summary

In this section, I have described the monitoring and evaluation strategy that will be used to implement this OIP. First, I summarized how Solution One will be operationalized throughout the PDSA and the anticipated outcomes at each stage. I then described how Organization X can leverage current monitoring approaches, such as the program approval process, surveys from educational institutions and staff, and existing data from regulatory functions. I also introduced new strategies for monitoring change, such as underscoring the importance of regular, timely feedback and comparative case studies pre- and post-implementation. Lastly, I described how communication with partnering educational institutions will be important to gauge success. After determining the impact of the change, it is critical to explore how the change will be communicated to key stakeholders. The next section explores the ways in which change agents can build awareness and communicate the need for change, and recommends a robust communication strategy.

Plan to Communicate Need for Change and the Change Process

Organizational communication is a vital mechanism in fostering collaboration amongst employees and has been shown to impact employee performance and motivate them to do their

job effectively (Indrasari et al., 2019). Furthermore, when introducing any change in an organization, communication is vital for the effective implementation of the change (DiFonzo & Bordia, 1998). To prepare for the OIP's implementation, this section will summarize a plan for building awareness for the need of reforming curricula to reflect effective nursing leadership practices. It will highlight strategies and tactics based on transformational, adaptive, and team leadership approaches specific to each stakeholder group and will describe how the path for change will be communicated through various channels.

Key Objectives of the Communications Plan

The main objective of this communication plan is to ensure that nursing students and educational institutions clearly understand the new regulatory requirements that reflect effective nursing leadership prior to entering the nursing profession. In order to achieve this main objective, there are a number of additional objectives for the communications plan that must be met as this OIP is implemented. It will be important to do the following:

- identify key stakeholders, what their level of engagement should be, and how to effectively address their needs and expectations;
- ensure all stakeholders are addressed in communication efforts and that their communication and education needs are met throughout the lifespan of the project;
- persuasively convey Organization X's continued focus of public protection and how this OIP supports human resources during the COVID-19 pandemic in all communications;
- persuasively convey that the implementation of this OIP will also address other organizational issues in the long term, such as queues in Nursing Support and Professional Conduct teams, and will lead to increased organizational collaboration;

- ensure Organization X has a communication strategy to support the changes being implemented in the public interest; and
- share essential resources to support stakeholders through the new curriculum which include but are not limited to responses to frequently asked questions, and new policies and processes.

These objectives will form the key messages and strategic communications delivered to stakeholder groups. The strength of a communications plan is the “emphasis on strategy rather than on specific tactics as well as its focus on communications understood holistically” (Van Ruler, 2018). Essentially, this highlights the differences between what is strategic in a plan and what is operational. Strategic communication involves not only presenting and promoting an organizational strategy but building awareness and stakeholder buy-in (Van Ruler, 2018). One way to build stakeholder buy-in is to integrate specific meanings for organizational goals for each respective audience (Van Ruler, 2018). This constitutive approach creates meaning for stakeholders and “meaning creation between a communicative entity and its stakeholders can actually lead to social change and social action” (Van Ruler, 2018, p. 374). Therefore, the above key messages will be used to create meaning for stakeholders and persuasively frame the OIP, given the competing priorities of the COVID-19 pandemic and other organizational issues, such as queues and collaboration issues.

Stakeholder Communication Analysis

Appendix C provides an analysis of each key stakeholder group: their level of interest, influence, and engagement throughout the change process; key messages; stages of the PDSA cycle; deliverables; and corresponding engagement tools and tactics. It is important to note that the level of engagement is based on Organization X’s framework for stakeholder engagement,

which is loosely based on Marzuki's (2015) work on engagement levels. The definition of each level of engagement is outlined in Table 7.

