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The Future of Leadership Training: An Immersive Web-Based Program Enhancing Nurse's
Critical Soft Leadership Skills in New Healthcare Contexts

Submitted to the Faculty
Yale University School of Nursing

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice

Nina Vaid Raoji, APN, MSN, RN

Advisor: Joan Kearney, PhD, APRN, FAAN

This DNP Project is accepted in partial fulfillment of the requirements for
the degree Doctor of Nursing Practice.

May 24, 2021

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Running Head: IMMERSION INTO SOFT LEADERSHIP SKILLS

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Signed: *Nina Vaid Raoji*, APN, MSN, RN

Nina Vaid Raoji

May 24, 2021

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This work is dedicated to my 3 children, my husband, my entire family, and my pup
who wholeheartedly support me in achieving all my dreams,
and without whom I would be incomplete.

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encourages me to reach higher every step of the way.

May we empower nurses to lead the future care of health.

Abstract

As the care of health shifts to a more decentralized model of care, it essential that the role of nursing facilitates new paths to meeting patients and communities where they are in the context of their lives, forging new partnerships outside of the traditional health care setting, and focusing on advocating for collective upstream solutions (Pittman, 2020). However, this shift requires a set of skills that are not a focus of current nurse leadership training. These are Soft Leadership Skills: networking, communication, teamwork, and innovation/creativity, but not in the traditional sense of the terms (Rao, 2017). The goal of this project was to introduce these concepts through an immersive, web-based program to a group of aspiring nurse leaders at the Organization of Nurse Leaders, New Jersey. The participants were given a brief pre-survey, a 12-minute web-based program, and a brief post-survey offered over the span of 5 weeks. Participant's demographics, knowledge on the topic, interest in learning more and the program's value proposition were assessed. Overall, the program was well received, with an increase in knowledge on Soft Leadership Skills from participation in the program, increased importance of utilization in current practice, and an increased interest to learn more on the topic. This data supports the need for future work focusing on a broader demographic of nurses and further trainings on Soft Leadership Skills for nurses to lead the future of health care.

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The Future of Leadership Training:
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in New Healthcare Contexts

Chapter 1

Introduction

New roles for nurses have emerged within the dynamic health care landscape. Care has become decentralized, moving away from the 20th century medical models addressing acute episodic care, and returning to communities and people's homes (Pittman, 2019). The American Nurses Association (ANA) Code of Ethics defines nursing as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations" (ANA, 2015). This has never been truer than now, in times of a worldwide pandemic when there are significant role shifts for health care providers and care delivery methods. Nurses must step into these new roles using their professional commitment to 1) extend compassion and establish trust with patients, families, and communities, 2) assess patients', families', and communities' unmet needs in the context of their lives and goals, 3) build partnerships within and outside the health sector to find innovative solutions, and 4) identify and advocate for collective upstream solutions (Pittman, 2019).

Nurses demonstrate their academic knowledge, didactic training in providing care, and hold the potential to leverage their profession's legacy to lead the nation towards better health outcomes. Nurses are voted as the most honest and ethical profession year after year (Reinhart, 2020). They are central to health care delivery and make up the largest segment of the health care workforce (Brenan, 2017). Despite their presence and clinical skillset, many nurses remain as

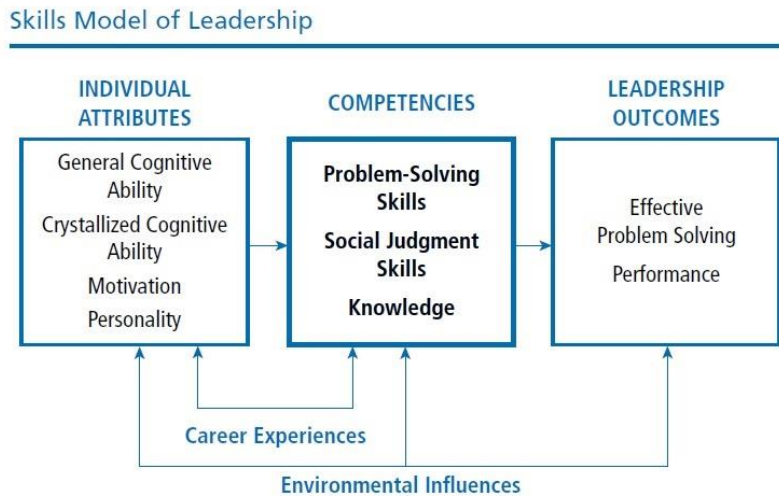
bedside nurses in traditional hospital organizations and few take on leadership roles inside or outside the acute care setting (Swenson & Robel, 2018). Less than a quarter of our nursing workforce pursue, or are interested in, leadership roles, in part because they do not feel prepared as leaders (Swenson & Robel, 2018). However, nursing leadership is needed at critical decision-making tables at all levels, more than ever before, to influence the future of care (NOBC, 2016).

As the focus of healthcare, traditionally within the four walls of our nation's hospitals, shifts to a population health model, there is a need for nurses to intersect with stakeholders impacting health outcomes in novel ways. The intersection of these disciplines is where innovation lay (Pittman, 2019). Health outcomes are shaped by communities' social determinants of health (SDOH) and improved by promoting health and wellness instead of episodically treating illness (Salmond & Echevarria, 2017). The Commission on Social Determinants of Health (CSDH) defines the SDOH as "the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities" (2008). Included in these social structures and economic systems are social and physical environments, as well as the availability of health services. The distribution of money, power, and resources throughout local communities, nations, and the world impact SDOH of each community (CSDH, 2008).

Leading many of these grassroots efforts addressing SDOH are community-based organizations (CBOs), defined as "a public or private non-profit organization that represents a community or a specific part of a larger community and targets meeting a specific need in that community" (Adebayo, Salerno, Francillon, & Williams, 2018). CBOs create a voice to advance matters of interest in line with their work (US Department of Transportation, 2018). They address these societal needs from an upstream approach – "improving the underlying social and economic conditions in communities to foster improved health for all" (Castrucci & Auerbach, 2019).

Similarly, nurses in both inpatient and outpatient settings, also provide holistic, compassionate, and individualistic support to community members by addressing their social needs like food, housing, and safety. However, while nursing focuses on social *needs* which are individually based, CBOs focus on social *determinants*, which are community based (Castrucci & Auerbach, 2019). Therefore, as nurses intersect with CBOs, the overall health of our communities can improve from an upstream perspective.

To engage with CBOs and succeed in emerging roles, nurses must utilize broad based leadership skills that impact total population and community health, rather than simply at the individual patient level. This requires dissemination of professional knowledge along with implementation of leadership skills. Northouse summarized that, “leadership is a process whereby an individual influences a group of individuals to achieve a common goal” (Northouse, 2016, p.6). The skills approach to leadership focuses on the knowledge and skills leaders can accomplish and learn rather than focusing on personal actions or ideals (Northouse, 2016). These leadership skills include components such as problem-solving, social judgement, knowledge, and individual attributes which are all influenced by career experiences and environmental influences (Figure 1) (Northouse, 2016). Since nurses learn from experience, they can acquire leadership skills (Northouse, 2016).



SOURCE: Adapted from "Leadership Skills for a Changing World: Solving Complex Social Problems," by M. D. Mumford, S. J. Zaccaro, F. D. Harding, T. O. Jacobs, and E. A. Fleishman, 2000, *Leadership Quarterly*, 11(1), 23.

Figure 1. Retrieved from Northouse, 2016

To lead in these dynamic healthcare settings, nurses leverage their career experiences and environmental influences that impact the health of populations. They are required to address SDOH, like poverty, food stability, housing, transportation, and more (Cadmus, Raoji, Polakowski, Lewis, & LoGrippe, 2018). Nurses consistently practice leadership through cultural awareness, professionalism, attention to detail, critical thinking, compassion, time management, and communication (Davelaar, 2019). They create a more significant impact in these emerging roles beyond the four walls of health care organizations by enhancing their critical and essential soft leadership skills. These soft leadership skills are persuasion, negotiation, recognition, appreciation, motivation, and collaboration (Rao, 2017). By combining their professional knowledge with soft leadership skills, nurses can succeed in these new environments which focus on promoting health of communities at large.

Problem Statement

All nurses are needed to be leaders in the design, implementation, evaluation, and advocacy for the ongoing reforms to the health care system (IOM, 2010). This is especially true in times of national and global instability such as the current worldwide COVID-19 pandemic. Nurses are not typically seen as leaders by the public, nor do most nurses start their career with foresight of leading (IOM, 2010). Developing leadership skills in nursing is traditionally done through didactic education: developing knowledge-based hard skills within a competency model. However, the complimentary, and critical, component of leadership is obtained from experientially acquired leadership skills. Primarily known as soft leadership skills, these are not often highlighted in leadership training. These skills include qualities such as persuasion, negotiation, recognition, appreciation, motivation, and collaboration, all which are developed through experience (Rao, 2017). They are an essential component of nursing leadership development and should be a focus for nurses so that they can be effective leaders and "have the opportunity to engage in the kind of creative social solutions championed by Lilian Wald at the start of the last century" (Pittman, 2019, p.34).

The problem is that nurses are lacking development of their soft leadership skills. These skills, however, are critical to succeed in emerging population health and community-based roles (Cadmus, Raoji, Polakowski, Lewis, & LoGrippo, 2018). To be effective, nurses must enhance these set of skills through a combination of both content and context-based leadership skills development. The goal of this DNP project was to create an immersive web-based leadership training program for introducing these critical soft leadership skills to aspiring nurse leaders. The program also addressed seeking experiences through CBOs for enhancement of these skills.

Significance of Addressing the Problem

Providing medical services accounts for up to 88% of the U.S. healthcare budget; however, over 80% of health outcomes are driven by SDOH (Moon, 2019). Addressing health care spending in this country requires innovative partnerships between health care organizations and community-based organizations addressing SDOH. As health care organizations look to improve their spend rates, nurses have the potential at this critical juncture to lead initiatives that leverage partnerships in the community to improve patient outcomes. By managing chronic diseases and the impact of SDOH for our vulnerable populations, nurses begin the shift to an upstream focus for improving health outcomes.

However, nurses are currently trained in a content heavy format for much of their clinical and non-clinical skills. Critical soft leadership skills are necessary to succeed in new roles for the future health care landscape and require nurses to use skills harnessed through context and experiential learning. Nurses are required to leverage these soft leadership skills to forge innovative partnerships with communities (Wesson, Kitzman, Halloran, & Tecson, 2018). This immersive, web-based leadership training program addressed these essential components of leadership training for all nurses leading tomorrow's novel challenges and it provided recommendations to develop the skills beyond this program.

Chapter 2

Review of Literature

The following databases were searched for review of literature: CINAHL, OvidSP, MEDLINE, PubMed, ProQuest, Google Scholar, ResearchGate, Web of Science and Scopus. The search terms and alternative phrases include: “*Nurse Leadership*” (*Nurse, Leaders, Executive Nurse, Chief Nursing Officer, CNO, Non-traditional Nurse Leader, Community nursing, Public health nursing, Collaborative leadership, Multi-disciplinary teams, Inter-disciplinary teams, nurse volunteer*); “*Leadership*” (*Transformational Leadership, Transactional Leadership, Servant Leadership, Social entrepreneurship, Creative Leadership, Collaborative Leadership, Management, Training, Educational programs, Nursing curriculum for*); “*Soft Skills*” (*Noncognitive skills, Communication, Emotional Intelligence, Problem solving, Knowledge seeking, Collaboration, Innovation, Hard Skills, Soft Leader*); “*Social Determinants of Health*” (*SDOH, Social Determinants, Population Health, Population Health Management, Healthcare, Health equity, Well-being, Community Health, Public Health Factors, Built environment, Food, Housing, Transportation, Poverty, Mental Health*); “*Community Based Organizations*” (*CBO(s), Not for Profit Organizations, NPOs, Community programs, Community Level programs, Community Organizations, Coalitions, Service-learning, Partnerships*); and “*Online Learning*” (*Virtual learning, E-Learning, Online education, Online teaching, Remote learning, Digital learning, Tele-education*). The various disciplines that were included are nursing, public health, public relations, psychology, education, medicine, accreditation bodies, business and industry, health care specific coalitions, foundations, and the policy sector. English language articles published between the years 2010 and 2020 were included. For Web sources to be eligible for consideration they had to be published in English, freely available online or available via free

registration, targeted at leadership development of health professionals, and educational in orientation for developing professional knowledge.

Literature Findings

One repetitive theme found in this broad body of literature was the health care shift towards population health and population health management. This shift required nurses to utilize their non-clinical skillsets as they engaged with their communities (Salmond & Echevarria, 2017). In September of 2017, the Robert Wood Johnson Foundation (RWJF) released: *Catalysts for Change: Harnessing the Power of Nurses to Build Population Health in the 21st Century*, in which they laid out the major recommendations for emerging nurse roles. The five broad recommendations were that nurses must: “1) transform nursing education, 2) transform nursing practice, 3) foster population focused nurse leadership, 4) recognize nursing’s unique contribution to population health related research, and 5) foster nurse advocacy and support policy efforts” (Storfjell, Winslow & Saunders, 2017). Recommendations three and four of this report highlighted the shift from nursing’s focus and training in hospital bedside practice to participation in upstream interventions to improve population health outcomes. This shift ultimately impacted all patient groups, including the acute care patient population’s capabilities and potential for success at health equity which were directly tied to the communities in which they live (Salmond & Echevarria, 2017).

New Roles for Nursing

General role changes and new demands

Nursing skillsets are primarily associated with clinical care. However, nurses possess a set of non-clinical skills that can be translated into the community-based setting (Cadmus, Raoji, Polakowski, Lewis, & LoGrippe, 2018). These non-clinical skills for nursing focus on wellness,

patient and family-centered care, care coordination, and data analytics around outcomes and improvement (Salmond & Echevarria, 2017). They are critical because of the increased understanding that CBOs are the extension of care into the community for wellness across the continuum (George & Schocksnyder, 2014). These new roles require nursing to understand the impact of communities and SDOH on patients and populations, decipher the complex needs and care of the aging population, be creative in designing and implementing coordinated programming, leverage the use of data and emerging technology to elevate patient care in the community setting, and work in multidisciplinary teams spanning all professions and positions (Fraher, Spetz & Naylor, 2015). For nurses to harness their skills in these new models of care, they need to engage with high-performing teams that are in the community-based setting, gaining exposure to longitudinal trajectories for their populations (Fraher, Spetz & Naylor, 2015).

Nursing leadership roles and competencies

The American Organization for Nursing Leadership (AONL) (formerly known as the American Organization for Nurse Executives (AONE)) developed a set of leadership competencies that are relevant for the traditional and non-traditional executive nurse leader (Table 1) (Goodyear & Bartleson, 2019).

