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### Achieving Success[ion] In Healthcare Leadership: Building An Immersive Nurse Manager Residency Program

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**Achieving Success[ion] in Healthcare Leadership**  
***Building an Immersive Nurse Manager Residency Program***

Submitted to the Faculty of  
Yale University School of Nursing

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

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Yale University School of Nursing

May 22<sup>nd</sup>, 2023

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

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Date: May 15<sup>th</sup> 2023

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## **Abstract**

### **Creation of an Immersive Nurse Manager Residency Program and its Effect on Healthcare Leader Development and Succession**

Succession in nursing leadership is essential to the success of the profession. Successful nurse leaders prove cost effective to organizations by promoting key patient outcome indicators and attributes associated with a decrease in staff nurse turnover. Professional development opportunities and mentorship prove successful in retaining nurse managers to advance healthcare leadership. However, literature shows that new nurse managers lack those professional development and mentoring experiences that contribute to their success in this crucial role. In an era where volatility, uncertainty, complexity and ambiguity remain constants for new healthcare leaders, a change in traditional professional development programs is key to sustaining future improvements in healthcare.

A brief, immersive nurse manager residency program was developed. A cohort of 11 new nurse managers (0-24 months in their role) participated in this program. The program consisted of virtual learning courses, mentorship participation, and a series of structured meetings that cross-walked Association of Nurse Leaders (AONL) nurse manager competencies. Descriptive statistics were used to compare results on pre and post self-competency assessments as well as program evaluation findings at completion. The key finding was that in a complex healthcare organization flexibility, understanding, and convenience in delivery of professional development program activities was necessary to enable nurse manager participation. This required multiple accommodations to better meet the needs of end users. Nurse manager participants and mentors in this program reported an overwhelming need for these services now and into the future. This will require the type of responsive model developed in this project.

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## **Part 1**

### **Creation of an Immersive Nurse Manager Residency Program and its Effect on Healthcare Leader Development and Succession**

The 2011 Institute of Medicine (IOM) report published a report aimed at transforming the health care system in the United States titled, *The Future of Nursing Leading Change, Advancing Health* (Hallock, 2019). Nurses, Nurse Leaders, and nurse executives are vitally essential to progression of our healthcare system into the future. The U.S. healthcare delivery system will not progress into its much-needed future state without the largest component of its workforce, nurses, becoming fully engaged leaders (Hallock, 2019). The IOM report on the future of nurses proposed five major changes to meet the demands of healthcare reform and complexity which included increasing the number of nurses that can redesign systems of care, instituting nurse residency programs, increasing nurses with Bachelor of Science degrees, doubling the number of doctorate prepared nurses, and advancing the scope of practice for advanced degreed nurses (Sutor & Painter, 2020). This report states that nurses must produce leaders throughout the system from bedside patient care to executive and national level leaders, driving changes in the health care system as whole (Hallock, 2019). This is a daunting task when we look at current leadership development opportunities offered by academic and national organizations and how, in the 10 years since this report, we continue to lack the human resources necessary to achieve this goal.

#### **Problem Statement**

Healthcare costs, implications, and consumption are of major concern for the U.S. population and spur much discussion in many economic forums. Healthcare comprises just under one fifth of the US economy (Pihlainen, Kivinen, & Lammintakanen, 2016). The United States spent approximately 4.1 billion dollars on healthcare in 2020 ([www.ama-assn.org](http://www.ama-assn.org)). With rising costs and consumer concern regarding variability in quality, our healthcare system is in

need of change (Vandriel, Bellack, & O'Neil, 2012). A change in how healthcare is governed and strong leadership that is representative of the population to which it delivers services is essential to move the healthcare industry forward effectively. Unfortunately, while nurses are the predominant providers in the delivery and quality assurance of health care; they lack representation at the leadership level with less than 25% of nurses filling leadership roles within healthcare organizations (Rapple, 2018). Studies have shown that nurses possess the skills required to lead institutional responses through the dramatically changing health care environment, however they are often not called upon for this task (Vandriel, Bellack, & O'Neil, 2012). With a vast number of competent nurse managers able to lead healthcare into the future, a lack of education, resources, mentorship, opportunity, and leadership role expectation poses a problem that requires a solution.

Despite nursing leadership being linked to numerous patient safety agendas, leadership development for nurse managers is poorly structured and fails to offer meaningful experiences and mentors (Fennimore & Wolf, 2017). Nurse managers have been historically selected or rather placed into leadership roles due to convenience and necessity; this is most likely not the correct strategy to employ with a group that has the opportunity and serious responsibility to change the landscape of healthcare for our country in the future. The challenge is to begin their leadership trajectory with the appropriate tools for success so they can be expected to lead healthcare into the future on a firm foundation. A strategy that has proven effective for new nurses to gain necessary skills for success in their role is a formalized nurse residency program

A nurse residency program is an evidence-based curricula that delivers content on leadership, patient safety, and professional development for new nurses entering their careers (Cline, La Frenz, Fellman, Summers, Brassil, 2017). According to Sutor and Painter (2020) a structured and accredited nurse residency program for new nurses increases competency and job satisfaction while reducing stress and error. This leads to improved job retention and lowers turnover costs while improving patient outcomes. Sharp Healthcare, a multi-hospital system in

California, demonstrated a 96% one-year retention rate of new graduate nurse residents after implementing a system-wide nurse residency program that met American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP) in 2018 (Failla, 2021). A nurse manager residency program can be leveraged to enhance skills and promote the success of new nurse managers. To this end, this DNP project developed a brief, immersive nurse residency program for nurse managers to enhance their nurse manager leadership competencies.