Table 7

Stakeholder Engagement Levels and Definitions

Stakeholder Engagement Level	Definition
Inform	Stakeholders are informed about the issues, process, and decisions, and misconceptions are clarified.
Input	Stakeholders' perceptions, opinions, and guidance are sought and may be used for decision making.
Consult	Stakeholders' perceptions, opinions, and guidance are sought and may be used for decision making. Consultation is an interactive exchange.
Partner	Stakeholders participate in a partnership and decision making is shared between these groups.

It is important to note that the engagement levels are anticipated and not concrete for each respective stakeholder. Levels may, and likely will, change for stakeholder groups as the OIP evolves and other contingencies and co-dependences are identified. For example, a stakeholder may identify a project that may impact the OIP's implementation that is outside my sightlines as a nursing consultant; this may alter the level of engagement a stakeholder may have. This requires different communication techniques at different stages in the lifecycle of the OIP, with the conception and planning phases emphasizing the OIPs value and knowledge integration, while implementation and operational phases necessitate the importance of communicating processes (Marzuki, 2015). Appendix C also highlights the key deliverables outlined in the implementation plan and communications plan. The next section describes the flow of communication within Organization X.

Flow of Communication

In organizations, communication flows throughout each component: it can flow vertically and horizontally throughout the hierarchy, or it can be delivered freely with all members of the organization communicating with one another (Bergman et al., 2016). Through the functionalist paradigm and structural lens, it is clear that Organization X is hierarchical with employees often working in silos, and consequentially, communication does not flow freely and often occurs in different ways between levels of employees. In order to effectively communicate and implement this OIP, the core working group must commit to a strategic and effective upward communication flow to senior leadership, given their high level of interest and stake in this OIP. An upward communication flow is the process of conveying communication from lower levels to upper levels (Bergman et al., 2016). This will require frequent interaction between the core working group and senior leadership at all stages of the OIP and between stages. Progress toward high-stakes deliverables that require approval by senior leadership will require direct engagement, such as face-to-face meetings and electronic feedback on the project charter, the proposed policy, and the procedure for maintaining nursing curricula. For status updates on less high-stakes deliverables, such as education and engagement with internal teams, less direct engagement may be required, and communication can take the form of e-mails.

Stakeholder Communication Risk Assessment

Table 8 highlights an assessment of each key stakeholder group, their anticipated issues and considerations, and the plan for mitigation.

Table 8*Stakeholder Communication Risk Assessment*

Stakeholder	Anticipated Issues and Considerations	Plan for Mitigation
Senior leadership	<ul style="list-style-type: none"> • OIP conflicts with other competing organizational priorities • Resistance to change 	<ul style="list-style-type: none"> • Will need to frame value of OIP as a supportive measure with COVID-19 pandemic efforts
Key internal teams: Nursing Support, Professional Conduct, Education teams	<ul style="list-style-type: none"> • OIP conflicts with other competing organizational priorities • Resistance to change 	<ul style="list-style-type: none"> • Will need to frame value of OIP as a supportive measure with COVID-19 pandemic efforts • Will need to frame value of OIP as a means to target other organizational issues (e.g., isolated work, structural issues)
Educational institutions	<ul style="list-style-type: none"> • OIP conflicts with other competing organizational priorities within the educational institution • Resistance to change 	<ul style="list-style-type: none"> • Frequent communication with educational institutions to understand what other constraints they are facing
Nursing students	<ul style="list-style-type: none"> • Students may not see the value in new leadership approaches • Students may encounter accessibility issues with curriculum or communication vehicles (e.g., students living in rural areas with limited internet access) 	<ul style="list-style-type: none"> • Will need to frame value of OIP as a way to prepare them for the nursing profession • Will need to discuss with students regarding accessibility needs (e.g., through surveys or face-to-face meetings)
Other internal teams	<ul style="list-style-type: none"> • OIP conflicts with other competing organizational priorities • Resistance to change 	<ul style="list-style-type: none"> • Frequent communication to understand what other organizational priorities may conflict with OIP
Public	<ul style="list-style-type: none"> • Public may not see the value in OIP implementation, given the pandemic 	<ul style="list-style-type: none"> • Will need to frame value of OIP as a supportive measure with COVID-19 pandemic efforts

Throughout this risk assessment, it will be critical to integrate communication principles through the lens of the functionalist paradigm and structuralism, and also to reflect transformational,

adaptive, and team leadership approaches to persuade stakeholders to implement the OIP and embrace the change. For example, transformational leaders must communicate their vision to staff while acknowledging organizational constraints and risks (Doody & Doody, 2012).