TABLE 1: AONL Nurse Executive Competencies			
Categories	Competencies	Categories	Competencies
1. Communication and Relationship Building	<ul style="list-style-type: none"> • Effective communication • Relationship management • Influencing behaviors • Diversity • Community involvement • Medical/staff relationships • Academic relationships 	3. Leadership	<ul style="list-style-type: none"> • Foundational thinking skills • Personal journey disciplines • Systems thinking • Succession planning • Change management
		4. Professionalism	<ul style="list-style-type: none"> • Personal and professional Accountability • Career planning • Ethics • Advocacy
2. Knowledge of the Healthcare Environment	<ul style="list-style-type: none"> • Clinical practice knowledge • Delivery models/work design • Healthcare economics and policy • Governance • Evidence-based practice/outcome measurement and research • Patient safety • Performance improvement/metrics • Risk management 	5. Business Skills	<ul style="list-style-type: none"> • Financial management • Human resource management • Strategic management • Information management and technology

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Table 1. Retrieved from Goodyear & Bartleson, 2019

There are many facets to the AONL competencies that apply to nurses pursuing leadership enhancing opportunities (Goodyear & Bartleson, 2019). However, the nursing leadership skillset sought by CBOs includes “organizational skills, understanding data and how to use it, strong ability to communicate with the public, networking skills, leadership, good listening skills, and confidence” (Cadmus, Raoji, Polakowski, Lewis, & LoGrippo, 2018). Nurses can leverage the opportunity to expose themselves to opportunities through CBOs that inspire innovation, span boundaries, increase collaboration, expand access and use of technology, and bring courage to address the complexity that is growing in the health care arena, fostering their soft leadership skills (Lee, Horth & Ernst, 2014).

Soft Leadership Skills

There is mounting importance placed on the need to develop soft skills in leaders. Soft skills are personal attributes that are experientially developed and transferable between roles;

whereas hard skills are technical skills taught through formal education and training (Deloitte Access Economics, 2017). According to M.S. Rao, the major characteristics of soft leadership include persuasion, negotiation, recognition, appreciation, motivation, and collaboration (2017). Possessing and developing these characteristics create better leaders that are equipped to guide this global society created in a digital age (Rao, 2017). Nursing has many technical skills that are developed through education, such as clinical skills, time management, and assessment skills. However, this project was a novel opportunity for nurses to identify and explore the components of soft leadership including problem solving, self-management, professional ethics, digital literacy, innovation, communication, and emotional judgement which were necessary to increase their leadership and employability potential and impact the social determinants of health (Deloitte Access Economics, 2017).



Figure 2. Retrieved from Deloitte Access Economics, 2017

Soft Skills and Emotional Intelligence

Soft leadership skills are grounded in and built upon the core emotional intelligence competencies (National Soft Skills Association, 2015). There are four domains of emotional intelligence (EQ): self-awareness, self-management, social awareness, and relationship management, which together are critical for great leadership (Goleman, 2015). These four EQ domains are at the foundation of soft leadership skills and can be developed through experiential learning and the practice of these skills (National Soft Skills Association, 2015). Therefore, by focusing on soft leadership skill development, nurses can increase their aptitude across all EQ domains, ultimately improving their “performance, therapeutic relationships, conflict management, team effectiveness, and the culture of safety” (Codier & Codier, 2017, p.61).

Social Determinants of Health

Social determinants of health include “conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life” (WHO, 2018). These factors determine the success and failure of a community’s health outcomes and impact access to resources. In the United States, the gap between those at the top of society versus those at the bottom is growing (Lathrop, 2013). SDOH not only relates to the social status of an individual, but it is increasingly clear that biological pathways are impacted. based on where individuals live, work, eat, play, and pray (Lathrop, 2013). Table 3 displays the Kaiser Family Foundation SDOH with all the factors that drive health outcomes like life expectancy, health care expenditures, mortality, morbidity, health status and functional limitations (Artiga & Hinton, 2018).

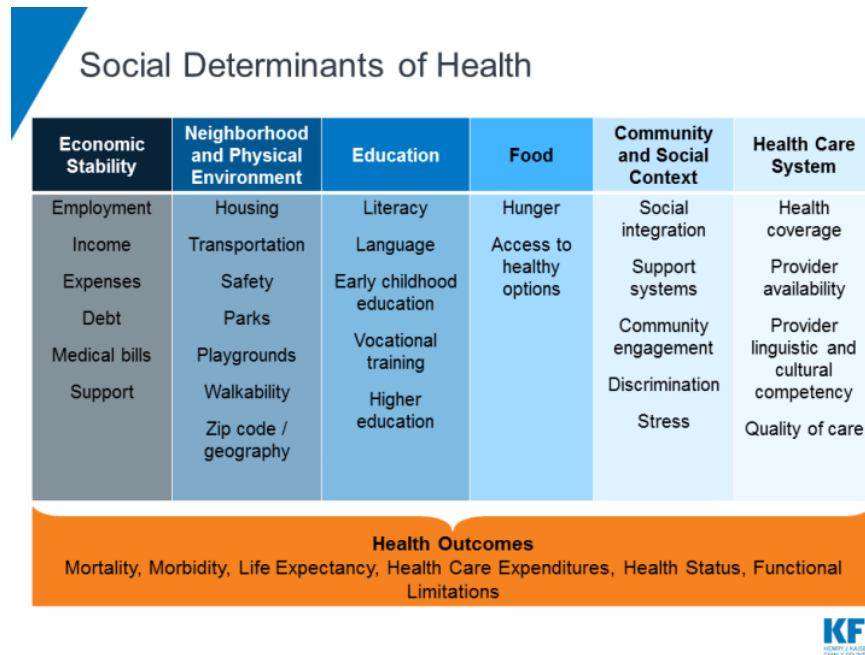


Table 3. Retrieved from Artiga & Hinton, 2018

A recent retrospective study on the longitudinal impact of funding social services and public health, found a positive impact on health outcomes one to two years later (Bradley et al., 2016). This supported that interventions which address SDOH could ultimately reduce health care spend rates per capita and improve overall health outcomes. In the same retrospective study, they found that when the ratio of social to health spend rates increased by 20 percent for adults with obesity, there was a decrease of 0.33 percent in obesity the next year – which in 2009, there were 78 million obese adults, and with \$2,700 more spend rate than adults without obesity, that would be 85,000 fewer adults with obesity and a health care savings of \$229.5 million (Bradley et al., 2016). With such possibilities, nurses are poised to play a prominent role in improving each of the determinants that affect the health and wellbeing of people in a community.

Using SDOH, nurses can also help identify methods for ‘hot-spotting’ their targeted population. Health care ‘hot-spotting’ is defined as “the strategic use of data to reallocate resources to a small subset of high-needs, high-cost patients” (Camden Coalition, 2019). “Hot-spotting”

relies on SDOH data to determine outliers, understand the issues, target resources, and formulate effective interventions from the lens of a multidisciplinary team treating all facets of the patient's well-being, medical and non-medical (Camden Coalition, 2019). Nurses are ideal partners in this work because they understand providing holistic care which is inclusive of patients, families, and communities (Salmond & Echevarria, 2017). By leveraging opportunities with CBOs that are already focused on individual or multiple facets of SDOH, nurses can build on that work and together improve health outcomes, while enhancing their soft skills of leadership.

Community Based Organizations

A community is based on four dimensions: *membership*, where community members feel like they belong to a group, *influence*, where they feel that they are able to make a difference in that group, *reinforcement*, where they feel they can meet the expectations of the group, and *shared emotional connection*, in which they feel equal investment by other members of the group (Martiskainen, 2016). Community-based organizations (CBOs) are organized versions of community members that focus on addressing the social determinants of health for the populations that they serve (Amarasigham, Xie, Karam, Nguyen & Kapoor, 2018). The role of a CBO, broadly, is to provide health education, social services, aid with case management, counseling services, and/or mental health support (Griffin, Nelson, Realmuto & Weiss, 2018). The work of CBOs helps to reduce overall health care use, and in turn reduce overall health care costs (Griffin, Nelson, Realmuto & Weiss, 2018). An example is in Lawrence, Massachusetts where a community-based organization, Area Agency on Aging, used a community-care transitions program called 'Care at Hand,' a tech tool to help facilitate simple survey questions for health coaches to identify early changes in the client's health conditions. Through leveraging their

community resources to manage their prevalent chronic conditions, they helped reduce 30-day readmissions across 6 hospitals by 39.6% (Parekh & Schreiber, 2015).

Partnerships with health care organizations also help CBOs to build capacity to move their agenda forward, allow for opportunities for professional development, and increase networking capabilities which lead to potential new sources of funding (Griffin, Nelson, Realmuto & Weiss, 2018). Moreover, there is a need for creative collaborative projects, the creation of learning networks, and data collection and dissemination to demonstrate the impact of CBOs on their communities. This work could be supported through collaborative efforts of nurses' professional knowledge and leadership skills and CBOs establishment in their communities and ongoing work.

Successful leadership characteristics required in non-profit organizations focuses on the following seven attributes: 1) Agility and Engagement, 2) Positivity and Long-Term Vision, 3) Active listening and Flexibility, 4) Change Management and Composure, 5) Empathetic Listening and Keeping up with New Trends, 6) Curiosity and Comfort with 'Not Knowing' and 7) Balance and Patience (coupled with perseverance) (Forbes Nonprofit Council, 2017). These attributes are essential to ensuring successful outcomes in CBOs. These characteristics should also inform our nursing education system as we prepare nurses for these evolving roles.

Online Learning

Considering current worldwide events, and the upward trajectory of the cost of education, there is an accelerated shift towards online learning (Davis, Gough & Taylor, 2019). In 2016, when looking at higher education, more than 66% of students in public institutions, 18% of students in private institutions, and 13% of students in for-profit institutions were in at least one online class, with numbers steadily growing (Lederman, D., 2018). By 2025, online education will become mainstream (Palvia et al., 2018). Advantages to distance learning for students include flexibility,

fostering self-motivation and working independently, while faculty find benefits like flexibility, improved communication, and freedom in course management and course design (Davis, Gough & Taylor, 2019). Obstacles of distance learning for students include misinterpretation of expectations, time management, and interpersonal relationships, whereas faculty's difficulties are focused around setting expectations, providing feedback and interpersonal relationships (Davis, Gough & Taylor, 2019). With increased technological platforms for online education, utilization of a hybrid of audio-visual components and innovation can help offset the gap in community building that is lacking with online education (Palvia et al., 2019).

Immersive online learning was leveraged for this project utilizing innovation and hybrid technology platforms for dissemination. Whereas traditional learning is more passive, learned by watching, forgettable, consumes hours of time, and covers basic data, immersive learning is engaging, learned by doing, memorable, disseminated over minutes, and contains actionable insights (Strivr, 2020). This project allowed participants the ability to learn by doing, created arousal and affect, applied learning to decision making, and created desirable difficulties to increase knowledge retention as outlined by Strivr, 2020).

Summary of Literature Findings

There is no clear connection in the literature between developing nursing's soft leadership skills and utilizing engagement with CBOs to foster these critical skills. The focus is on the urgency for change and how to develop nurse leaders in the clinical setting (IOM, 2010). While there is a consistent message for the need to mobilize nurses to address SDOH, there is a lack of research on training methods and evaluation that addresses this need specifically (Salmond & Echevarria, 2017). There is also limited information on which professional sector is most represented in community-based leadership roles. Highlighted is the lack of research on nurse

leaders in the community and suggestions for further research opportunities for this evolving role (Pittman, 2019). There are leadership models for clinical nurse leadership advancement in the acute care setting (AONL, 2019). Conversely, while there are articles on the need for nurses to engage at the community level, there is no literature on how to implement this (Pittman, 2019). This DNP improvement project addressed this gap by creating an immersive web-based leadership training program for introducing critical soft skills of leadership and strategies to enhance them by partnering with CBOs to positively impact SDOH and build a Culture of Health for communities.

Theoretical Framework

Project Change Model: The ADKAR Model

The ADKAR Model addresses the creation of successful organizational change by focusing on developing change on an individual level (Prosci, 2020). The ADKAR Model lends itself to the idea that a whole is only as good as the sum of its parts. When individuals can be inspired and equipped to implement desired processes, they are more likely to align with the specific change initiatives (Prosci, 2020). The ADKAR Model consists of five targeted steps for successfully realizing change: Awareness, Desire, Knowledge, Ability, and Reinforcement (Prosci, 2020). When these steps are navigated in that order, leaders can take the cumulative outcomes to drive the desired change and collectively impact their organizations and communities at large (Prosci, 2020).

The first step of the ADKAR Model is *awareness* of the need for change (Prosci, 2020). Nurse leaders continue to be trained in leadership through a competency-based model, such as that of American Organization for Nursing Leadership (AONL, 2019). The concepts are taught in relation to knowledge that can be acquired. In most leadership curriculum, the focus is less on

development of soft skills of leadership, rather those skills are assumed to be tangentially developed. With the transition of health care on-acute care settings, it is critical that nurse leaders develop skills around collaboration, networking, creativity, and others. Given this, there is a clear need for a program that fosters these skills, such as those offered in this DNP project, to be included in any leadership preparation created for nurses. Therefore, this step was achieved by performing a gap analysis through a literature search and interpretation of the need to the organization.

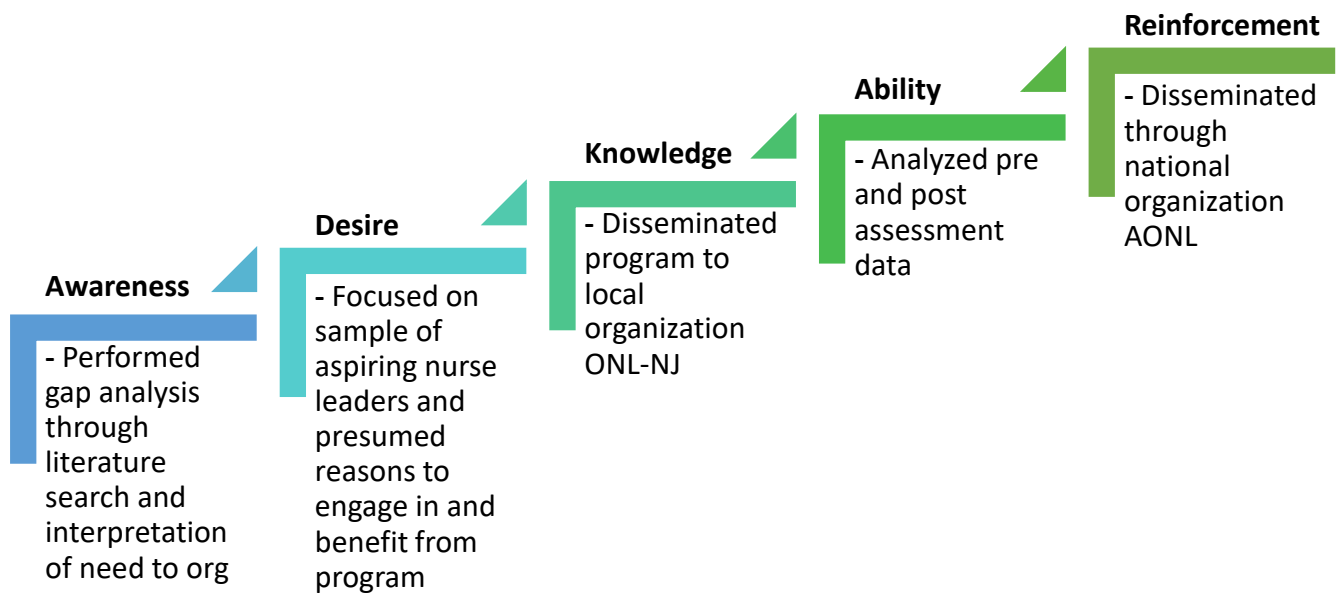
The second step of the ADKAR Model was *desire* to engage nurses to participate in change. The focus of this project was to introduce aspiring nurse leaders to the soft skills of leadership. By engaging them in the value proposition that soft skills were the essence of individual level leadership, nurses could become well rounded leaders. This then had a positive impact on their desire to participate in the project and to capitalize on all facets of leadership development to inform and improve their practice. Therefore, this step was achieved by focusing on a sample of aspiring nurse leaders and presumed reasons to engage in and benefit from the program.