### **Significance**

With respect to the nursing leadership workforce loss, 49% of nurse managers in 2010 reported they would be retiring by 2020 (Phillips, Evans, and Tooley, 2018). In 2019 The American Organization for Nursing Leadership reported a vacancy rate of approximately 8.3% nationwide, many of these nurse leaders (Stamps, Beales, and Toor, 2019). The cost of replacing nurse managers is estimated at 75%-125% their annual salary which poses a significant financial burden to the healthcare system (Phillips, Evans, and Tooley, 2018). Price Waterhouse Coopers' Health Research Institute estimates that every 1% increase in nurse leadership turnover costs a hospital an additional \$300,000 each year; this would average approximately \$2.5 million dollars per year for an organization (Fennimore & Wolf, 2017). This nationwide void in experienced nurse leaders, coupled with the cost of replacing them, proves there are substantial cost implications in reinforcing the nursing leadership workforce.

In addition to cost implications resulting from nurse manager turnover, the shortage of effective nurse leaders needed to drive health care initiatives forward poses its own serious challenges to the future of healthcare. Effective nurse managers are crucial in achieving a hospital's patient care mission and sustaining its financial viability (Cathcart, Greenspan, & Quin, 2010). While leadership challenges and healthcare complexities continue to evolve, a need for emphasis on skills in nurse manager engagement, flexibility, collaboration, and crossing boundaries is necessary to prepare nursing leaders for a role in healthcare leadership

(Fennimore & Wolf, 2017). These challenges require a certain amount of preparation for nurse leaders to adapt to this role. One belief is that new nurse managers are often unprepared for these roles because, while they may be expert clinicians, they often lack leadership preparation (Morris, Wood, & Dang, 2020). This preparation should be targeted to nurse leader desired outcomes. For example, achieving patient care missions, supporting organizational financial sustainability, creating a healthy work environment that decreases staff turnover, and assisting in meeting hospital centered metrics are all achievements of a confident, sound, and developed nurse leader which attribute to the overall health of any healthcare organization (Cathcart, Greenspan, & Quin, 2010).

Evidence that nurse manager development programs are effective in achieving these metrics are apparent in the literature. Nurse managers enrolled in these programs reported increases in knowledge and application in the spheres of self, organization, and community with data in one study indicating upward career movement for 65% of respondents (Mackoff & Meadows 2017). Multiple studies also detailed the positive influence of these programs on enhancing self-perception as a leader (Mackoff & Meadows 2017; Fennimore & Wolf, 2017; Siren & Gehrs, 2018). Participation in nurse manager leadership programs has appeared to be a successful method to achieving and translating the executive leadership vision into frontline staff practice that engages the workforce and results in high-quality, safe patient care (Ficara, Veronneau, & Davis, 2021).

## **Review of Literature**

### **Search Strategy**

Initial review of the literature was conducted using the PubMed, CINAHL and Ovid databases. Keywords used included: nurse manager, nurse residency, nurse manager residency, leadership development, nursing leadership, professional development, and career ladder which. Inclusion criteria included: nurse managers as subjects and/or ranked above, healthcare system/organization as the environment of study, an intervention for professional

development was introduced at some level, nurse managers, nurse leaders, leadership development, career ladder, nurse manager competencies, and nurse residency Exclusionary criteria included articles published prior to 2010 and non-English language publications. The initial search yielded 1,125 articles. Following duplicate removal and exclusion of 857 articles for relevance, 268 articles remained for title and abstract review. This review yielded 69 articles for full text review. 18 articles were selected for review of literature with 9 articles included in the matrix table. See Appendix A.

### **Synthesis of the Literature**

The literature included cross-sectional, randomized control, case-controlled cohort, and case report study designs. Levels of evidence ranged from level II to IV on the JBI hierarchy of evidence (ref date). Strengths of the studies included cohort diversity, and the use of standardized measurement tools which lend to implementation of programs across diverse healthcare organizations. Limitations included small sample sizes, a low rate of participation, and lack of generalizability of the findings.