Additionally, from an adaptive leadership approach, change leaders will need to acknowledge complexities and frequently communicate the need for agility (Doody & Doody, 2012). From a team leadership approach, change leaders will need to emphasize the unique contributions of each distinctive team and individual, clearly communicate performance expectations, and articulate how this “contributes to collective action” (Zaccaro et al., 2001, p. 457). The overarching framing will be centred on the COVID-19 pandemic and how the OIP will not only address this need but will also address several other organizational challenges, such as long queues in Professional Conduct and Nursing Support teams related to nursing leadership matters (Apenko & Chernobaeva, 2016). This overarching framing aligns well with functionalism and the structuralist lens, and demonstrates how each team and their objectives are truly interdependent and rely on one another for broader organizational effectiveness.

Measurement and Evaluation of Communications Plan

Measurement insights are critical components when executing an effective communications plan (Zerfass et al., 2017). Evaluation is often considered a summative exercise; it is used to determine the success of communication activities and to enable reflection upon the goals and directions of communication strategies (Zerfass et al., 2017). Table 9 outlines the key objectives of the communications plan, desired outcomes, and ways in which outcomes will be measured.

Table 9*Measurement and Evaluation of Communications Plan*

Objective	Desired outcome	Measured by
Effectively communicate that nursing leadership courses are under revision	<ul style="list-style-type: none"> Stakeholders are aware of upcoming changes Stakeholders understand the change 	<ul style="list-style-type: none"> Feedback from focus groups, meetings with stakeholders Surveys Number of hits and likes on web content
Effectively communicate Organization X's new requirements for nursing leadership courses reflecting transformational, adaptive, and team leadership approaches	<ul style="list-style-type: none"> Stakeholders remember key messages 	<ul style="list-style-type: none"> Feedback from focus groups, meetings
	<ul style="list-style-type: none"> Stakeholders perceive key messages as relevant, consistent, and credible 	<ul style="list-style-type: none"> Surveys
	<ul style="list-style-type: none"> Stakeholders feel they are supported 	<ul style="list-style-type: none"> Surveys Feedback from focus groups, meetings
Increase nursing students' confidence to demonstrate effective leadership upon entry to profession	<ul style="list-style-type: none"> Stakeholders seek organization's resources for up-to-date info 	<ul style="list-style-type: none"> Feedback from focus groups, meetings Number of hits and likes on web content, social media
	<ul style="list-style-type: none"> Nursing students demonstrate effective leadership behaviours, such as patient advocacy 	<ul style="list-style-type: none"> High participation from nursing students in clinical practice

In the execution of the communications plan, Table 9 describes the high-level objectives, desired outcomes, and key measurements. Throughout each objective, the principles of awareness, comprehension, relevance, consistency, credibility, and support will be used as key metrics to assess stakeholders' perception of and receptiveness to the key messages and the change overall. Surveys, focus groups, the number of hits on the web and in social media, and reported behaviours from nursing students demonstrating leadership will be key mechanisms to measure the effectiveness of the communications plan.

Accountabilities

For the purposes of this communication plan, a responsible, accountable, support, counsel, and inform (RASCI) matrix will be used to identify which individuals and teams are required to support communications and to ensure that the appropriate level of due diligence in communicating is demonstrated (Hightower, 2008). Table 10 outlines the anticipated RASCI matrix for this communications plan.