The third step of the ADKAR model is *knowledge* of how to change based on the outcome of the program, not competency of literal knowledge (Prosci, 2020). This step began with project implementation with the Organization of Nurse Leaders, NJ. Their aspiring nurse leaders participated in the online learning program which addressed gaps in nursing leadership training. It included an introduction to soft skills of leadership; its relevance and importance for nurse leaders, the potential experiential immersion opportunities to search for, and resources for further training around this skills domain. The program covered the knowledge needed to enhance these skills through experiential learning. This step was done by dissemination of the project through the local organization.

The fourth step of the ADKAR Model is *ability* to implement the change or realize the value for the change with the goal as further coaching, practice, and time (Prosci, 2020). This was the desired outcome that would be captured through post survey following completion of the program. Resources would be shared as an option for ways to further this development. The continuation would be through participants future participation with community-based organizations where all soft skills could truly be enhanced and practiced while providing direct benefit to populations that nurses served. Therefore, this step was achieved through the pre- and post- survey of the project.

The fifth, and final, step of the ADKAR Model is *reinforcement* to ensure sustainability of the revelation. Commitment from aspiring nurse leaders to building these skills was the final step in successfully addressing this gap in nursing leadership training. Therefore, this step was achieved through dissemination through the national organization, AONL.

ADKAR Project Change Model:



Supporting Theoretical Framework: Soft Leadership Theory

A conceptual leadership theory which supported and informed change in this project is the Soft Leadership Theory. Soft Leadership Theory, developed by Professor M.S. Rao, defines new priorities and skills for leaders in our “interconnected, global, and technocratic world” (Rao, 2017). Soft leadership is different from servant leadership because the latter infers that leaders are servants to their followers, whereas the former implies that teams are in partnership with the leader (Rao, 2013). Rao describes the characteristics of this new leadership model as “an integrative, participative, relationship, and behavioral leadership model adopting tools such as persuasion, negotiation, recognition, appreciation, motivation, and collaboration to accomplish the tasks effectively” (2017, pg. 1). No longer does the hierarchical or individualistic models of leadership suffice. The need now is to have leaders who can blend their hard skills and soft skills to accomplish set goals, which ultimately are transferable across settings. It is an assertive leadership style that focuses on goal setting, using persuasive influence, team building, using negotiation strategies with a positive attitude, accepting and growing from failures, and using all of these experiences to motivate and empower teams towards organizational goals (Rao, 2017).

Organizational Assessment

In creating a model for nurses to build soft skills of leadership, this project sought guidance from the Nurses on Boards Coalition and the Organization of Nurse Leaders New Jersey, with overall guidance from the American Organization of Nursing Leadership. The Organization of Nurse Leaders New Jersey chapter was engaged for implementation and dissemination of the program. These organizations have a keen focus on developing nurse leaders in their respective capacities. However, they hold a primary developmental focus in the acute care setting. Creating a model for nurses to gain soft leadership skills, promoted through community-based engagement

with CBOs, is a novel approach. It provides a unique niche that prepares nurse leaders to be well situated to address and affect SDOH, and ultimately health outcomes, for patients and families across the continuum of care and in many more settings outside the walls of acute care.

Nurses on Boards Coalition

Nurses on Boards Coalition (NOBC), a national organization, launched in 2014 through the partnership of RWJF and AARP. The coalition's goal was to get 10,000 nurses on boards, including but not limited to corporate and health-related boards, panels, and commissions by 2020. NOBC focuses on facilitating placements through matching nurses that express interest in serving on a board. (NOBC, 2019) The organization focuses on transformative growth and strove to promote strategic partnerships. NOBC also seeks to demonstrate their impact across the nation through supporting nurses as leaders on boards, thereby bringing nurses' voices to the table. Nurses serving on boards in a leadership capacity is paramount because nurses possess a unique perspective in the changing health care landscape. Through this engagement, nurses can partner with leaders in other disciplines to promote change and advance health (Stalter & Arms, 2016). NOBC also focuses on developing member synergy so that their mission is universally adopted (NOBC, 2019). NOBC's priorities aligned with this project because it was supporting and elevating nurses to engage in leadership roles through board placement. As nurses continue to engage in CBOs and enhance their soft skills of leadership, they are better prepared for these opportunities.

American Organization for Nursing Leadership / Organization of Nurse Leaders - NJ

American Organization for Nursing Leadership (AONL) is a national organization that focuses on building nurse managers and executives as leaders. The vision of AONL is to promote and shape health care through the global leadership capacity of nursing (AONL, 2019). They offer

information to support and enhance leadership skill sets and provide actionable steps for nurse leaders to excel in clinically based leadership roles. AONL strives to influence legislation and public policy, locally and nationally. They also support research and development in advanced nurse leadership and improved quality of patient care.

AONL's educational programs develop clinical nursing executives, directors, managers, and clinical leaders in the clinical arena (AONL, 2019). Specifically, AONL has an educational mentorship program which has been very successful in the Organization of Nurse Leaders New Jersey (ONL-NJ) state chapter. Mentorship is one of the top factors for retention and personal growth. As per Beale, when nurses have a mentor, they are supported and are not expected to know everything (Beale, 2016). However, since mentorship is a more formal process that develops over time, that was not a focus in this project but could be considered for future assessment (Efstathiou et al., 2018). This project engaged nurses who were a part of ONL-NJ membership to participate as an opportunity for professional development which supported their emerging leadership roles in nursing. With over 430 members, ONL-NJ has connections throughout 90% of the hospitals throughout the state of New Jersey (ONL-NJ, 2020). This was the ideal organization to pilot the project because its membership is comprised of nurses who were looking to become leaders in the health care sector. This project brought a different vantage point for the nurses for developing skills that were outside of their current training.

Financial Implications

Cost Benefit Analysis

There were significant financial implications in relation to this project. Data drawn from the 2014, 2015, and 2016 The Commonwealth Fund International Health Policy Surveys from 2014-2016 showed that the United States Gross Domestic Product spend rate on health care was

17.2%, whereas other countries spent an average of 9% according to the Organization for Economic Co-operation and Development (Schneider, Sarnak, Squires, Shah, & Doty, 2017). With a focus on addressing the SDOH through a population health lens, especially costs from ED utilization by people from lower SES communities, health care costs could be significantly reduced (Wesson, Kitzman, Halloran, & Tecson, 2018). An example of an innovative model that partnered the health care sector with community-based organization is the Baylor Scott & White Health and Wellness Center's (BSW HWC) collaboration with the Dallas Park and Recreation Department (Wesson, Kitzman, Halloran, & Tecson, 2018). The goal of this private and public partnership offered upstream strategies to address SDOH by providing patients access to routine primary care regardless of their ability to pay, while also offering wellness opportunities addressing the SDOH through the Parks and Rec Department (Wesson, Kitzman, Halloran, & Tecson, 2018). Through this intervention, where people in the study had used the ED at least one time before starting treatment at BSW-HWC, the study showed that ED utilization decreased by 21.4 percent and inpatient care utilization was reduced 36.7 percent, with an average decrease in cost of 34.5 percent and 54.4 percent, respectively (Wesson, Kitzman, Halloran, & Tecson, 2018).

In another example, when considering our aging population, there were several correlations that could be made for health outcomes through engagement of community-based organizations. For example, one study in Maryland found that older adults on Medicaid who were enrolled in Supplemental Nutrition Assistance Programs were 14 percent less likely to be hospitalized and 23 percent less like to be enrolled in a nursing home (Super, Kaschak, Blair, 2018). These figures spoke to reducing health care expenditures by addressing SDOH. Similarly, the community-care transitions program called 'Care at Hand', in Lawrence, Massachusetts, enabled their community-based tech tool to help facilitate simple survey questions for health coaches to identify early

changes in the client's health conditions, through which they helped reduce 30-day readmissions across 6 hospitals by 39.6% (Parekh & Schreiber, 2015). Seeing how CBOs have deep community roots, it was an opportune time for nurses to be at the forefront of forging these partnerships through their combined hard and soft leadership skills, via the emerging roles for the profession.

With improved soft leadership skills, ROI to the healthcare industry came in the form of organizations having more effective, dynamic nurse leaders which improved patient satisfaction scores, reduced readmissions by addressing upstream interventions through innovative partnerships, and improved patient compliance rates and outcomes due to better understanding of the SDOH of their communities. All these factors improved the bottom line for hospitals and outpatient providers. For nurses, they gained enhanced leadership skills that encompassed hard and soft skills which were transferable across settings. This made them more marketable, valuable, effective and it helped create an image of nurse leaders in the communities they serve. Finally, for community-based organizations, this program helped link the most trusted profession to provide human capital to drive their mission forward and gain outcomes. This mutually benefited the nurses enhancing their soft leadership skills, but also impacted the communities that the specific CBOs were dedicated to serving. All around, by investing one's time, there was progressive gain for all the entities that drove health and the care of health by addressing SDOH to create a Culture of Health for all.

Goal and Aims of the Project

The goal of this DNP project was to create an immersive web-based leadership training program for introducing the critical concepts of soft leadership skills to aspiring nurse leaders.

The aims of this project were to:

1. Develop an online curriculum to address Soft Leadership Skills for nursing.

2. Implement and evaluate the immersive web-based leadership training program in partnership with the Organization of Nurse Leaders NJ (ONL-NJ).
3. Present recommendations to American Organization for Nursing Leadership (AONL) for scaling and dissemination to its national membership with the goal of enhancing current nurse leadership training.

Chapter 3

Methods

The goal of this DNP project was to create an immersive web-based leadership training program for introducing the critical concepts of soft leadership skills to aspiring nurse leaders. This quality improvement project was designed as a user-friendly professional education program for nurses at all levels of education and practice.

The aims of this project were to:

1. Develop an online curriculum to address Soft Leadership Skills for nursing.
2. Implement and evaluate the immersive web-based leadership training program in partnership with the Organization of Nurse Leaders NJ (ONL-NJ).
3. Present recommendations to American Organization for Nursing Leadership (AONL) for scaling and dissemination to its national membership with the goal of enhancing current nurse leadership training.

Aim 1: Develop an online curriculum to address Soft Leadership Skills for nursing.

1. Topics and content were selected through a review of the literature to find meaningful themes and extract core concepts for informing the program. See Appendix A for the program goals and learning objectives.
2. The curriculum (in the following sequence):
 - a. Focused on the current gaps in nursing leadership training models which are based on a competency- model of teaching.
 - b. Presented content on soft skills of leadership:

- i. Relevance and importance for nurse leaders.
 - ii. Types of experiences through engagement with CBOs will help participants take actionable steps to enhance these skills in their role.
 - iii. Resources for enhancement of this skills domain through experiential opportunities outside the acute care settings.
3. An expert panel of 2-3 subject matter experts were chosen to validate the content. The experts for the panel of nursing leaders were chosen from leadership, clinical practice, and higher education. An expert leader outside of nursing, likely in the business setting, was also included to capture the comprehensiveness of this topic. See Appendix B for Expert Panel Rating Tool.
4. Created a 15-20-minute immersive web-based leadership training program, that introduces the topic of soft leadership skills and its importance in an innovative and immersive way. The Prezi presentation platform was considered for this purpose. Prezi is a relatively new style of delivering content that breaks away from the anticipated format of PowerPoint and helps to create an engaging platform for disseminating information. Prezi Video is a screen-in-video technology that allows the speaker to be a part of the presentation so that there is integration of the presentation and speaker.
 - a. Once the Prezi presentation was created, it was combined with Prezi Video to create an immersive experience.

Aim 2: Implement and evaluate the immersive web-based leadership training program in partnership with the Organization of Nurse Leaders NJ (ONL-NJ).

1. Introduced and implemented program to ONL-NJ membership via a pre-formatted email containing the program and the pre- and post-assessment. The email was sent by Executive Director, Susan Cholewka, MBA to the ONL-NJ listserv to approximately 430 members. The email introduced this as a DNP project for professional development designed to enhance the leadership skillset of their aspiring nurse leaders. All emails in the listserv were deemed as active by the Executive Director, so no bounce-backs or undeliverable emails were anticipated. The first reminder email was sent 2-3 weeks post initial email communication. The second, and final, reminder email was sent 2-3 weeks following the first reminder email, for a total of 3 emails.
2. Evaluated program with brief 5-10 question pre- and post-assessments administered through Qualtrics, integrated as part of the program dissemination, to assess whether the information is relevant, timely, needed, and relatable. The pre assessment questions covered knowledge of soft leadership skills, perceived gaps in training on the subject, implementation goals, and participants' interest in enhanced training. The post assessment presented the same questions while also assessing increased knowledge and understanding of the presented content. The item responses (a blend of multiple choice to assess knowledge of soft skills and Likert scale questions to assess value proposition of soft leadership skills) and demographic information (comprising of gender (optional), ethnicity, age range, years in nursing, highest degree of education, major professional activity, and

active or inactive status) were analyzed using both descriptive statistics and paired t-tests for quantitative comparison of pre- and post-assessment data. Open text comments were reviewed for common themes. Particular attention was given to nurses' perception of content value and applicability (do they perceive a need for multifaceted training of critical soft leadership skills and is this content something they could transition and actualize into their current practice).

Aim 3: Present recommendations to the leadership of ONL NJ, and the parent organization, American Organization for Nursing Leadership (AONL), for dissemination through the national membership with the goal of enhancing current nursing leadership training.

1. Worked with the current ONL-NJ mentor liaison and past president, Dr. Maria Brennan, DNP, RN, CPHQ, and the Executive Director, Susan Cholewka, MBA, to present the data from the ONL-NJ membership participation to the board to show results of the innovative immersion program for soft leadership skills.
2. Presented to the CEO of AONL / CNO of AHA, Dr. Robyn Begley, DNP, RN, NEA-BC, the proposition of disseminating this innovative program as an opportunity for professional development for the entire AONL membership of over 10,000 members nationwide.
3. Further planned to enrich the program and expand it to a more in-depth workshop format as determined by participant interest for soft leadership skills training in collaboration with AONL. This ensured sustainability and growth of the project.

Evaluation/ Analytical Plan

Evaluation of the project occurred in several steps. Descriptive analysis was employed. The first step was to identify the number of nurses that engaged in viewing the online program. Presenting this as a professional opportunity to emerging nurse leaders through ONL-NJ was purposeful to see its value proposition. The second step was to evaluate the nurse's understanding of soft skills of leadership before and after viewing the program. The program also captured demographic information to assess diversity of the participants. The pre- and post-assessment questions were evaluated in terms of change in knowledge based on soft leadership skills and its components, understanding the gaps that remain in knowledge and training, and assessing future needs of participant's interest in soft leadership skills development.