Several distinct themes were identified in the literature, the primary being that nurse Manager Leadership development programs are both necessary and effective to enhance the leadership skills in an essential population of the U.S. healthcare workforce. Professional development through a nurse manager residency program should be considered for these purposes. Consistent themes such as the effect of leadership development programs enhancing nurse manager skills in communication, finance, staff retention and turnover, as well as the financial benefit of succession planning emerged in the literature. Evidence based leadership development programs were a common effective theme often cited. (Stamps, Beales, & Toor, 2019; Lundmark & Hargreaves, 2019; Ramseur & Fuchs, 2018; Mackoff, Meadows, & Nash, 2017; McGarity, Reed, Monahan & Zhao, 2020). Most of the studies reviewed also included pre and/or post assessment surveys of participants on perceived knowledge in specific leadership

competencies; most participants reported increases in knowledge and understanding in these competencies after their involvement in a leadership development program (Lundmark & Hargreaves, 2019; Ramseur & Fuchs, 2018; Mackoff, Meadows & Nash, 2017; McGarity, Reed, Monahan & Zhao, 2020).

## **Literature Findings**

### ***Leadership Competencies***

The literature findings most suggested the use of leadership competencies as a gauge for the professional development of nurse managers. Competencies are essential to providing a framework for measuring performance and outcomes and set the stage for organizations to hold staff and leaders accountable (Cathcart, Greenspan, & Quin, (2010). Further, educational programs that are evidenced based and structured advance leadership competencies that can create a pool of skilled nurse leaders at all levels who are prepared for expanded leadership roles within the organization (Martin & O’Shea, 2021). The AONL nurse manager competencies were the most prevalent in the literature (AONL, AONE, 2015). These competencies detail the skills, knowledge, and abilities that guide nursing leadership practice regardless of educational level, title, or healthcare setting. In 2004, the American Association of Critical-Care Nurses (AACN) the American Organization for Nursing Leadership (AONL), and the Association of peri-Operative Registered Nurses (AORN) formed the Nurse Manager Leadership Collaborative with the goal of identifying and organizing skills or competencies required to perform the job of nurse manager (AONL, AONE, 2015). These nurse manager Competencies compose the Nurse Manager Learning Domain Framework that captures the talents, understanding and abilities that guide the practice of these nurse leaders (AONL, AONE, 2015). The nurse leader must gain expertise in all three domains to be successful (See Appendix B).

McGarity, Reed, and Monahan (2020) discussed a leadership development program that focused solely on curriculum based AONL Nurse Manager Competencies and included topics such as strategic management, relationship management, influencing behaviors, reflective

practice and foundation thinking skills as these transformational competencies are not generally part of the on-the-job training nurse managers typically receive. Additional competencies included driving improvements in patient and staff satisfaction, building a cohesive team and creating an overall healthy work environment (McGarity, Reed, & Monahan, 2020).

The AONL Nurse Manager Competencies framework is only one example cited in the literature. Other programs used a combination of evidenced based and organizational specific competencies when developing their nurse leaders. West, Smithgall, Rosler, & Winn (2020) discussed an organization-specific competency model that utilized some of the AONL Nurse Manager competencies and combined them with organization specific competencies to ensure improvement in people and processes as well as serve as a baseline for expected skills and behaviors for their leaders. These competencies included seven domains that were well defined and assigned specific behaviors that demonstrated achievement in each core leadership competency (West, Smithgall, Rosler, & Winn, 2020).

In McGarity, Reed, & Monahan (2020), two cohorts of participants completed a competency inventory tool pre and post attendance of a leadership development program with participants reporting higher levels of leadership competency post program. Despite this self-reported increase perceived competence, participants felt that leaders need to evaluate professional development programs due to the fact that healthcare is continually evolving, and new competencies need to be updated accordingly (Warshawsky & Caramanica, 2020).

In a 24-month program that focused on evidenced-based leadership principles; nurse leaders gained essential competencies to make them more effective leaders and which assisted them in meeting strategic organizational goals, leading change at a unit level, and achieving exemplary nursing and patient outcomes. (Phillips, Evans, Tooley, and Shirey, 2018). This program utilized mentors that not only acted as listeners but also served as resources to grow the nurse manager experience and confidence skills in areas of teamwork, hospital budgets,

service line expansion and daily operations (Phillips, Evans, Tooley and Shirey, 2018). Another study implemented an online leadership development program for nurses which focused on training modules in business management, leading people, and personal development (Lundmark and Hargreaves, 2019). This program used a pre- and post-assessment for participant's perceived levels of confidence and results which showed a significant increase in leadership competency post-program (Lundmark and Hargreaves, 2019).

### ***Leadership Development Programs***

Several studies referenced the Nurse Manager Fellowship Program sponsored by the American Organization for Nursing Leadership (AONL). In the study presented by Mackoff and Meadows (2017) data was captured regarding 2 aspects of change: (1) the nurse manager fellow's self-perception of increased knowledge and understanding as a result of participating in the program and (2) their perceived ability to apply this knowledge to their everyday activities (Mackoff & Meadows, 2017). Further, this study not only translated the perception of enhanced knowledge and ability to apply it but in fact actualized it. A majority (65%) of the respondents in this study, reported upward career leadership progression (Mackoff & Meadows, 2017).