Table 10

RASCI Matrix for Communications Plan

Functions/Processes	Project Team	Senior Leadership	Nursing Support	Professional Conduct	Education	Communications	Analytics & Research	Other Internal Teams	Educational Institutions	Nursing Students	Public
Identify key audiences	R	A/C	C	C	C	C/S	I	I	I	I	I
Develop key messages	R	A/C	C	C	C	C/S	I	I	C/I	I	I
Develop communication tools <ul style="list-style-type: none"> • Print communications • Electronic communications • Meetings & events • Public relations 	R	A/C	C	C	C	R	I	I	S/C/I	I	I
Implement communication tools	R	I	S	S	S	S	I	I	S/C/I	I	I
Measure and evaluate communications plan <ul style="list-style-type: none"> • Staff engagement survey • Case studies 	R	I	I	I	I	I	R	I	S/C/I	I	I

According to Hightower (2008), it is critical to define the interrelationships and dependencies between functional areas in any communications plan. As Hightower explains, “Responsible” refers to the individual or group that actually performs the work and completes the task, which results in action and implementation. “Accountable” refers to the individual or group accountable for the work performed and who has legitimate authority to approve the adequacy of the deliverable; this stakeholder holds the authority for decisions. “Support” refers to the individual or group that provides active assistance to complete the task; this individual or group may have specific subject matter expertise, may provide logistical assistance, and may be used for some or all of the activities or tasks. “Counsel” refers to the individual or group that provides consultative support between any of the persons or groups. They may have information, resources, or capability necessary for decision making to complete the work. Lastly, “Inform” refers to the individuals or groups that must be notified regarding the progress or results (Hightower, 2008). Table 10 identifies the respective internal teams across Organization X who will be responsible for aspects and key deliverables of the communications plan, in addition to the other stakeholder groups, such as educational institutions, nursing students, and the public.

Section Summary

In any sustainable organizational plan or strategy, communication between stakeholders plays a critical role (Genç, 2017). This section presents a comprehensive communication plan that focuses on strategies and tactics to support the OIP’s implementation. The plan describes the key messages for specific stakeholder audiences, the anticipated risks and mitigation plan to assess these risks, how the communication plan will be measured and evaluated, and the accountabilities for responsible staff members.

Next Steps and Future Considerations

The scope of this OIP describes what can be accomplished directly by this plan and what is within the scope of the nursing consultant's role at Organization X. However, there are many avenues and future considerations that can be explored:

- expanding the OIP to revise all nursing curricula to reflect effective leadership practices beyond leadership-specific courses;
- implementing a broader, more in-depth stakeholder engagement strategy to support student nurses and new graduates;
- conducting primary research to determine how regulatory processes impact male nurses and their trajectory in demonstrating effective nursing leadership; and
- conducting primary research to determine how the health-care system views nursing leadership after the COVID-19 pandemic.

Extensive Nursing Curricular Revisions

In Chapter 2, one of the solutions involved extensive revisions to nursing curricula to reflect effective nursing leadership approaches. Many limitations to this solution were identified, such as the fact that the organization cannot allot time and resources to the OIP at the present time given the COVID-19 pandemic. However, this may be a solution that the organization can explore in the future when the organization returns to normal operations and is no longer managing the current pandemic and other organizational priorities. This extensive work will be more feasible if it is promoted and implemented by change leaders in higher positions in the organization, such as the Chief Quality Officer.

Broader Stakeholder Engagement Strategy

In Chapter 3, a communication plan and engagement strategy were described specifically targeting nursing students and new graduate nurses within the parameters of the OIP's implementation. However, this OIP has highlighted the importance of developing a long-term, upstream approach to support nursing students and better prepare them for leadership in the workforce. This OIP is an excellent example of how this can be accomplished on a smaller scale, but it may be beneficial to develop a more permanent engagement strategy to support this important stakeholder group over the long term.