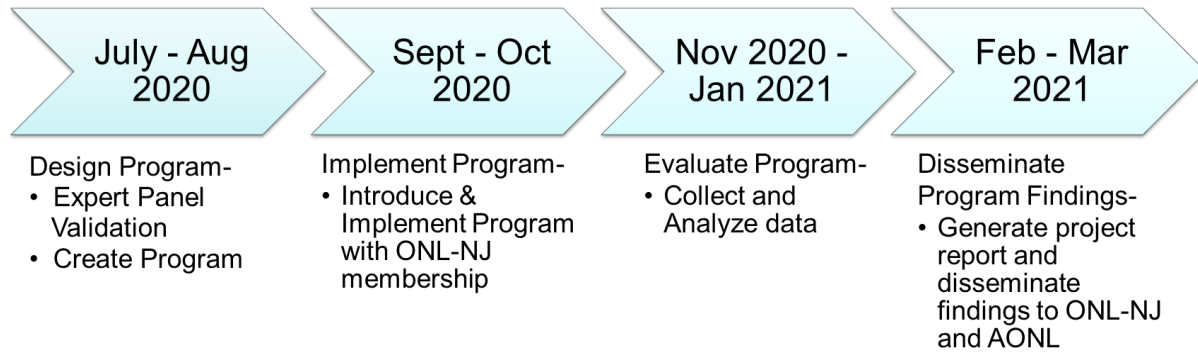
Implications

The implication of this project was to highlight a new critical and complimentary skillset for consideration for aspiring nurse leaders while building their leadership skills. Most programs for developing nursing leadership skills are focused on the acute care setting and are based on content building. By engaging nurses in identifying soft skills and promoting enhancement of these skills through experiential engagement with CBOs, aspiring nurse leaders will get an opportunity to use their skills in different ways by fostering their context of leadership development and thereby magnifying their potential for impact.

Statement about Human Subjects

IRB Exempt Status has been obtained through Yale University for this project as it is an educational initiative to benefit practice through clinical quality improvement (100ch9hicclinicalqi-final-12-19-12_0) (C. Montano, personal communication, April 16, 2020).

Timeline



Chapter 4

Results

For the evolving health care landscape in which nursing will lead, the skills necessary to succeed will require strong soft leadership skills: communication, networking, innovation/creativity, and teamwork. This program was designed to introduce these concepts to nurse leaders to assess their current knowledge and change in knowledge from participation in the immersive soft leadership skills web-based program.

Demographics

The ONL-NJ email listserv consisted of 432 active email addresses. A total of five emails were sent to all active emails – an introductory email and 4 reminder emails because the survey was anonymous and there was no way to remove those who had already participated. Of the 432 emailed participants, 107 clicked on the link to participate (approximately 25% click rate). Of the 107, 25 participants did not go beyond the pre-survey, 2 participants did not view the program, and 80 participants completed the pre-survey, viewed the program, and completed the post-survey (approximately 18.5% completion rate). In evaluating the demographics, the gender makeup of the participants was 74 participants (93%) were females, 5 participants (6%) were males, and 1 participant (1%) preferred not to answer. See Figure 3. The age range of the participants showed 26 participants (33%) were between 20-50 years old, 28 participants (35%) were between 50-60 years old, and 26 participants (32%) were between 60-70+ years old. See Figure 4. The ethnicity data showed 56 participants (70%) identified as Caucasian, 11 participants (14%) identified as Asian, 10 participants (12%) identified as African American/Black, 1 participant (1%) identified as Latino, and 2 participants (3%) preferred not to say. See Figure 5. In terms of the educational and experiential background, 3 participants (4%) had 0-5 years of experience and held Associate

and Bachelor level degrees, 6 participants (8%) had 5-10 years of experience and held Associate, Bachelor, Master and Doctoral level degrees, 3 participants (4%) had 10-15 years of experience and held Bachelor and Master level degrees, 7 participants (9%) had 15-20 of experience and held Bachelor, Master and Doctoral level degrees, and the largest group was 61 participants (76%) who had 20+ years of experience and held Associate, Bachelor, Master and Doctoral level degrees. In the 20+ 'Other' category, was one participant who held an MBA, and two nurses pursuing higher degrees from their current nursing degree, therefore were counted in the aforementioned percentages. See Figure 6. Finally, in terms of professional activity, 2 participants (3%) were in Academia, 43 participants (54%) were in Administration, 34 participants (43%) were in Clinical Practice, and 1 participant (1%) was in Research. See Figure 7.

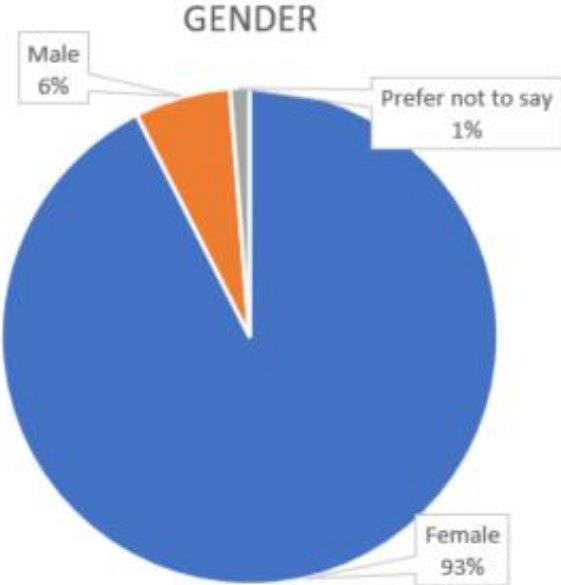


Figure 3. Gender

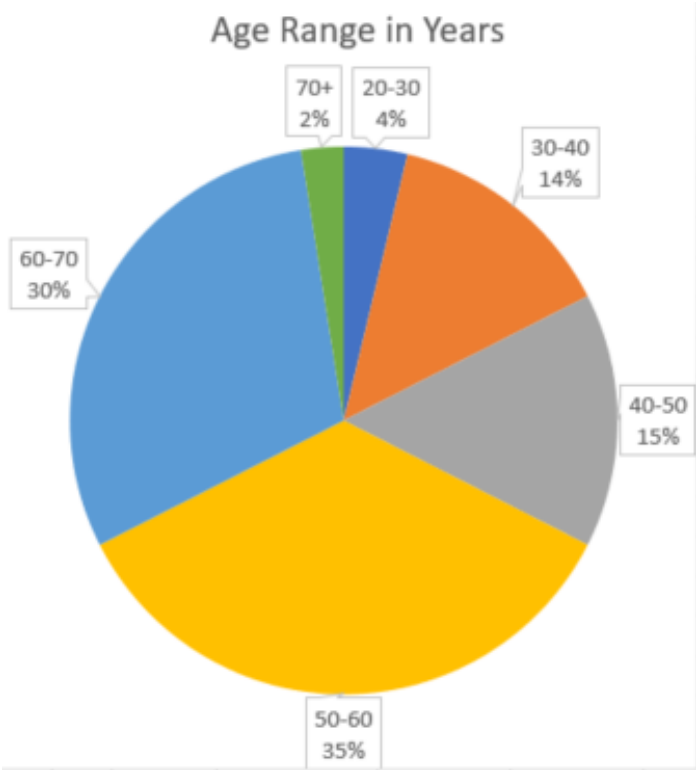


Figure 4. Age Range

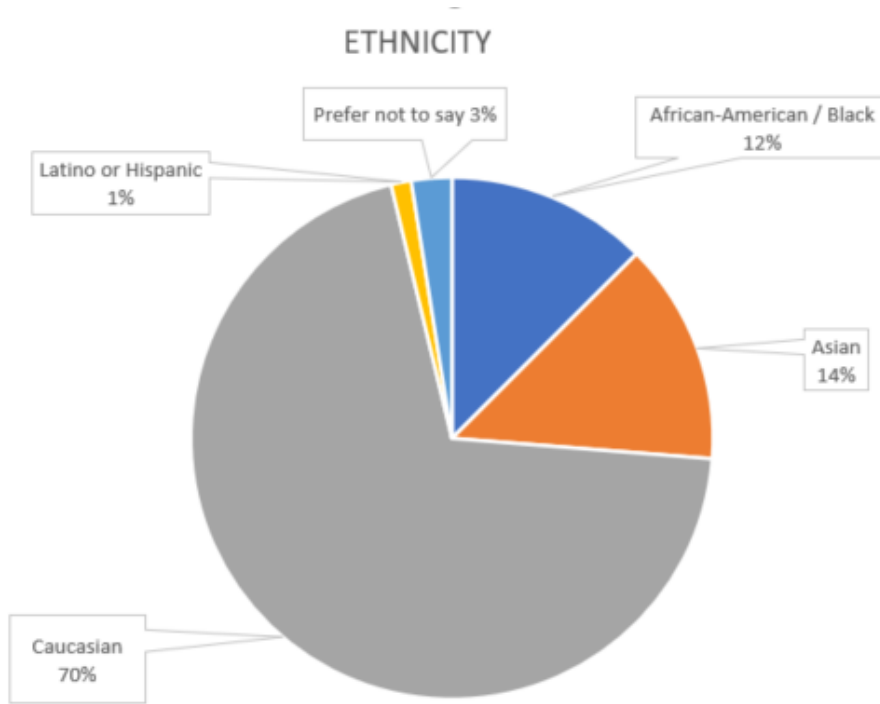


Figure 5. Ethnicity

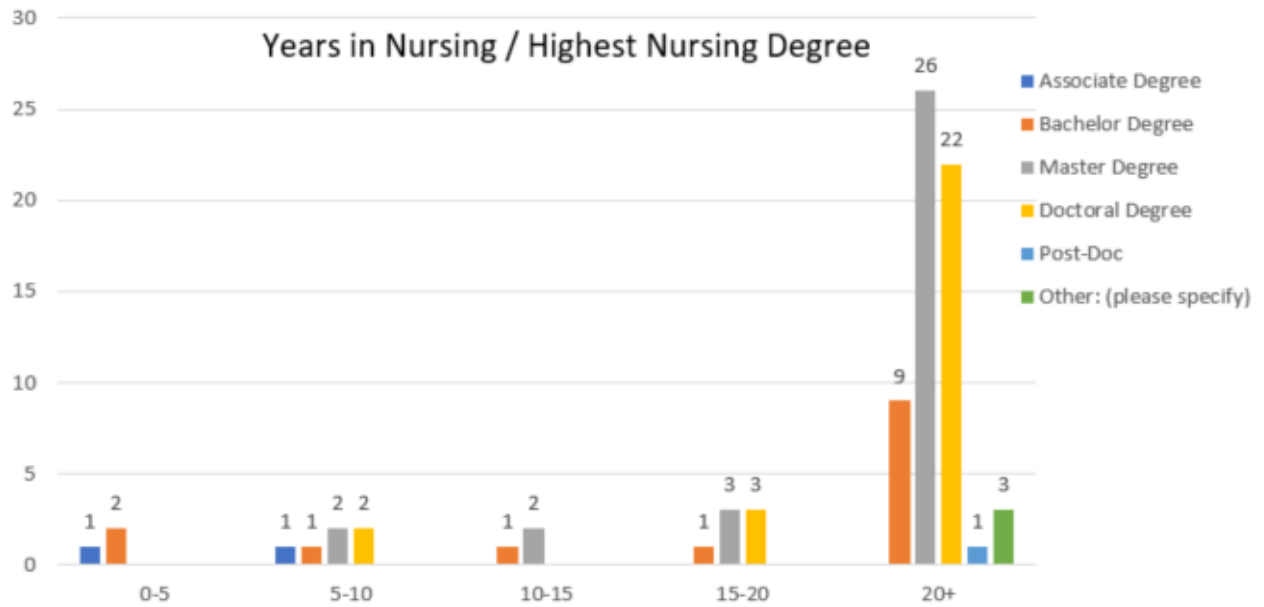


Figure 6. Years in Nursing/Highest Nursing Degree

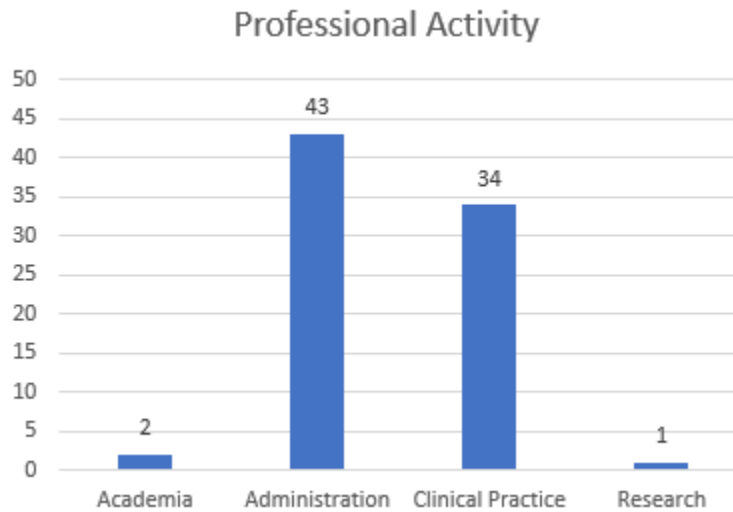


Figure 7. Professional Activity

Pre/Post Survey Results

Participants were required to complete 10 pre-survey questions and 14 post-survey questions. See Appendix C. Of the two surveys, 8 questions were the same to measure pre- and post- survey change in knowledge/interest. The pre survey contained 2 questions about having opportunity to develop soft leadership skills and interest in learning more. The post survey contained 5 questions to assess value proposition and 1 question for open ended final thoughts. Below are the results.

The breakdown of knowledge on soft leadership skills prior to participation in the program showed 26 participants (30%) were extremely to very familiar, 28 participants (35%) were somewhat familiar and vaguely knew what they are, and 28 participants (35%) had minimal to no exposure to the concept of soft leadership skills with no idea what they are. Of the 35% who had minimally or never been exposed and did not know its meaning, their education spanned from Bachelor to Doctoral level degrees, mostly had 20+ years of work experience, and were mostly 40-60 years in age, with 6 of those participants with 5-10 years of experience. See Figure 8. After

participation in the program, 80 participants (100%) strongly agreed or agreed that they had increased knowledge of soft leadership skills. See Figure 9.