Warshawsky and Cramer (2019) also highlight the AONL Nurse Manager Fellowship program by discussing the results of a survey completed by over 647 nurse managers across 54 hospitals that found that the competencies that rated lowest included-finance, strategic management, and performance improvement are critical for leading transformation of the healthcare organization. Leadership development programs for nurse managers often fail to offer adequate experiences and mentors or are too loosely structured to be effective in developing the competencies of successful leaders (Fennimore & Wolf, 2017). Developing an effective nurse manager requires more than overlaying business, management, and leadership skills onto nursing practice (Cathcart, Greenspan, & Quin 2010). The importance of the nurse manager to organizational performance coupled with the need for comprehensive development



in evidenced based leadership competencies is well established in the literature (Warshawsky, & Cramer 2019).

Competency based programs highlighted in the literature included The Nurse Manager Fellowship Program (NMF) sponsored by the American Association of Nursing Leaders (AONL), Essentials of Nurse Manager Orientation developed by the American Association of Critical Care Nurses (AACCN) and the American Nurses Credentialing Center increased the recommended education standards for nurse managers working in organizations with Magnet Recognition Program (Warshawsky, & Cramer 2019). These competency-based programs were foundational to leadership development programs for nurse managers in various organizations. Professional development programs for new and emerging nurse leaders that build on a foundation of inclusive orientation and include individualized learning experiences can create a smooth transition to practice in leadership roles (Lundmark & Hargreaves 2019). A transition to practice program for nurse managers and an online leadership development program for nurses who were identified as future leaders both showed significant growth in nurses' leadership competencies (Ramseur, Fuchs, et al 2018; & Lundmark & Hargreaves, 2019). Training included modules in nurse leader specific competencies, was augmented by executive nursing mentorship, and included ongoing monthly sessions to reflect on what was learned and reinforce content (Lundmark & Hargreaves, 2019)

### ***Succession Planning and Financial Implications***

The literature findings suggested that effective nurse managers create healthy work environments which increase nurse retention, improve patient safety, satisfaction, and clinical outcomes (Phillips, Evans, Tooley, & Shirey, 2018). Evidence suggested that nurses currently working in clinical roles have little to no interest in pursuing leadership roles (Lundmark & Hargreaves, 2019). With the lack of interest by clinical nurses to attain leadership roles; the fact that 71% of healthcare organizations have no process for identifying potential leaders and less than 30% of organizations have some formal succession planning program in place, the future

of nursing leadership is in question (Phillips, Evans, Tooley, and Shirey, 2018). When this is coupled with the cost of replacing nurse managers with competent nurse leaders; the cost implications are staggering (Warshawsky & Caramaica, 2020). Succession planning is a much-needed business strategy that healthcare organizations must take seriously to remain both operationally and fiscally viable in the future (Phillips, Evans, Tooley, & Shirey, 2018).

Implementation of leadership development and succession planning for leaders at various levels of leadership will provide an organization with much needed stability (Martin, and O'Shea, 2021).

Succession planning programs have also proved beneficial to professional development and seamless transition into advanced leadership roles. Two years following a succession planning program, results showed that 82% of participants had transitioned to nurse leadership positions from clinical roles and 100% were retained by the organization (Phillips, Evans, Tooley, & Shirey, 2018). Another succession planning program produced an 18% increase in internal hires and decreased nurse manager replacement time by 3 months (Phillips, Evans, Tooley, & Shirey, 2018). When compared to no formal succession planning, a formal succession planning strategy results in a positive cost-benefit ratio (Phillips, Evans, Tooley, & Shirey, 2018).

Research from other industries indicates that leadership is an essential component of systematic change strategies for organizational success, however this research is limited (Crowe, et al., 2017). A National Center for Healthcare leadership survey of leadership development practices positively correlated with health system financial performance metrics of operating margin; days of cash on hand, and debt to capitalization based on 2013 data that controlled for payer mix, case-mix index and bed size (Crowe, et al., 2017). Therefore, the greater clinician involvement in strategic leadership positions the greater the impact on the health organization's bottom line. CEOs and Board of members with clinical background and familiarity bring a unique appreciation to the business of medicine because they communicate

better with their peers, better understand clinical challenges and patient needs, as well as contribute more legitimacy into implementing and sustaining initiatives (Crowe, et al., 2017).

### ***Mentoring***

While mentoring is not a new strategy for assisting professionals develop their knowledge and skills, programs and resources for formal mentoring have historically been focused on mid or advanced career RNs as opposed to early career RN leaders and managers across multiple settings and roles (Hewlett, Santolla, and Persaud, 2020). Several constraining factors such as an older mentor population, in-person communication format, clear differentiation between preceptor and mentor, and diverse work locations may strain accessibility to a younger population of nurse professionals needing a mentor (Hewlett, Santolla, and Persaud, 2020). Strategies such as virtual communication platforms, online pairing tools, and communication templates are required to increase accessibility and effectiveness of mentors to a younger population of nursing professionals early in their career. This is necessary to advance professional development and cultivate interest into nursing leadership among this population.