Exploring Research into Male Nurses

Chapter 2 described the ethical dilemma surrounding male nurses and the fact that they are more likely to undergo discipline regulatory processes (Tilley et al., 2019). This highlights the potential dilemma of whether leadership values and expectations are realistic and reasonable for male nurses to meet. This dilemma has been framed using the secondary research described in this OIP; however, it would be valuable for the organization to conduct primary research assessing the level of equity behind regulatory processes for male nurses.

Exploring Research into Nursing Leadership after COVID-19 Pandemic

Throughout this OIP, a major limiting factor consistently referred to has been the COVID-19 pandemic and its effect on the health-care system. Given this turbulent time in health care, the system has demanded, and continues to demand, more human resources to support these efforts, especially nurses. Nurses are constantly asked to do more than ever, such as taking on more leadership roles and working outside their scope of practice. It would be valuable for the organization to conduct primary research assessing the health-care system's perception of nursing leadership after the COVID-19 pandemic has ended. I anticipate that there may be a positive shift in perceptions of nursing leadership; however, it would be beneficial to gather

substantial evidence to support this and change perceptions in the health-care system in the long term.

These next steps and future considerations highlight many opportunities to not only expand the application of the OIP but also support and strengthen Organization X's mandate to protect the public.

Chapter Summary

In Chapter 3, I presented my plan for implementing, monitoring, and communicating the organizational change process. I first explained the change plan as it relates to Solution One, highlighting short-, medium-, and long-term goals and the resources to implement the solution. I then described the monitoring and evaluation plan, which leverages existing tactics, such as surveys and data from regulatory processes. A detailed communications plan was also explored, which highlights how Organization X plans to communicate key messages to stakeholders using a variety of tools and tactics. Lastly, four key next steps and future considerations were described; these include an extensive revision of nursing curricula, a robust stakeholder engagement strategy to target nursing students, primary research exploring equitable regulatory processes for male nurses, and lastly, primary research exploring perceptions of nursing leadership following the COVID-19 pandemic.

OIP Conclusion

This OIP endeavours to embrace the complex and dynamic nature of the health-care environment, and to investigate the nature of collaboration; the goal is to ensure that the nursing curricula directed by Organization X are shaped by evidence-informed leadership approaches, in order to support effective nursing leadership within a Canadian province. The ultimate objective is to promote effective nursing leadership for safe patient care, which translates to a proposed solution that addresses this need while supporting Organization X and key stakeholders through

change. As a nursing consultant with knowledge expertise but only limited positional power, I am motivated by the leadership framework presented in this OIP to demonstrate transformational, adaptive, and team leadership approaches and to better understand the workings of Organization X on both a deeper and a broader level. I look forward to the innovations and problem-solving that the next steps and future considerations bring as a result of this OIP.

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Appendix A: Ethical Commitments of Organizational Actors and Plan to Address Ethical Commitment

Organizational Actor	Ethical Commitment	Plan to Address Ethical Commitment
Senior leadership (Managers, Directors, Chief Quality Officer)	Upholding and role modelling the ethical values of equity and fairness when engaging with internal staff	<p>Transformational Leadership Approaches:</p> <ul style="list-style-type: none"> ● Raising awareness of moral standards (Hay, 2006) ● Using “idealized influence” by building confidence and being a role model (Hay, 2006) ● Motivating internal staff through describing the rationale and value of equitable processes (Hay, 2006) <p>Adaptive Leadership Approach:</p> <ul style="list-style-type: none"> ● Clearly communicating the diagnosis of the POP to internal staff so that ethical challenge can be addressed in context and with available resources (Heifetz et al., 2009) <p>Team Leadership Approach:</p> <ul style="list-style-type: none"> ● Meeting with relevant teams and communicating the ethical challenge and understanding each team’s respective role in the issue (Kraiger & Wenzel, 1997)
Nursing Support Team	Upholding the ethical values of equity and fairness when supporting nurses in the application of practice standards and developing nursing curricula	<p>Transformational Leadership Approaches:</p> <ul style="list-style-type: none"> ● Raising awareness of moral standards (Hay, 2006) ● Using “idealized influence” by building confidence and being a role model (Hay, 2006) <p>Adaptive Leadership Approaches:</p> <ul style="list-style-type: none"> ● Clearly communicating the diagnosis of the POP to internal staff so that ethical challenge can be addressed in context and with available resources (Heifetz et al., 2009) <p>Team Leadership Approach:</p> <ul style="list-style-type: none"> ● Meeting with relevant teams and communicating the ethical challenge and understanding each team’s respective role in the issue (Kraiger et al., 1997)