PRE: My knowledge on the topic of Soft Leadership Skills for nursing is:

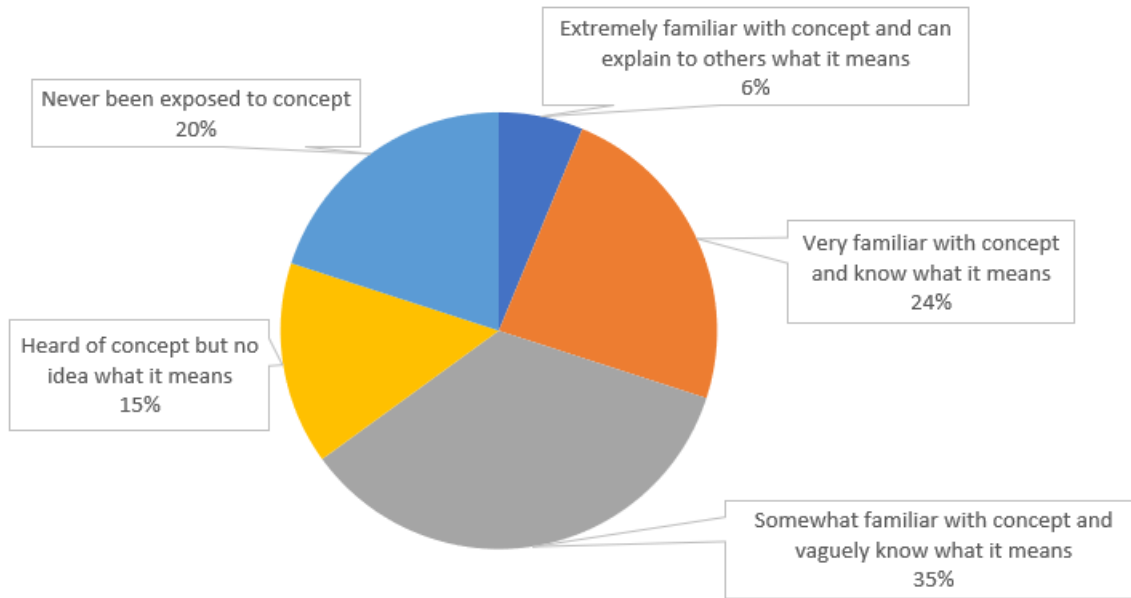


Figure 8. PRE-Knowledge on Soft Leadership Skills

POST: I now have increased knowledge of soft leadership skills.

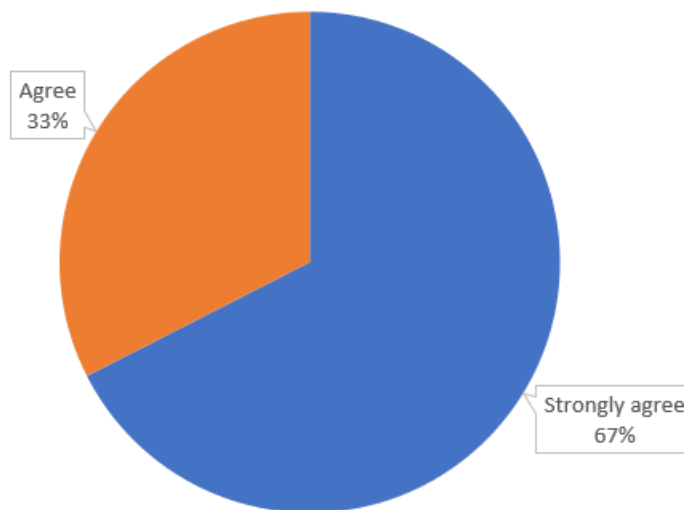


Figure 9. POST Knowledge on Soft Leadership Skills

In the pre-survey, participants were asked if they had been offered any opportunities to develop their soft leadership skills. 25 participants (31%) had participated in soft skills training, 5 participants (6%) had been offered training but did not participate, 34 participants (43%) had never heard of or were never offered training, and 16 participants (20%) did not know enough information to answer. See Figure 10.

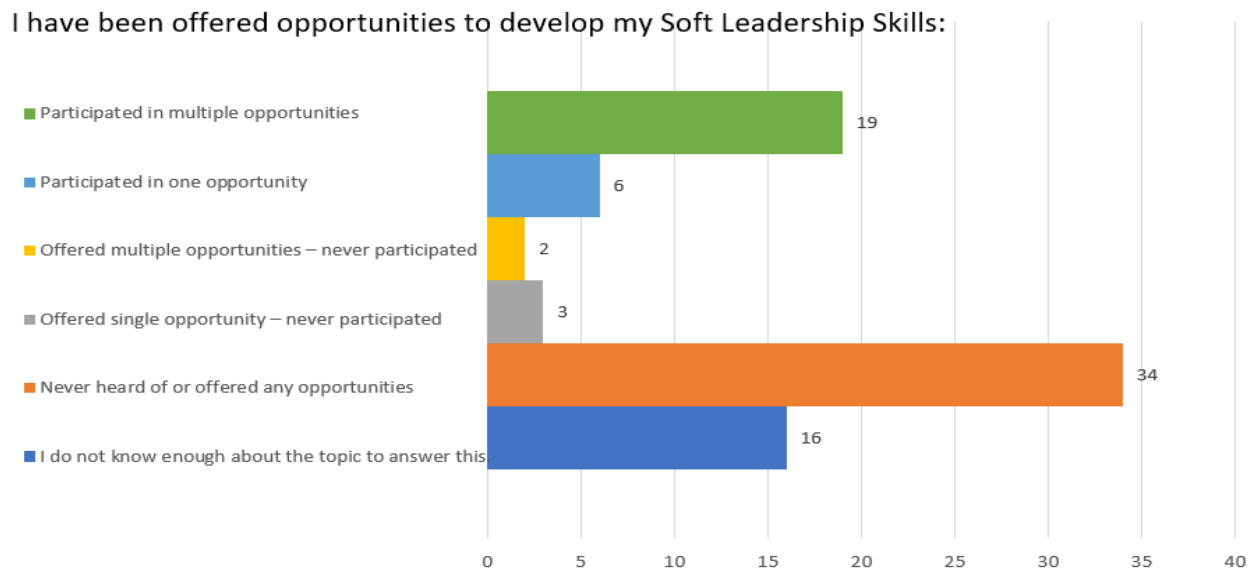


Figure 10. Offered Opportunities for Development

Participants were asked to define soft leadership skills. In the pre-survey, 19 participants (24%) answered correctly, 28 participants (35%) answered partially correctly, 6 participants (8%) answered incorrectly, and 27 participants (34%) answered that they did not know enough about the topic to answer the question. Of the partially correct group, 21 of the 28 participants chose all of the above. See Figure 11. In the post-survey, 38 participants (48%) answered correctly with ‘personal attributes that are experientially developed and are transferrable between roles’, 39 participants (49%) answered partially correctly, and 3 participants answered incorrectly. Of the partially correct responses, 33 of the 39 participants answered, ‘all of the above’, and 5 of the 33

participants went from the correct answer in the pre-survey to an ‘all of the above’ in the post-survey. These 4 of these 5 participants were Doctorly prepared nurses with one Master prepared, they were between 30-60 years of age, and there were 4 females and one male. See Figure 12.

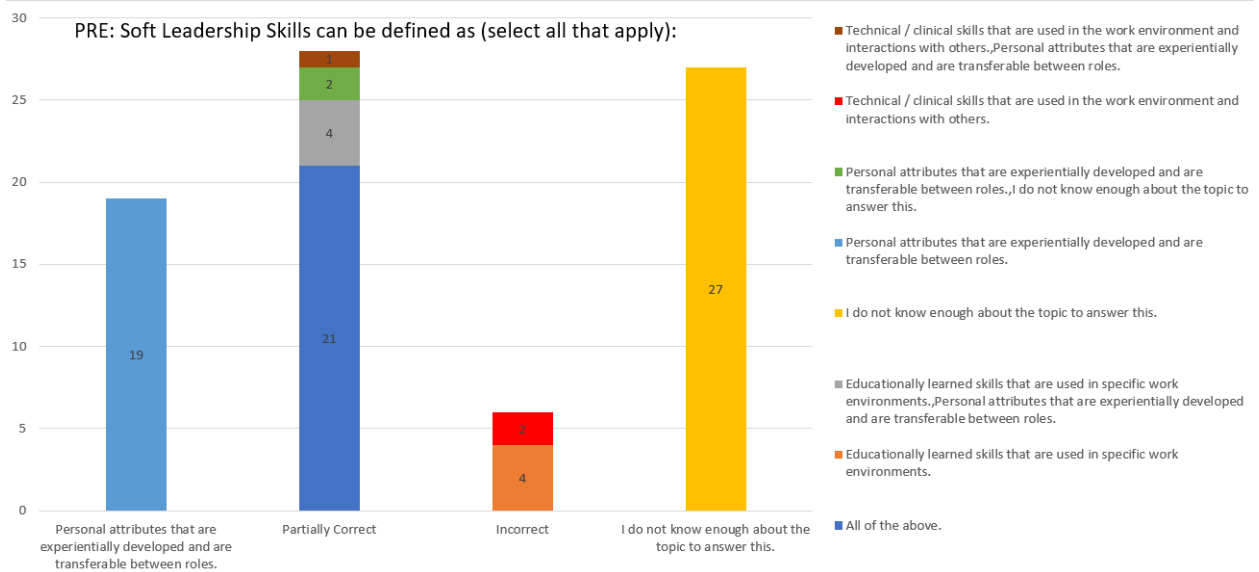


Figure 11. PRE-Soft Leadership Skills Definition

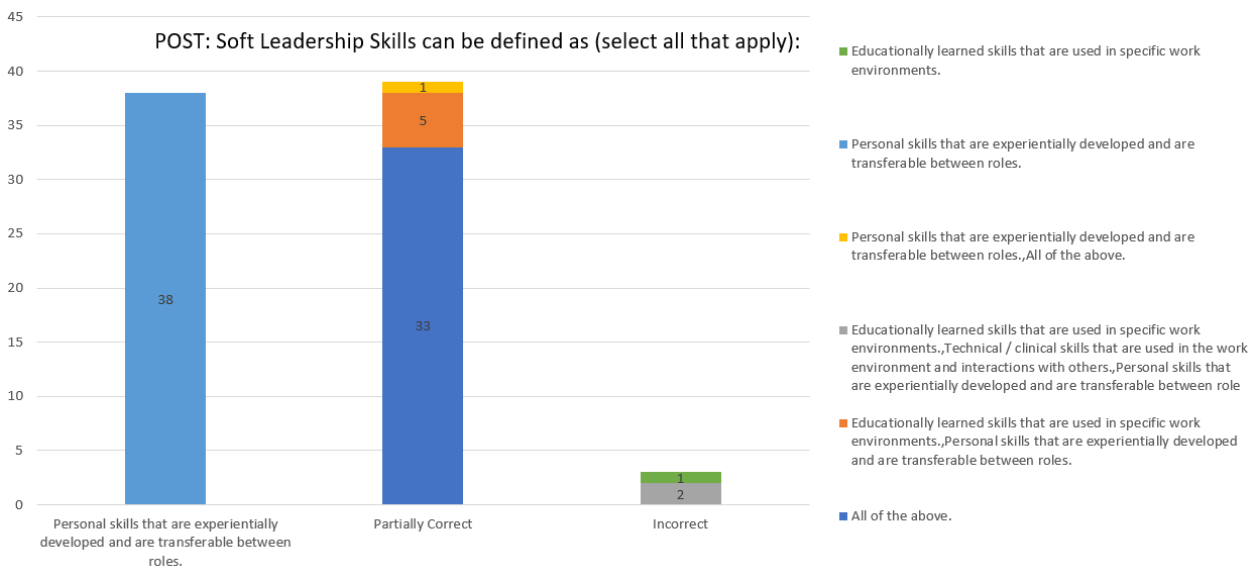


Figure 12. POST Soft Leadership Skills Definition

Next, participants were asked to select examples of soft leadership skills. In the pre-survey, 31 participants (39%) selected the correct answer, ‘effective communication, teamwork, networking and innovation’, 28 participants (35%) selected the incorrect answer, which was any answer which included the hard skills of ‘clinical skills and professional knowledge’, and 21 participants (26%) selected that they did not know enough about the topic to answer the question. See Figure 13. In the post-survey, 43 participants (54%) selected the correct answer and 37 participants (46%) selected all of the above, which was considered incorrect. Of the 37 incorrect respondents, 6 went from the correct answer in the pre-survey to all of the above in the post survey, and their demographics showed 3 were Doctorly prepared and 3 were master’s prepared, with anywhere from 5-20+ years of experience, and 5 females and 1 male ranging from 30-60 years of age. See Figure 14.

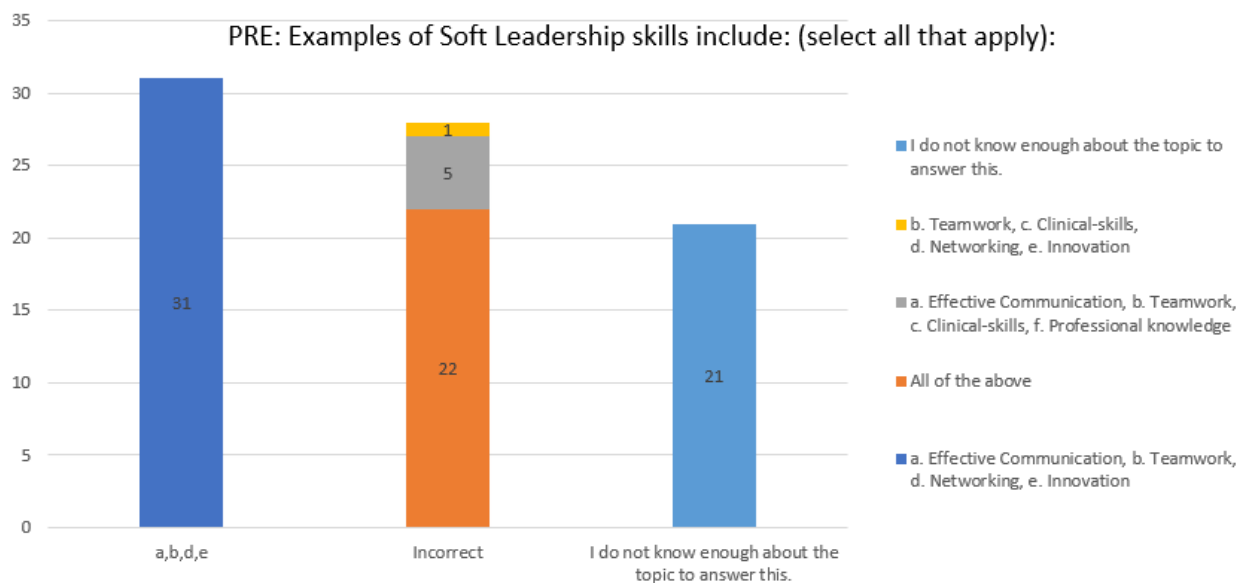


Figure 13. PRE-Examples of Soft Leadership Skills

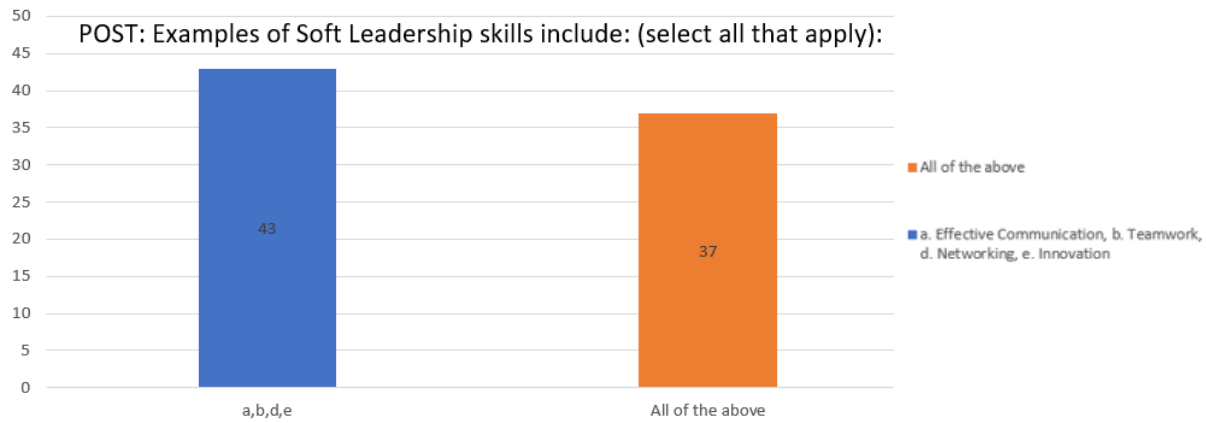


Figure 14. Examples of Soft Leadership Skills

The next question asked participants the importance of soft leadership skills in the role of an aspiring nurse leader. In the pre-survey, 21 participants (26%) answered correctly with ‘a. succeed in emerging roles outside of acute care to impact health outcomes, b. gain a comprehensive set of leadership skills to address SDOH, c. strengthen foundational emotional intelligence domains’, 35 participants (44%) answered incorrectly, and 24 participants (30%) stated they did not know enough to answer the question. See Figure 15. In the post-survey, 51 participants (64%) answered correctly, and 29 participants (36%) answered incorrectly. In this question, ‘all of the above’ was not considered as partially correct because the one incorrect option was not meant to be chosen, which was, ‘d. soften the approach to leadership to not offend others’. See Figure 16.