### ***Project Model***

The project model used for this DNP project was Kurt Lewin's change model. This model outlines three phases of change: 1.-Unfreezing 2.-Changing 3.-Refreezing and is regarded as a fundamental approach to managing change (Shirey, 2013). See Appendix C. In the unfreezing stage, communication created an awareness to mid and executive leadership regarding the operational and financial impacts of having underprepared front line nurse leaders. Further emphasis was placed on how necessary a change was for the organization to create a competitive advantage amongst other similar healthcare organizations in our area. New nurse managers were informed upon hire or transfer of the opportunity to participate and complete the Nurse Manager Residency program, its requirements for successful completion as well as benefits of their participation in the program to them, their staff, patients, and the organization.

Following the initial phase, the implementation stage took place. A core cohort of participants were identified, the leadership development series began. Prior to virtual learning modules a pre-assessment of perceived nurse manager competencies was taken by participants using the AONL nurse manager competency assessment; these competencies were cross-walked with the organizational behavioral competencies for nurse leaders. A didactic approach was utilized which included virtual learning, in-person learning (to the extent possible), mentorship opportunities, and peer-to-peer support groups.

After the “intensive” program was completed, members in this cohort once again engaged in a self-assessment of their leadership competencies using the AONL nurse manager competency assessment. Identified mentors were sent an opportunity to take a survey to assess the leadership skills of the participant they engaged in mentoring activities to assess how they changed over the course of the program. While support for the front-line nurse leader will remain ongoing, the refreezing would occur when the professional development program becomes a hardwired practice the organization adopts and offers to all newly hired nurse managers.

### ***Supporting Theoretical Framework***

The supporting theoretical framework for this project was Dr. Patricia Benner’s Novice to Expert model. Applying this model of clinical competence to leadership encourages nurses to critically assess skills necessary to move from novice to expert (Quinn, 2020). Through enhanced competency via this program, nurse managers new to healthcare leadership gain skills in attracting, retaining, supporting, and developing frontline staff (Quinn, 2020). Benner’s model is based on novice, advanced beginner, competent leader, proficient leader, and expert leader. This same scale is also used for the AONL nurse manager competency assessment. A graphic representation of Benner’s novice to expert model can be found in Appendices D & E.

## **Organizational Assessment**

The organization where the project was implemented is a large urban academic medical center with over 350 locations including several multi-specialty hospitals and ambulatory care facilities. This organization has received several awards in quality and safety and is ranked in the top 3 hospitals in the nation according to U.S. News and World Reports. Over 4100 physicians and approximately 8,000 nurses are employed within this health system many of which are frontline leaders across the various settings. These settings include 6 inpatient locations, 157 ORs, over 300 ambulatory locations that see close to 7.1 million outpatient visits, 250,000 ED visits, and approximately 110,000 discharges per year. Literature supports successful implementation of this project in large urban academic medical centers such as this (Ramseur & Fuchs, 2018; Morris, Wood, & Dang, 2020; Stamps, Beales, & Toor, 2019).

Nurse leaders in this organization are often underprepared for their role as nurse managers. Placement into leadership roles is often based more on clinical expertise rather than competency as a leader (Warshawsky & Cramer (2019). This organization has no formal nurse manager orientation program. The organizational structure of this institution leaves a significant gap between mid and senior nurse leaders, resulting in a supportive gap for new and existing nurse managers. Nurse managers often reported feeling overworked and under-supported with respect to accountability for nurse sensitive indicators, patient and staff satisfaction, regulatory requirements, staff turnover and the financial operations of their departments. The organizational culture, while not always providing support to front line nurse managers, does recognize that they are key to the success and sustainability of the institution.

### ***Strengths, Weaknesses, Opportunities and Threats***

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis was performed to identify internal attributes—organizational strengths and weaknesses, and external factors—environmental opportunities and threats that may act as facilitators or barriers to the project

**Strengths.** The strengths of implementing this nurse manager residency program at this institution included the large size and numerous nursing leaders at both the mid and executive level that would be potentially supportive and participate and included the Chief Nursing Officer and Vice Presidents of Nursing at each hospital. Further, this institution is Magnet designated and already had a successful comprehensive nurse residency program for new graduate nurses. The acute care hospital in one of its large catchment areas was recently awarded with Magnet designation, the first hospital in the area to achieve this status with recognized exemplars for their nurse residency program.

**Weaknesses.** This large organization was in the process of merging with a small community hospital; one of many mergers that had occurred in the last 10 years. Weaknesses included challenges in communication and standardization of programs with implementing new initiatives across the diverse cultures of this organization. Historically, adoption and sustainability of new programs had been slow as a result of this. Further, resources and uncertainty in the current organizational climate could threaten this project.

**Opportunities.** Creating a standardized nurse manager residency program also offers an opportunity for credentialing from outside agencies such as ANCC which could be used as a framework to be adopted at other organizations.

**Threats.** Threats to this program included competing factors with staffing and supply chain, which may pose as potential barriers to nurse managers participating in this program. Other external factors such as national disasters, drastic changes in finances, or, most recently, the global pandemic that all healthcare organizations were required to deal with all impact ongoing and future sustainability of implemented programs.