Organizational Actor	Ethical Commitment	Plan to Address Ethical Commitment
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Education Team	Upholding the ethical values of equity and fairness when developing nursing curricula and supporting educational institutions	<p>Transformational Leadership Approaches:</p> <ul style="list-style-type: none"> ● Raising awareness of moral standards (Hay, 2006) ● Motivating internal staff through describing the rationale and value of equitable processes (Hay, 2006) <p>Adaptive Leadership Approaches:</p> <ul style="list-style-type: none"> ● Clearly communicating the diagnosis of the POP to educational institutions so that ethical challenge can be addressed in context and with available resources (Heifetz et al., 2009) <p>Team Leadership Approach:</p> <ul style="list-style-type: none"> ● Meeting with relevant teams and communicating the ethical challenge and understanding each team's respective role in the issue (Kraiger et al., 1997)
Professional Conduct Team	Upholding the ethical values of equity and fairness when operationali- zing professional conduct matters for all members	<p>Transformational Leadership Approaches:</p> <ul style="list-style-type: none"> ● Raising awareness of moral standards (Hay, 2006) <p>Adaptive Leadership Approaches:</p> <ul style="list-style-type: none"> ● Determining how the ethical challenge can be addressed in context and with available resources (Heifetz et al., 2009) <p>Team Leadership Approach:</p> <ul style="list-style-type: none"> ● Meeting with relevant teams and communicating the ethical challenge and understanding each team's respective role in the issue (Kraiger et al., 1997)

Organizational
Actor

Ethical
Commitment

Plan to Address Ethical Commitment

<p>Partnering Educational Institutions</p>	<p>Upholding and role modelling the ethical values of equity and fairness when developing nursing curricula and engaging with nursing students</p>	<p>Transformational Leadership Approaches:</p> <ul style="list-style-type: none"> ● Raising awareness of moral standards (Hay, 2006) ● Using “idealized influence” by building confidence and being a role model (Hay, 2006) ● Motivating internal staff through describing the rationale and value of equitable processes (Hay, 2006) <p>Adaptive Leadership Approaches:</p> <ul style="list-style-type: none"> ● Clearly communicating the diagnosis of the POP to internal staff so that ethical challenge can be addressed in context and with available resources (Heifetz et al., 2009) <p>Team Leadership Approach:</p> <ul style="list-style-type: none"> ● Meeting with relevant teams and communicating the ethical challenge and understanding each team’s respective role in the issue (Kraiger et al., 1997)
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Appendix B: Required Resources for Implementing Solution One

Deliverable	Time Frame/Commitments	Human Resources	Technological Resources	Financial Resources	Required Approvals
Development of a project charter	Within the first 3 months Working group must commit to 1–2 hour bi-weekly meetings and 8 hours each work to completing deliverables	Working group (1 representative from Nursing Support, Education & Professional Conduct based on capacity to support work)	Use of internal conferencing (e.g., Zoom, Microsoft Teams)	Not applicable; internal staff will be compensated with current salaries	Managers of Nursing Support, Education, Professional Conduct Director of Professional Practice Chief Quality Officer
Initiating stakeholder engagement to determine perspectives on nursing leadership and input on deliverables	Within the first 3 months Working group must commit to 1–2 hour bi-weekly meetings and 8 hours each week to completing deliverables	Working Group, Educational Institution Partners, other stakeholders (e.g., nurses, members of the public, employers)	Use of internal conferencing (e.g., Zoom, Microsoft Teams)	Not applicable; internal staff will be compensated with current salaries	Not applicable