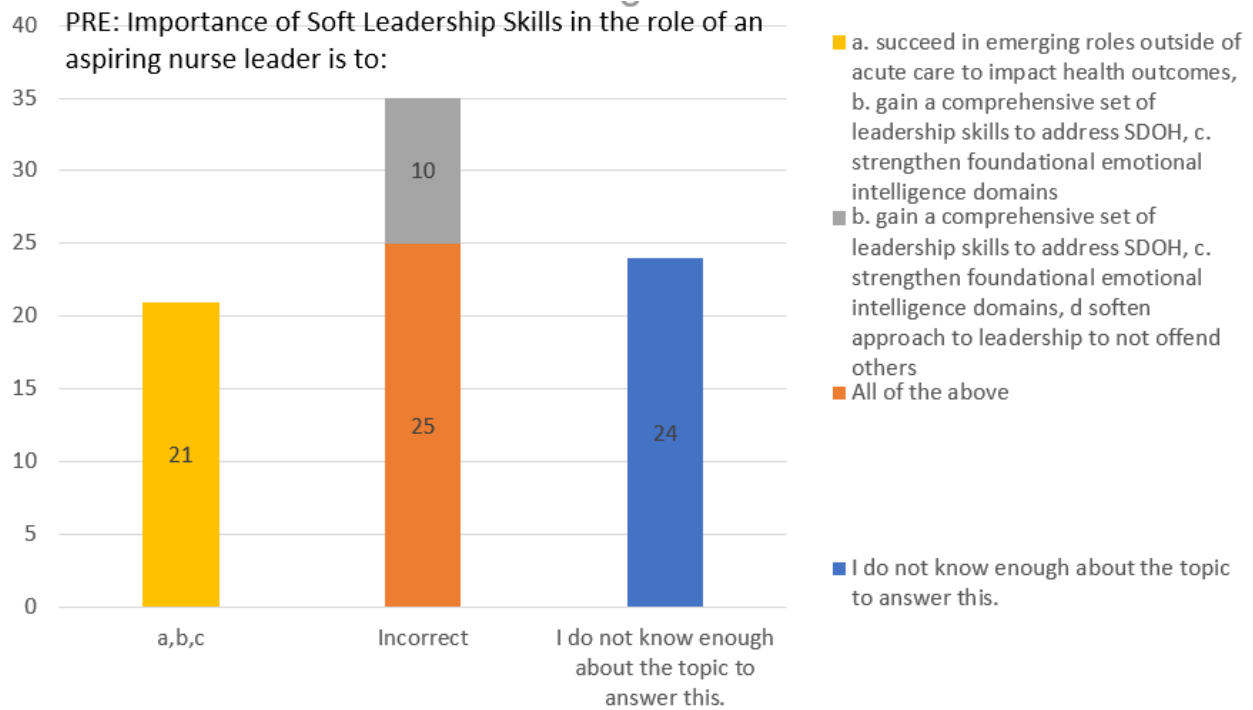


Figure 15. PRE-Importance in Nursing Role

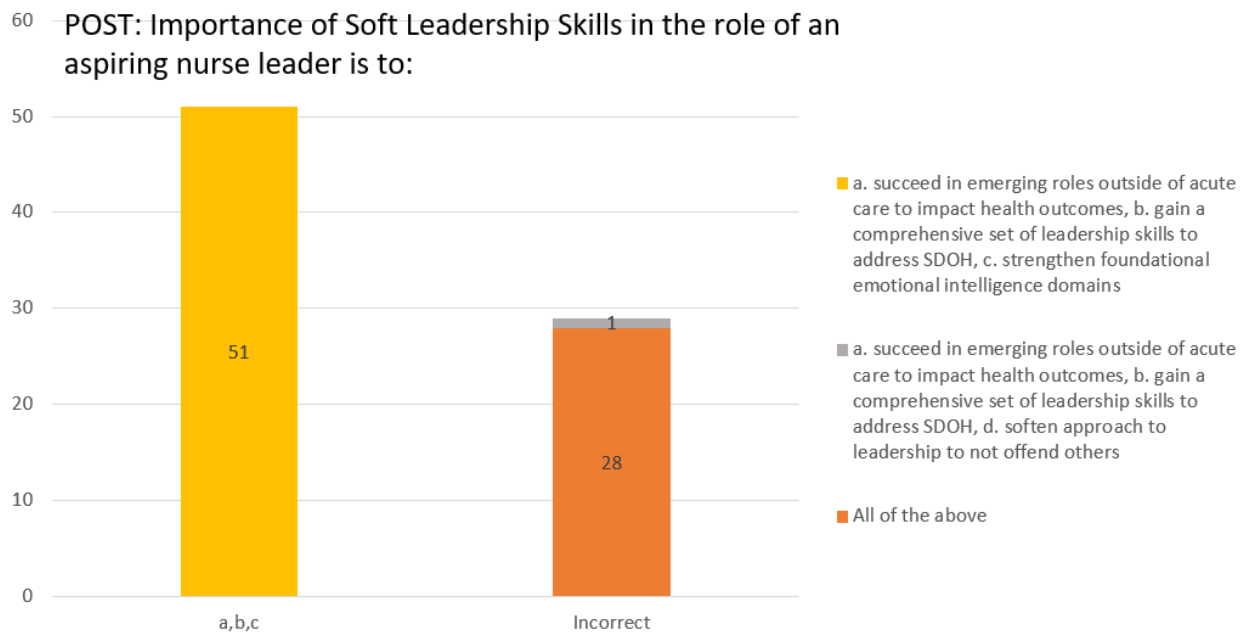


Figure 16. POST Importance in Nursing Role

When participants were asked if they were likely to spend time or money towards developing their soft skills, in the pre-survey, 34 participants (43%) were extremely to very likely, 24 participants (30%) were somewhat likely, 4 participants (5%) were not so likely, and 18 participants (22%) did not know enough about the topic to answer. However, in the post-survey, 61 participants (76%) were extremely to very likely, 18 participants (23%) were somewhat likely, and 1 participant (1%) still did not know enough about the topic to answer. See Figure 17.

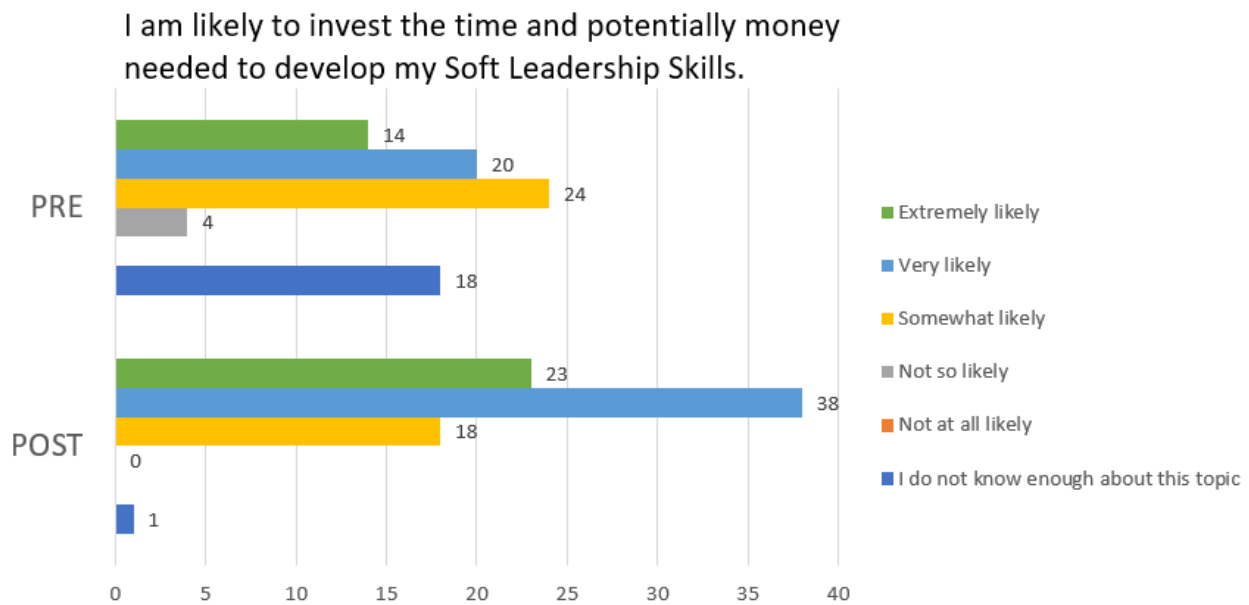


Figure 17. PRE/POST Likelihood of Investing Time and Money for Development

Participants were asked how important it was for them to implement soft leadership skills into their current practice or role. In the pre-survey, 47 participants (59%) selected extremely to very important, 9 participants (11%) answered somewhat important, and 24 participants (30%) selected they did not know enough about the topic to answer. In the post-survey, 64 participants (80%) selected extremely to very important, 14 participants (18%) selected somewhat important,

1 participant (1%) selected not so important and 1 participant (1%) selected they still did know enough about the topic to answer. See Figure 18.

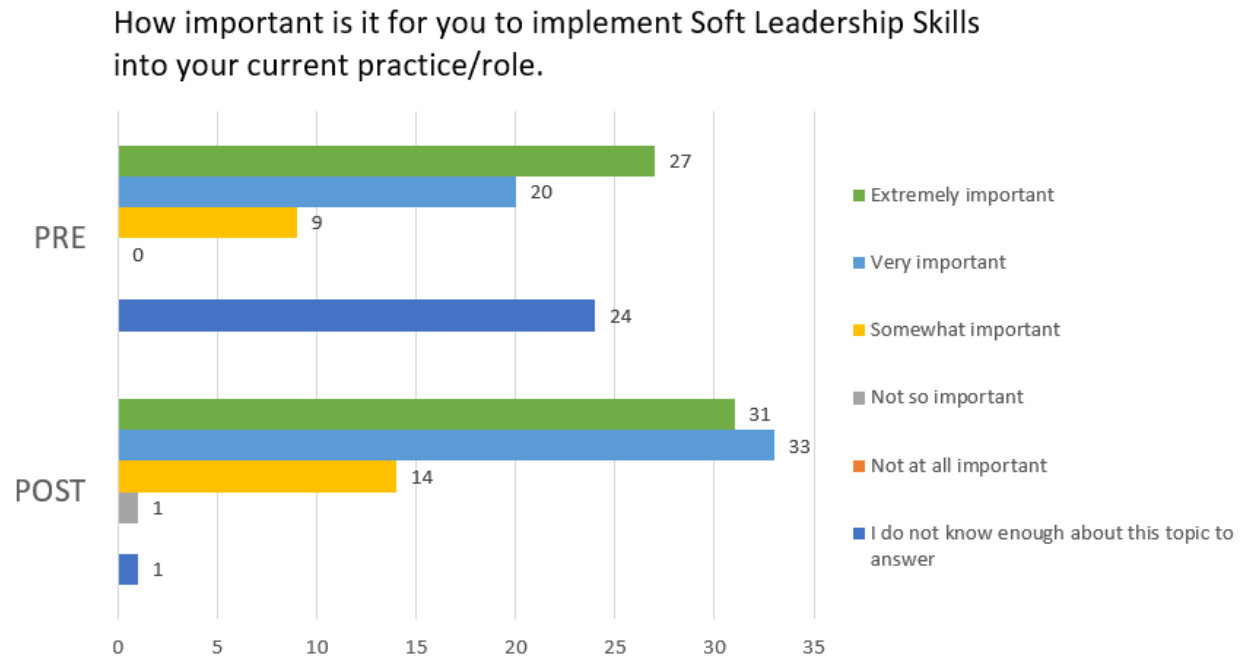


Figure 18. PRE/POST Importance of Implementing Skillset

Participants were asked if they were interested in more in-depth workshops around soft leadership skills development in nursing. In the pre-survey 40 (50%) participants replied extremely to very interested, 25 participants (31%) replied somewhat interested, 1 participant replied not so interested, and 14 participants (18%) replied that they did not know enough about this topic to answer. In the post-survey, 59 participants (74%) replied extremely to very interested, 20 participants (25%) replied that they were somewhat interested, and 1 participant (1%) replied that they were not so interested in more in-depth workshops. See Figure 19.