## **Goal and Aims of the Project**

### ***Goal statement***

This DNP project developed a brief, immersive nurse residency program for nurse managers to enhance their nurse leadership competencies. This multi-modal program included new nurse managers (up to 2 years) in both ambulatory and inpatient care environments in a large urban academic medical center

### ***Aims***

The project aims were:

1. To develop a multi-modal professional development program for nurse leaders.
2. To implement and evaluate the professional development program.
3. To make recommendations for the scaling and sustainability of the program throughout the healthcare system and beyond.

## **Part 2**

### **Methods**

#### **Overview of Methods**

This nurse manager residency program developed a multi-modal professional development program and framework of support for new nurse managers as they transitioned into healthcare leadership. This program consisted of a series of virtual courses that cross-walked AONL nurse manager competencies and organization behavioral competencies and used LinkedIn learning courses. Another component of this program included participation in the organization's mentorship network where the nurse manager resident was paired with a mentor that best matched their profile and conducted a series of structured meetings. Finally, the nurse manager resident participated in cohort meetings sessions which were facilitated by the project manager that cross-walked concepts covered in virtual learning courses and created an informal outlet to discuss challenges and opportunities consistent with their new role. A pre and post competency assessment was used prior to and at the completion of the nurse manager residency program to assess effectiveness.

#### **Project Goal and Aims**

This DNP project developed a brief, immersive nurse residency program for nurse managers to enhance their nurse leadership competencies.

The following were the project aims:

1. To develop a multi-modal professional development program for nurse leaders.
2. To implement and evaluate the professional development program.
3. To make recommendations for the scaling and sustainability of the program throughout our healthcare system and beyond.



## **Aims and Associated Methods**

**Aim 1:** To develop a multi-modal professional development program for nurse leaders.

### Development of Leadership Stakeholder Committee

- The project was presented to executive and senior leaders for stakeholder buy-in. These individuals include the System Chief Nursing Officer, Vice-President of Nursing, Senior Directors of Nursing, Office of Leadership Development, and Department of Nursing Education.

### Development of the curriculum

- AONL competencies were chosen to align with organizational performance metrics and included:
  - Performance improvement
  - Strategic management
  - Relationship management and influencing behaviors
  - Diversity
- These competencies were used to guide development of the educational curriculum. Primarily, the curriculum used the science, the art, and the leaders within domains and focused on:
  - Strategic management/change management,
  - Human resource management/motivating others
  - Crucial conversations
  - Diversity and Inclusion
- The curriculum was delivered through web-based self-guided training modules utilizing the organization's LinkedIn Learning Resources, a digital platform with thousands of virtual courses led by industry experts as well as in-person mentor

meetings.

- Six online self-guided training modules were accessed by participants through the organization's learning and development program (FOCUS) using their hospital Kerberos ID and password. The 6 modules were aligned with AONL competencies. Content included leadership, resilience, developing and influencing others, difficult conversations and managing diverse teams.
- The modules were to be taken over a course of 6 weeks, once a week, for 40 -60 minutes per module and were completed virtually at the nurse manager resident's convenience.

#### Preparation of guidelines for nurse manager participants

- A brief guide with time frames was developed for nurse manager participants to outline the steps entailed as part of the program.
  - Nurse manager mentees were asked to create a profile in the mentor network to be matched with a mentor. A mentor/mentee agreement was signed, goals were set, and an abbreviated mentor/mentee agenda was developed as a guide for meetings.
  - The mentor/mentee meeting schedule was set for 1 meeting every two weeks for the duration of the 6 weeks.
  - In addition, a schedule of cohort meetings for nurse manager participants over the course of the project was set to discuss concepts in virtual learning modules, challenges and other experiences they had in their new role while providing peer support.

#### Preparation of outcomes assessments/surveys

- A pre/post competency assessment using the AONL Nurse Manager Competency Self-Assessment was chosen for use in this project. It asked nurse manager

participants to rank themselves on leadership/management categories. This was delivered on the Qualtrics platform on the protected hospital server.

- A brief program evaluation survey was also developed with versions for nurse manager and mentor participants. These consisted of 5 Likert type scale items each, assessing participant experience, as well as strengths and weaknesses of the program. Each item included a comments section.

**Aim 2:** To implement and evaluate the professional development program.

#### Recruitment

- Recruitment began through identifying the initial cohort group by location in our organization. The project manager worked with the site sponsor to obtain this information. The location of this initial cohort was based primarily at one acute care hospital within this organization. The project manager subsequently reached out to other hospitals within the organization given the low amount of participants initially identified and self-recruited additional participants. The cohort initially consisted of 13 nurse managers and subsequently was 11 total participants that were appointed to their positions in the last (0-24 months).

#### Enrollment

- The site sponsor contacted initial nurse manager participants through the organization's email server with a brief description of the immersive residency program and its components to elicit their interest in participating. Eligible participants held the role of nurse manager for 0-24 months, and worked within two specific areas of the organization's inpatient or ambulatory areas. The project manager contacted identified participants by email, phone and with in-person conversation to explain the program and go over the guidelines and timeline for participation with them. Several email inquiries were sent before the program started to nurse managers that had not responded.