Deliverable	Time Frame/Commitments	Human Resources	Technological Resources	Financial Resources	Required Approvals
Development of a new policy and process integrating effective leadership into select nursing leadership courses	Within 5–6 months Working Group must commit to 1–2 hour bi-weekly meetings and 8 hours each work to completing deliverables	Working group, educational institution partners	Use of internal conferencing (e.g., Zoom, Microsoft Teams)	Not applicable; internal staff will be compensated with current salaries	Managers of Nursing Support, Education, Professional Conduct Director of Professional Practice Chief Quality Officer
Development of a review process to maintain nursing leadership courses	Within 5–6 months Working Group must commit to 1–2 hour bi-weekly meetings and 8 hours each work to completing deliverables	Working Group educational institution partners	Use of internal conferencing (e.g., Zoom, Microsoft Teams)	Not Applicable; internal staff will be compensated with current salaries	Managers of Nursing Support, Education, Professional Conduct
Engaging and educating stakeholders on new leadership courses	Within 7-9 months Working Group must commit to 1-2 hour bi-weekly meetings and 8 hours each work to completing deliverables	Working group, educational Institution partners, other stakeholders (e.g., nurses, members of the public, employers)	Use of internal conferencing (e.g., Zoom, Microsoft Teams)	Not applicable; internal staff will be compensated with current salaries	Not applicable

Deliverable	Time Frame/Commitments	Human Resources	Technological Resources	Financial Resources	Required Approvals
Monitoring and evaluating OIP implementation (e.g., surveys, focus groups)	Within 9 months & ongoing Working group must commit to 1–2 hour bi-weekly meetings and 8 hours each work to completing deliverables	Working group and additional support from Analytics & Research team for data collection, educational institution partners, other stakeholders (e.g., nurses, members of the public)	Use of internal conferencing (e.g., Zoom, Microsoft Teams)	Not applicable; internal staff will be compensated with current salaries	Managers of Nursing Support, Education, Professional Conduct

Appendix C: Stakeholder Communication Analysis

Stakeholder (Interest, Influence, Engagement Level)	Key Messages	PDSA Stage	Deliverable	Engagement Tools and Vehicles
Senior Leadership <ul style="list-style-type: none"> • High Interest • High influence • Partner 	<ul style="list-style-type: none"> • Organization X acknowledges the exceptional challenges the COVID-19 pandemic continues to bring to the nursing profession and health care system. • Reforming nursing curricula to reflect effective nursing leadership better prepares nurses for leadership and in turn, will support the leadership required to support the COVID-19 pandemic. • Nurses with effective leadership approaches will provide enhanced patient care. • Implementing OIP will result in a decrease in queues in Nursing Support & Professional Conduct. • Implementing OIP will support internal collaboration and less isolated work. 	Planning	<ul style="list-style-type: none"> • Project charter 	<ul style="list-style-type: none"> • Direct engagement: two-way communication, virtual (synchronous)
		Doing	<ul style="list-style-type: none"> • Policy development • Process development • Stakeholder engagement 	<ul style="list-style-type: none"> • E-mail to provide electronic feedback
		Study	<ul style="list-style-type: none"> • Staff Engagement Surveys • Data from regulatory functions • Case studies on nursing students 	
Key Internal Teams: Nursing Support, Education,	<ul style="list-style-type: none"> • Nurses with effective leadership approaches will provide enhanced patient care, which will result in a decrease in 	Planning	<ul style="list-style-type: none"> • Project charter 	<ul style="list-style-type: none"> • Organization X's internal platform
		Doing	<ul style="list-style-type: none"> • Policy development 	