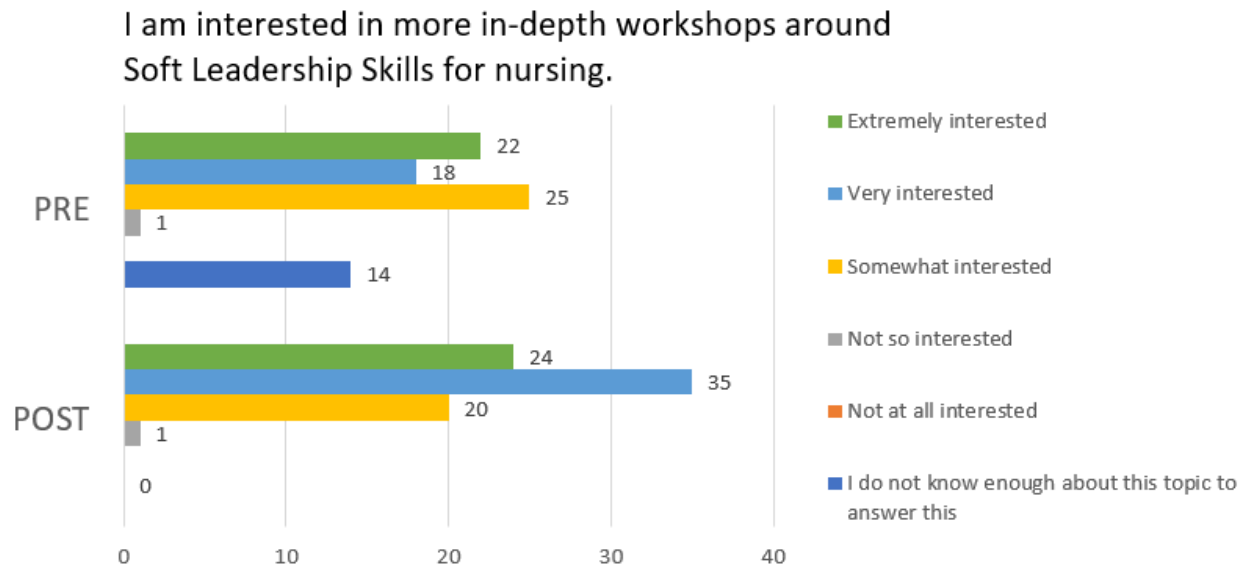


Figure 19. PRE/POST Interest in More In-Depth Workshops

In terms of the types of methods participants were willing to engage in pre- and post-viewing the program is depicted in the graph below. Interest in every category grew in the extremely to very likely range, with the biggest increase occurring in ‘engagement in community-based settings’, from 34 participants (43%) to 50 participants (63%). The options of ‘attending conferences/seminars and virtual reality immersion’ remained at the top of the lists in the pre- and post-survey, at 57(71%)/43(54%) participants pre, and 63(79%)/46(58%) participants post, respectively. The least desirable activity remained ‘referring to textbooks and research articles’ in the pre- and post- surveys with 29(36%)/39(49%) participants, respectively. See Figure 20.

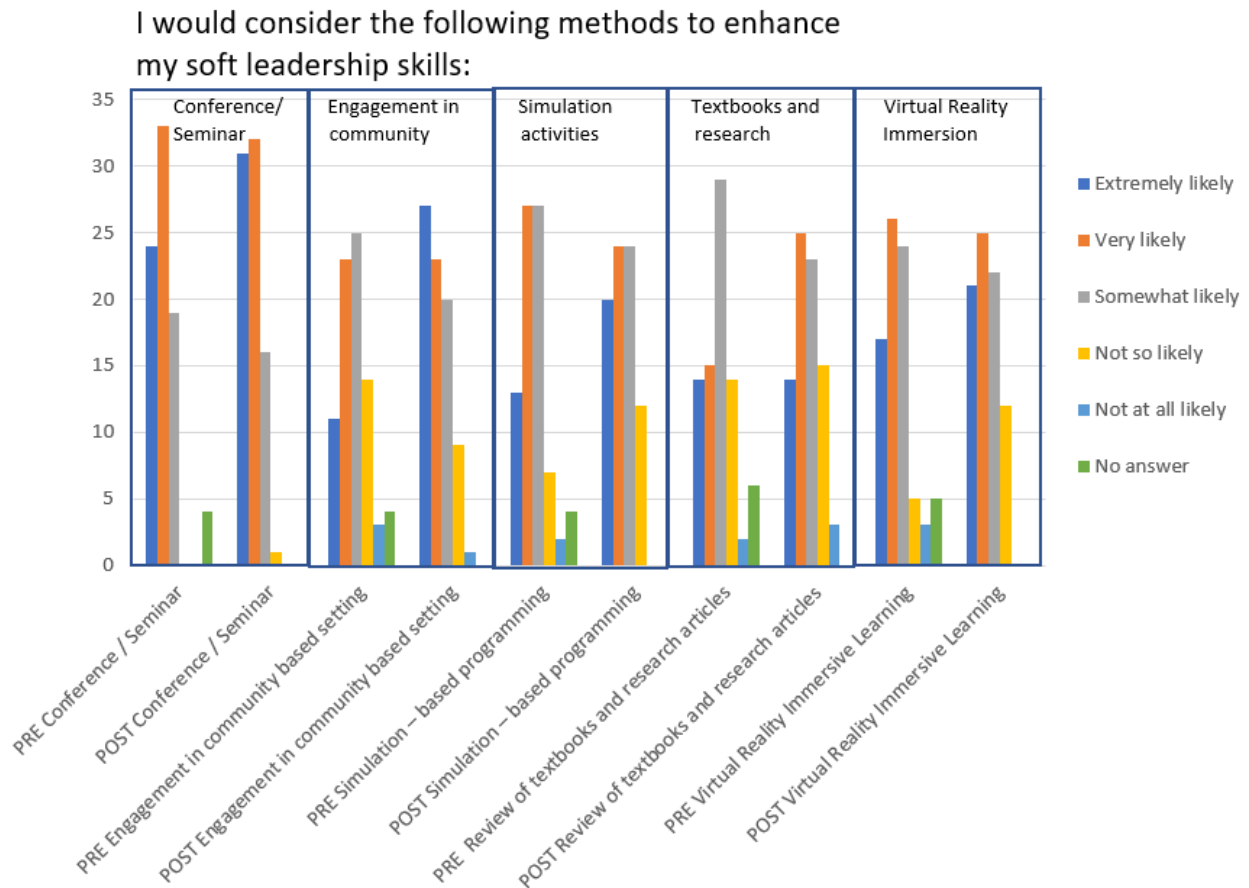


Figure 20. PRE/POST Methods Considered for Further Enhancement

The last question in the pre-survey asked if participants were intrigued to know more about soft leadership skills development. 73 participants (91%) answered strongly agree or agree, 6 participants (8%) answered neither agree or disagree, and 1 participant (1%) answered strongly disagree. See Figure 21.

I am intrigued to know more about Soft Leadership Skills development for nursing.

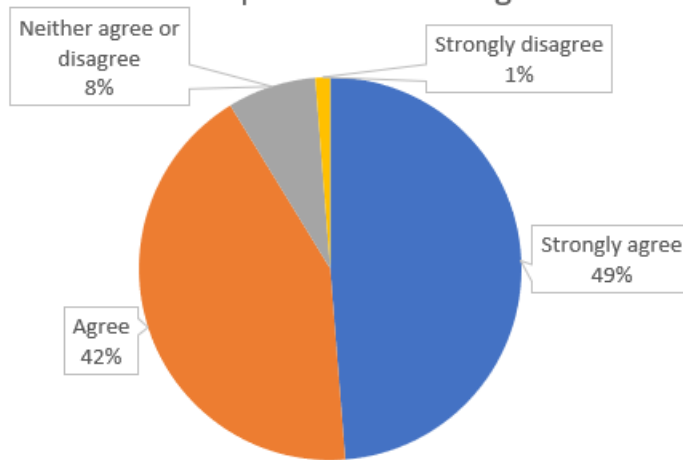


Figure 21. PRE-Interest in Learning More

In the post-survey, participants were asked specifically if they were more likely to engage in community-based setting to enhance their soft leadership skills. 57 participants (71%) were extremely to very likely to engage, 16 participants (20%) were somewhat likely to engage, and 7 participants (9%) were not so likely to engage in community-based settings. See Figure 22.

I am likely to engage in community based settings to enhance my Soft Leadership Skills.

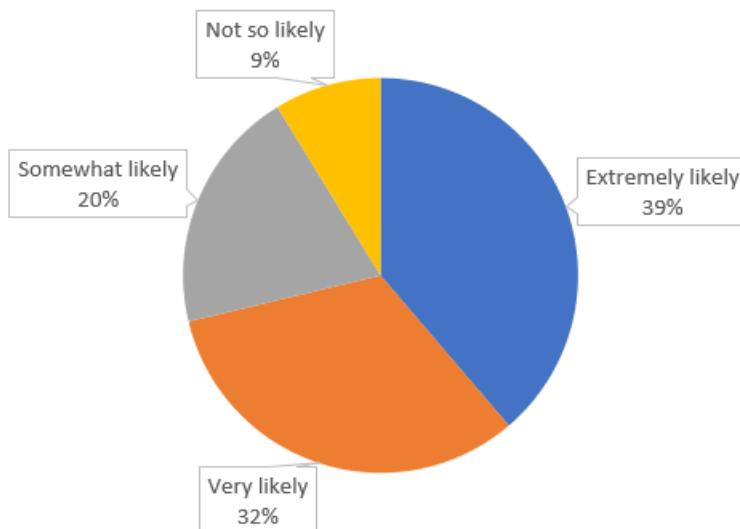


Figure 22. POST Likelihood to Engage in Community Based Setting

In the post survey value proposition questions, participants were asked if they found the introductory program helpful in providing methods of enhancing their soft leadership skills. 72 participants (90%) replied with extremely or very helpful, 7 participants (9%) replied with somewhat helpful, and 1 participant (1%) replied with not so helpful. See Figure 23. When asked if they found value in participating, 77 participants (96%) strongly agreed or agreed, 1 participant (1%) disagreed, and 2 participants (3%) neither agreed nor disagreed. See Figure 24. When asked if format and length were appropriate, 76 participants (95%) stated they strongly agreed or agreed and 4 participants (5%) neither agreed nor disagreed. See Figure 25. Finally, when asked if they would recommend this to a friend or colleague, 63 participants (79%) were extremely or very likely, 14 participants (17%) were somewhat likely, and 3 participants (4%) were not so or not at all likely. See Figure 26.

I found the introductory program helpful in providing methods of enhancing my Soft Leadership Skills.

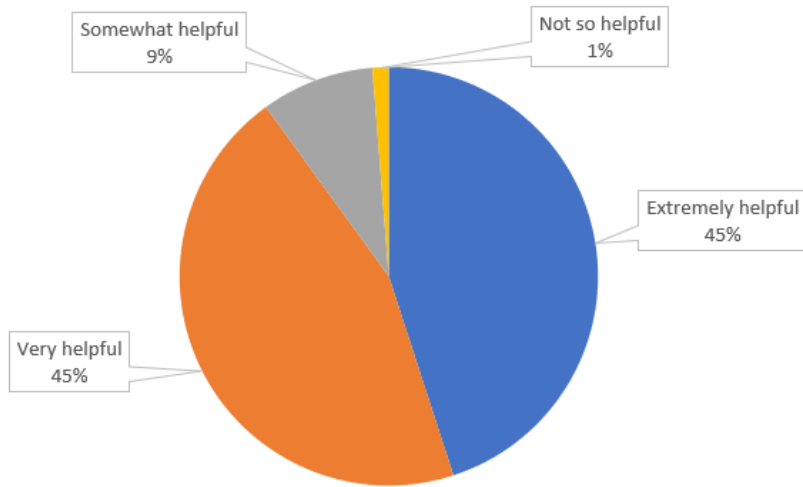


Figure 23. Value of Methods in Introductory Program

I found value in participating in this program.

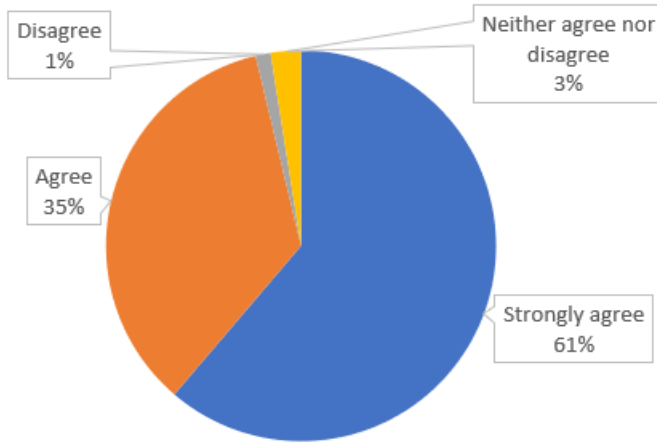


Figure 24. Value of Participation in Introductory Program

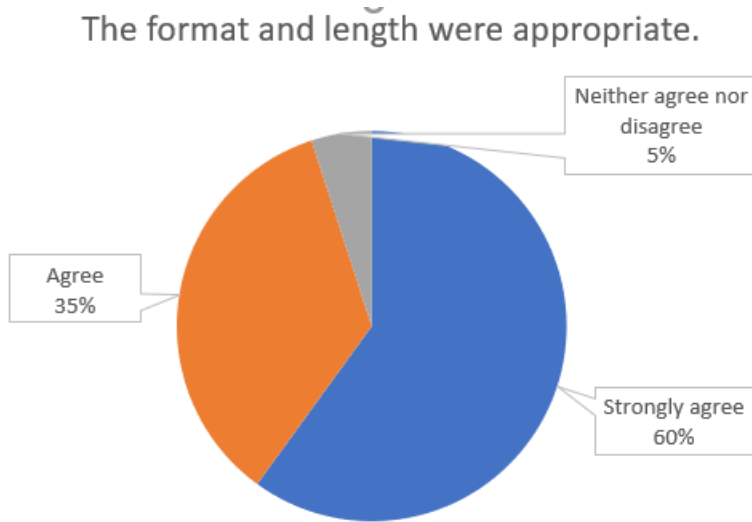


Figure 25. Format and Length of Introductory Program

I am likely to suggest this introductory program to my colleagues.

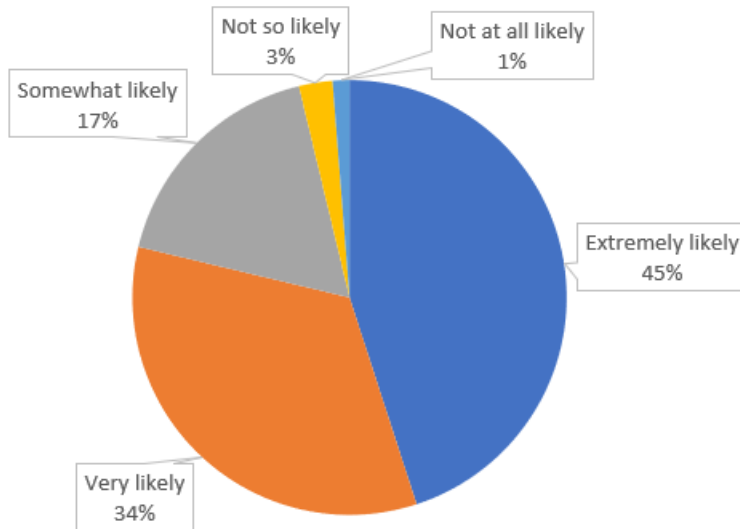


Figure 26. Likelihood of Recommending to Colleagues

Chapter 5

Discussion, Implications and Conclusion

Key Findings:

This introductory web-based immersive program on Soft Leadership Skills was implemented with a group of nurses from the membership of the Organization of Nurse Leaders New Jersey (ONL-NJ). Members of this organization are actively practicing aspiring nurse leaders who serve as mentors or mentees for leadership development (ONL-NJ, 2020). Since this program focuses on a facet of nursing leadership development that is lacking in current training, it was important to assess the baseline knowledge of Soft Leadership Skills held by this group of nurses (Cadmus, Raoji, Polakowski, Lewis, & LoGrippo, 2018). The program was successfully launched and conducted over a five-week period.