#### Pre- Assessment

- After nurse manager residency candidates spoke with the project manager, received project participation guidelines, and agreed to participate, they were sent a link to take the AONL nurse manager pre-competency assessment. This survey link was emailed to participants on their hospital email account and used the Qualtrics platform to capture responses.

#### Participation in the Learning Modules

- Participants then enrolled in the web-based self-guided training modules through LinkedIn Learning, a tip sheet was provided. A virtual session was held at the request of some program participants to assist them in enrolling in these courses. Participants emailed the project manager their certificates upon completion of all courses.
- The assigned modules and respective components are listed below and were taken in order:
  - Leadership Foundations
  - Coaching skills for Leaders and Managers
  - Having Difficult Conversations: A Guide for Managers
  - Diversity, Inclusion, and Belonging (DIB)
  - Building Resilience as Leader
  - Influencing Others

#### Mentorship

- Mentorship was another component of this program and included in-person or virtual meetings between mentor and mentee with specific action directed agenda criteria for each meeting. Some nurse manager residents utilized the organization's existing mentor network to create a profile and were matched with a mentor based on their profile. The project manager also utilized networking resources within the organization to match other participants in finding and eliciting a mentor. Once a mentor was identified by the

mentee an email was sent to determine availability and meetings were set.

- Participants were encouraged to use the abbreviated mentor/mentee agenda to guide their initial and subsequent meeting.

#### Cohort Meetings

- Additionally, this DNP project included meetings with program participants to discuss content of virtual learning modules, challenges and other experiences they had in their new role. Scheduling conflicts required that additional abbreviated and personalized sessions were held with participants at their convenience. Cohort sessions ranged from 30-45 minutes in length and were held during nurse manager business hours. Sessions were informal and cross-walked virtual learning concepts with the real time experiences of the nurse manager participants.

#### Distribution of post program surveys

- Upon completing all aspects of the nurse manager residency program (virtual learning modules, meetings with a mentor, and cohort sessions) program participants were sent the post program evaluation and competency assessment to complete. Evaluations were completed via Qualtrics through a link that was sent to nurse manager participants by the project manager; responses were anonymous.
- Mentor participants were also sent a post program evaluation survey upon completion of the mentoring session via Qualtrics through organizational encrypted email; results again were de-identified.

#### Evaluation

Results for the nurse manager residency program were analyzed using descriptive statistics.

- Nurse manager competency assessments were analyzed descriptively
- Program evaluation surveys were analyzed descriptively.

### **AIM #3**

To make recommendations for the scaling and sustainability of the program throughout our healthcare system and beyond.

#### Sustainability

- Discussion with senior nursing leadership on this convenient and user friendly program included the recommendations that all newly appointed nurse managers participate in the abbreviated Nurse Manager Residency program
- The findings of this program will now be used as an exemplar for the American Nurses Credentialing Center (ANCC) MAGNET designation.

#### Scaling

- Recommendations were made to implement this Nurse Manager Residency program system wide to all newly appointed nurse managers. Reporting of data findings from the initial cohort to executive leadership were presented to the enterprise-wide nurse executive council, a group that represents executive nursing leadership across the system.

#### **Dissemination**

A poster presentation was given at the Yale School of Nursing Scholar's Day in April 2023. This project will also be submitted for publication to the American Nurses Credentialing Center (ANCC) for publication.

#### **Statement Related to Human Subjects**

This project was deemed a quality improvement project by the Yale University IRB. There are minimal risks to participants in this project.

## **Part 3**

### **Systems, Policy, and Business Implications**

#### **Systems Overview: Leadership, Business and Policy**

This large academic medical center had recently been ranked top 3 in the country and number 1 in state with which it resides. Despite these accolades, the organization has consistently high turnover of front-line staff and healthcare leaders at the nurse manager level. This coupled with further expansion and acquisition of additional hospitals makes standardization of care a challenge. Currently, care in this organization spans across 5 acute care hospitals and over 350 ambulatory locations. To continually meet the quality metrics that have afforded this organization some of the highest rankings in safety and quality nationwide consistency in healthcare leadership is necessary.

#### **Leadership and Stakeholder Engagement**

Senior leadership has made a commitment to standardization of care across this organization. The Chief Nursing Officer is a key stakeholder and serves as the executive sponsor for this project and has made succession planning one of the strategic goals for our organization. The Vice President of Nursing for the acute care hospital served as the site preceptor for initial participants of the Nurse Manager Residency program that will derive from this location. Additional support was elicited from the VP of Nursing and the VP of Nursing for Perioperative Services to gain additional participants for this program. The DNP student is a Senior Director in Regulatory Affairs at this organization and served as the project manager (PM). The PM coordinated implementation of pre/post competency assessments, assigned virtual learning modules, assisted participants in creating the mentor/mentee network profile, and facilitated numerous cohort meeting discussion sessions. Multiple concurrent succession planning projects were ongoing for nursing leadership and included identifying nurses prior to appointment to leadership roles and providing them guidance in navigating to the next stages of their professional development. Another initiative is enhancing the mentorship network within

our organization to provide a resource for both mentors and mentees to be paired together based on entering a comprehensive profile. This project added to existing projects that enhance succession planning across the organization. The Executive Summary was presented to the Enterprise-Wide Executive Nursing council as well as the DNP council to gather suggestions for expansion and sustainability of this program moving forward.