Stakeholder (Interest, Influence, Engagement Level)	Key Messages	PDSA Stage	Deliverable	Engagement Tools and Vehicles
Professional Conduct Teams <ul style="list-style-type: none"> • High interest • High influence • Consult 	queues in Nursing Support & Professional Conduct. <ul style="list-style-type: none"> • Implementing OIP will support internal collaboration and less isolated work. 	Study	<ul style="list-style-type: none"> • Process development • Stakeholder engagement • Staff engagement surveys • Data from regulatory functions • Case studies on nursing students 	<ul style="list-style-type: none"> • Ongoing sharing through telephone and e-mail • Direct engagement: two-way communication, virtual (synchronous)
Educational Institutions <ul style="list-style-type: none"> • High interest • High influence • Partners 	<ul style="list-style-type: none"> • Reforming nursing curricula to better reflect effective nursing leadership will prepare students for entering the workforce. • Reforming nursing curricula to better reflect effective nursing leadership will result in higher performing students in clinical placement. 	Planning Doing Study	<ul style="list-style-type: none"> • Project charter • Policy development • Process development • Stakeholder engagement • Educational institution surveys • Case studies on nursing students 	<ul style="list-style-type: none"> • Direct engagement: two-way communication, virtual (synchronous) at quarterly academic reference group meetings • Organization X's website • Social media • Organization X's quarterly publication • Ongoing sharing through telephone and e-mail
Nursing Students <ul style="list-style-type: none"> • High Interest 	<ul style="list-style-type: none"> • Reforming nursing curricula to better reflect effective nursing 	Doing	<ul style="list-style-type: none"> • Stakeholder engagement 	<ul style="list-style-type: none"> • Organization X's website

Stakeholder (Interest, Influence, Engagement Level)	Key Messages	PDSA Stage	Deliverable	Engagement Tools and Vehicles
<ul style="list-style-type: none"> • High influence • Inform 	<ul style="list-style-type: none"> leadership will better prepare student nurses for the workforce. • Reforming nursing curricula to better reflect effective nursing leadership will result in higher performance in clinical placement. 	Study	<ul style="list-style-type: none"> • Educational institution surveys • Case studies on nursing students 	<ul style="list-style-type: none"> • Social media • Organization X's quarterly publication • Online surveys • Educational institutions' student platform • Direct engagement: Face-to-face classes and focus groups with educational institutions and with Organization X
<p>Other Internal Teams</p> <ul style="list-style-type: none"> • Medium interest • medium Influence • Inform 	<ul style="list-style-type: none"> • Reforming nursing curricula to reflect effective nursing leadership better prepares nurses for leadership and in turn, will support the leadership required to support the COVID-19 pandemic. • Implementing OIP will support internal collaboration and less isolated work. 	Doing	<ul style="list-style-type: none"> • Stakeholder engagement 	<ul style="list-style-type: none"> • Direct engagement: two-way communication, virtual (synchronous) • Organization X's internal platform • Ongoing sharing through telephone and e-mail • Staff engagement Surveys
<p>Public</p> <ul style="list-style-type: none"> • Medium interest 	<ul style="list-style-type: none"> • Organization X acknowledges the exceptional challenges the COVID-19 pandemic continues to bring to the nursing 	Doing	<ul style="list-style-type: none"> • Stakeholder engagement 	<ul style="list-style-type: none"> • Organization X's website • Social media

Stakeholder (Interest, Influence, Engagement Level)	Key Messages	PDSA Stage	Deliverable	Engagement Tools and Vehicles
<ul style="list-style-type: none"> • Medium influence • Inform 	<p>profession and health care system.</p> <ul style="list-style-type: none"> • Reforming nursing curricula to reflect effective nursing leadership better prepares nurses for leadership and in turn, will support the leadership required to support the COVID-19 pandemic. • Nurses with effective leadership approaches will provide enhanced patient care. 			<ul style="list-style-type: none"> • Organization X's quarterly publication