The participants in this project came from various backgrounds. The demographic and professional distributions were as follows: the majority of the participants were Caucasian, female, between 50-70 years old, with 20 or more years of nursing experience, and most held Master or Doctoral level degrees. When examining exposure to Soft Leadership Skills for nursing, the group was stratified roughly into thirds with a diverse span of knowledge around the topic. More than one third of the participants had a vague knowledge of the topic, one third were very familiar with the topic, and the final third had no idea about the topic. Almost 70% of the participants had never participated in Soft Leadership Training prior to this program. All the participants stated that the program had increased their knowledge on the topic after participation. This supports the need for training on this topic for nurses.

With the three knowledge-based questions, there was an overall increase in the number of participants who answered correctly in the post-survey. In each question, there were about 6

participants who went from the correct answer to an “all of the above” answer. These participants were Master and Doctoral prepared nurses, which may imply that they over-analyzed the program. It is also possible that there was too much content covered in the program, thereby confusing the participants. When considering if participants would invest time and money towards developing their Soft Leadership Skills, the number almost doubled post participation. The participants view of the importance of this topic in their practice as well their interest in more in-depth workshops both increased by one third in the post survey. Post participation, participants were mostly interested in development through conference seminars, engagement in the community, and virtual reality immersion. This combination of findings is promising for future work on this topic.

The original program was planned to be between 15-20 minutes in length. However, considering the increased stress and panic already associated with the pandemic, it was decided that the program would not be more than 12 minutes in length, thereby lessening the impact towards “exhaustion, anxiety, and burnout” associated with engagement with telecommunications (Mheidly, Fares, & Fares, 2020, pg.3). A newer immersive experience was used to present the content, using Prezi and Loom, to avoid losing interest by using a currently overused platform like Microsoft PowerPoint. Participants overwhelmingly agreed that the format and length were appropriate and there was value added through participation in the introductory program, with most participants likely to suggest it to their colleagues. These findings have important implications for developing similar, quick reference educational programs for exposure to relevant content for nursing professionals.

The qualitative feedback on the program from the participants were analyzed for themes. Many participants noted that it was a “great program,” “well done,” and “very well put together.” Many participants found the program “informative” and “learned something new” through

participation. Participants also noted they further understood “why it is so important to enhance soft leadership skills” by “looking outside the acute care hospital into other areas.” Some participants expressed further “interest in learning more.” Of note was one participant who commented “I have been a community/PH nurse for approx. 50 years and have and continue to employ soft leadership skills: I had never heard them referred to in this way.” However, two participants felt that the topics were “misaligned” and did not “understand the link and focus to CBOs.” One of those participants stated that the “Soft Leadership Skills and CBO/SDH work should be taught as separate entities; linked but separate.” Although this feedback does hold merit, this program was designed to be introductory to the concepts of interest. The goal of the program was to increase awareness on the topics with high-level exposure and then for those interested in learning more, to create a more comprehensive set of experiential opportunities around the many topics discussed in the program.

Implications of Soft Leadership Skills Development for Practice and Education

The overall positive response in post-survey results for a desire to increase in engagement with community-based organizations to develop Soft Leadership Skills supports the importance of this topic for nursing. While nursing education and leadership development remains in the acute care space, there is a novel opportunity to have nurses purposefully recognize self-directed leadership development strategies that can be attained through community engagement. Introducing concepts of upstream impact and building a Culture of Health, participants were given a broader perspective through this program as to the role of nursing in the future health care landscape. It is important to continue to foster this interest in the nursing profession through academia and clinical practice, as it will only enhance the nurse leader’s skillset to navigate these dynamic times.

Future Work

This project was implemented with a group of aspiring nurse leaders who engage in professional leadership development. Interestingly, however, many of these nurses had not been exposed to Soft Leadership Development. It would be worthwhile looking at different segments within nursing, academia, practice, research, leadership/management, public health, to determine if there is indeed a gap across the board in knowledge of this topic. Having this information would fortify or negate the need for expanding nurse leadership development to include Soft Leadership Skills. It would also provide insight into when these skills should be introduced, how they should be integrated throughout the curriculum and weaved throughout a nurse's professional journey.

Limitations and Technical Issues

The limitations of this project were that the project was deployed during the COVID-19 pandemic where nurses had different priorities. When the program was launched in late September 2020, many systems were focused on the second wave of the pandemic. Therefore, engagement with the program was not as high as was projected. However, the target of 20% engagement was reached, which held significance of findings. There were some technical barriers to implementation. These included: firewalls preventing participants from viewing the program, which was embedded in Qualtrics via a YouTube upload, freezing of the program at random intervals with inability to move through the remainder of the survey, and error messages in delivering and opening the Qualtrics link. For a few participants the presentation appeared blurry and the contrast between images and words was low, both which may have been attributed to the user's device.

Plans for Dissemination

Plans to disseminate this program to a larger program have been implemented by applying to be a speaker at American Organization of Nurse Leadership in July 2021. By presenting this work at the national level, the aim is that the importance of addressing the concepts of this program will be brought to light. Due to the fact that this national organization again focuses on leadership development, it is important that Soft Leadership Skills have a platform at this conference. With nurses elevated due to the pandemic, now is the perfect time to leverage their communities trust for creating impact and thereby enhance their own leadership skills.

Statement of Relation to Leadership Immersion

During all phases of developing this project, through development, implementation, analysis and evaluation, there remained a focus on meeting the DNP Essentials. In working with various levels of leadership within the nursing profession, this project remained guided by scientific underpinnings for nursing practice. The goal was for nursing to be exposed to leadership competencies that are experientially acquired. This lent itself towards interprofessional collaboration for improving patient and population health outcomes. By leveraging novel ways of presenting new content to a profession that was bombarded with the COVID19 pandemic, it was vital that technology was utilized for improvement and transformation of health care through engagement of nurses with CBOs. When the project was proposed to the ONL NJ Board of Directors, there was clear interest from the organizational and systems level leadership for quality improvement with more well-rounded nurse leaders, which also leads to clinical prevention and population health for improving the Nation's overall health. In advancing the nurse leadership skillset to include Soft Leadership Skills, nursing practice would be advanced to focus on analytical methods for evidence-based practice for upstream interventions that focus on health

promotion instead of acute episodic care. Finally, through the policy class, the importance of taking this project to the national level and thinking about the policy level changes that need to be made for nurse leadership development also became a point of consideration by the end of the project analysis.

Conclusion:

Nurses play a vital role in the health outcomes of our communities at large. The importance of building Soft Leadership Skills is important to nurses, as validated by their participation in this program. Using community-based organizations as a vehicle to begin to enhance communication, teamwork, networking, and innovation/creativity, is simply one method that nurses can utilize to begin this work. Aspiring nurse leaders found value and a desire to learn more from engaging in an introductory program on this topic. With further development of each topic and a plan to disseminate this work to a larger audience it will be beneficial to bring this to the forefront of leadership development for nursing.

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Appendix A: Program Title, Goals & Objectives

Title: *The Missing Link: Critical Soft Leadership Skills for Aspiring Nurse Leaders*

Program Goals and Learning Objectives:

I. Current Trends in Leadership Training: Participants will understand the current methods of nursing leadership training and its core focus on competency based technical skills.

Learning Objectives:

- Participants will be familiarized with appropriate literature on current nurse leadership training methods to identify critical gaps in training.
- Participants will understand the shift to population health and population health management and new emerging roles for nursing.

II. Introduction to Soft Leadership Skills: Participants will gain understanding of soft leadership skills and their importance for leaders to gain self-knowledge and skills for leading diverse teams and organizations to achieve desired results.

Learning Objectives:

- Participants will be able to identify and comprehend Soft Leadership Skills: Self-Management, Professional Ethics, Digital Literacy, Innovation/Creativity, Emotional Judgement and Problem Solving.
- Participants will be able to provide examples of skills and their relation to building emotional intelligence.

III. Experiential Learning: Participants will learn how engagement with community-based organizations can enhance their soft leadership skills, allowing them to maximize their career potential.

Learning Objectives:

- Participants will understand the role of community-based organizations and their role in health promotion and provision.
- Participants will be able to explain how CBOs can facilitate enhancement of Soft Leadership Skills for nurses.

IV. Resources: Participants will gain awareness of existing resources to further develop soft leadership skills.

Learning Objective:

- Participants will be able to identify specific resources and how to access them for further development of their soft leadership skills.

Appendix B: Expert Panel Rating Tool

<i>The Missing Link: Critical Soft Leadership Skills for Aspiring Nurse Leaders</i>							
Category	Content	Relevance		Importance			
		Yes	No	Not Important	Somewhat Important	Moderately Important	Very Important
I. Introduction to current state of health care delivery	1. Current health care landscape and shift to population health/ population health management						
	2. New roles for nursing considering pandemic						
Part I: Comments/Suggestions:							
II. Current nursing leadership training model	1. Current content in nurse leadership training						
	2. Current methods of content delivery						
	3. Gaps in training						
Part II: Comments/Suggestions:							

III. Soft Skills of Leadership	1. Description of soft skills						
	2. Role of soft skills in new roles for nursing						
	3. Relevance and importance for nurse leaders & relation to EQ development						
	4. Types of experiences with CBOs to enhance these skills in their role						
	5. Resources for further enhancement of soft skills outside of acute care settings						
Part III: Comments/Suggestions:							
Overall comments / suggestions for improvement:							

Expert Panel Member:

Name: _____

Credentials: _____

Organization: _____

Date of evaluation: ____/____/____

(Lazenby, M., Dixon, J., Coviello, J., & McCorkle R. (2014). *Instructions on using expert panels to rate evidence-based content*. New Haven, CT: Yale University.)

Appendix C: Pre & Post-Survey Questions

PRE-ASSESSMENT QUESTIONS (10 questions - required)		POST ASSESSMENT QUESTIONS (8 questions - required)
Q1		Q44
My knowledge on the topic of Soft Leadership Skills for nursing is:		I now have increased knowledge on the topic of Soft Leadership Skills for nursing.
Extremely familiar with concept and can explain to others what it means		Strongly agree
Very familiar with concept and know what it means		Agree
Somewhat familiar with concept and vaguely know what it means		Neither agree nor disagree
Heard of concept but no idea what it means		Disagree
Never been exposed to concept		Strongly disagree
Q2		Q39
Soft Leadership Skills can be defined as (select all that apply):		Soft Leadership Skills can be defined as (select all that apply):
Educationally learned skills that are used in specific work environments.		Educationally learned skills that are used in specific work environments.
Technical / clinical skills that are used in the work environment and interactions with others.		Technical / clinical skills that are used in the work environment and interactions with others.
Personal attributes that are experientially developed and are transferable between roles.		Personal skills that are experientially developed and are transferable between roles.
All of the above.		All of the above.
I do not know enough about the topic to answer this.		I still do not know enough about the topic to answer this.
Q3		Q41
Examples of Soft Leadership skills include: (select all that apply):		Examples of Soft Leadership skills include: (select all that apply):
a. Effective Communication		a. Communication
b. Teamwork		b. Teamwork
c. Clinical skills		c. Clinical skills
d. Networking		d. Networking
e. Innovation		e. Innovation/Creativity
f. Professional knowledge		f. Professional knowledge
a,b,c,f		a,b,c,f
b,c,d,e		b,c,d,e
a,c,e,f		a,c,e,f
a,b,d,e		a,b,d,e

All of the above		All of the above
I do not know enough about the topic to answer this.		I still do not know enough about the topic to answer this.
Q4		
I have been offered opportunities to develop my Soft Leadership Skills:		
Participated in multiple opportunities		
Participated in one opportunity		
Offered multiple opportunities – never participated		
Offered single opportunity – never participated		
Never heard of or offered any opportunities		
I do not know enough about the topic to answer this.		
Q5		Q47
The importance of Soft Leadership Skills in the role of an aspiring nurse leader is to (select all that apply):		The importance of Soft Leadership Skills in the role of an aspiring nurse leader is to (select all that apply):
a. Succeed in emerging roles outside of acute care to impact health outcomes		a. Succeed in emerging roles outside of acute care to impact health outcomes
b. Gain a comprehensive set of leadership skills to address SDOH		b. Gain a comprehensive set of leadership skills to address SDOH
c. Strengthen foundational emotional intelligence domains		c. Strengthen foundational emotional intelligence domains
d. Soften approach to leadership to not offend others		d. Soften approach to leadership as to not offend others
a,b,c		a,b,c
b,c,d		b,c,d
a,b,d		a,b,d
All of the above		All of the above
I do not know enough about the topic to answer this.		I still do not know enough about the topic to answer this.
Q6		Q51
I am likely to invest the time and potentially money needed to develop my Soft Leadership Skills.		I am now likely to invest the time and potentially money needed to develop my Soft Leadership Skills.
Extremely likely		Extremely likely
Very likely		Very likely
Somewhat likely		Somewhat likely
Not so likely		Not so likely
Not at all likely		Not at all likely

I do not know enough about the topic to answer this.		I still do not know enough about the topic to answer this.
Q7		Q53
How important is it for you to implement Soft Leadership Skills into your current practice/role?		How important is it for you now to implement Soft Leadership Skills into your current practice/role?
Extremely important		Extremely important
Very important		Very important
Somewhat important		Somewhat important
Not so important		Not so important
Not at all important		Not at all important
I do not know enough about the topic to answer this.		I still do not know enough about the topic to answer this.
Q8		Q57
I am interested in more in-depth workshops around Soft Leadership Skills for nursing.		I am interested in more in-depth workshops around Soft Leadership Skills for nursing.
Extremely interested		Extremely interested
Very interested		Very interested
Somewhat interested		Somewhat interested
Not so interested		Not so interested
Not at all interested		Not at all interested
I do not know enough about the topic to answer this.		
Q9		Q59
I would consider the following methods to enhance my Soft Leadership Skills:		I would consider the following methods to enhance my Soft Leadership Skills:
Conference / Seminar		Conference / Seminar
Engagement in the community-based setting		Engagement in the community-based setting
Thorough review of recommended textbooks and research articles		Thorough review of recommended textbooks and research articles
Simulation – based programming		Simulation – based programming
Virtual Reality Immersive Learning		Virtual Reality Immersive Learning
		VALUE PROPOSITION - 5 QUESTIONS
Q10		Q61
I am intrigued to know more about Soft Leadership Skills development for nursing.		I found the introductory program helpful in providing methods of enhancing my Soft Leadership Skills.
Strongly agree		Extremely helpful
Agree		Very helpful
Neither agree nor disagree		Somewhat helpful
Disagree		Not so helpful

Strongly disagree		Not at all helpful
		Q63
		I am likely to engage in community-based settings to enhance my Soft Leadership Skills.
		Extremely likely
		Very likely
		Somewhat likely
		Not so likely
		Not at all likely
		Q69
		I found value in participating in this program.
		Strongly agree
		Agree
		Neither agree nor disagree
		Disagree
		Strongly disagree
		Q71
		The format and length were appropriate.
		Strongly agree
		Agree
		Neither agree nor disagree
		Disagree
		Strongly disagree
		Q67
		I am likely to suggest this introductory program to my colleagues.
		Extremely likely
		Very likely
		Somewhat likely
		Not so likely
		Not at all likely
		Q73
		Please share any final thoughts on this program/project/topic.