### ***Business/financial Considerations***

Almost all the associated costs of implementing this project were absorbed by the organization as internal quality improvement activities. Minimal administrative costs were associated to implementation of this project as existing resources are in place to support training and support mentorship of this program. The DNP student served as program manager and coordinated with participants and leaders on project implementation.

The return on investment was calculated based on the anticipated reduction in nurse manager and staff nurse turnover. With the cost of replacing nurse managers estimated at 75-125% of their annual salary and the turnover rate of mid-level nurse leaders being close to 24% at the acute care hospital; the cost savings of associated with replacing nurse managers is substantial (Phillips, Evans, and Tooley, 2018). Literature has also suggested that the leadership style and communication technique of the nurse manager directly effects turnover rates of nurses. A robust and engaged nursing staff drive quality initiatives and reduce hospital acquired conditions saving health organizations substantial financial burden (Cathcart, Greenspan, & Quin, 2010).

### ***Risk Assessment and Risk Mitigation Plan***

The risk assessment for successful implementation of this project was conducted. Of the highest denoted risk is limited availability of new nurse managers to participate and complete the residency program due to multiple competing priorities, unit staffing issues, time constraints, and the overall challenge of acclimating to a new role in the organization. This posed a high risk to the success of the nurse manager residency participants seeing this program through to



completion. In conjunction with these identified risks, the aggressive timeline and scheduled months for implementation posed an additional risk. In anticipation of this the PM worked closely with participants as well as the senior nurse leader stakeholders to afford participants the time to meet with mentors, complete learning courses, and participate in cohort meetings. The courses, while all articulating with the AONL competencies, did not exceed 60 minutes and were offered virtually for convenience. Meetings with mentors were held at both parties' convenience.

Competing priorities were an identified risk with the mentors that were paired with participants and limited time allocated and spent with nurse managers during mentoring sessions. The PM worked closely with nurse managers and mentor participants to facilitate meetings as appropriate. Finally, the complex nature and ever-changing landscape of this organization in a challenging larger healthcare environment, proved time commitment an overarching challenge at all levels of participation in this program, from nurse managers to executive nursing leadership.

## **Part 4**

### **Results**

#### **Participants**

Recruitment efforts were initially targeted to seven eligible nurse managers at the acute care hospital. Expanded recruitment efforts at other locations yielded additional eligible participants. Two of the initially identified participants resigned from their positions prior to the program beginning so the final count between the two acute care hospital locations was eleven participants. Eight of the participants (73%) completed all virtual learning modules, at least one mentor session and participated in three cohort meeting discussions either in a group setting or one-on-one with the program manager. Another two participants (18%) completed modules and cohort meeting sessions but did not have a mentor meetings. One participant completed cohort meeting sessions and mentor meetings but did not complete all virtual learning modules.

Ten females and 1 male participant enrolled in this nurse manager residency program. All participants held a Bachelor's in Nursing with approximately 80% holding a master's degree. None of the participants in this program were doctorally prepared. Mean age was between 31-40 years old and greater than 50% of participants reported having more than fifty full time equivalents reporting to them.

#### **Pre and Post competency assessment**

All participants were required and completed a pre-competency assessment prior to the start of the program. ANOL nurse manager competencies were rated in the areas of strategic management, human resources, and leadership skills were self-assessed by participants using a Likert scale from (1) novice to (5) expert. An additional option of unable to rate was also added.

None of the participants were unable to rate themselves in the respective categories. Pre and post competency assessments showed participants rated themselves at highest competence in project management and facilitating change. Participants rated themselves

lowest pre and post in establishing timeliness and setting milestones. Additionally, participants rated themselves highly in facilitating a structure of shared governance and decision making when implementing structures and processes. Participants self-scored low on strategic management, communicating change and facilitating and evaluating outcomes with 63-55% of participants rating themselves as competent or proficient. A small number of participants rated themselves as either expert or novice in any of the categories both pre and post competency assessments.

## **Program Evaluation**

### **Nurse Manager Participants**

50% of participants neither agreed nor disagreed that the nurse manager residency program better prepared them for their role, while 50% agreed or strongly agreed that this nurse manager residency program better prepared them for their role. Over two thirds ( 67%) of participants agreed that the LinkedIn learning modules enhanced their knowledge as nurse leaders and offered them tools they can apply to their daily operations as a nurse manager. While only 33% of participant respondents found that the mentor/mentee profile matched them appropriately with a mentor, 100% of respondents found the mentorship valuable to their experience. One participant reported that while the mentor/mentee profile did not match them exactly with a mentor, they enjoyed the experience of choosing their own mentor that met their needs. Further, 100% of respondents either agreed or strongly agreed that they would recommend this nurse manager residency program to a new nurse manger in their role.

### **Mentors**

Mentors also completed a program evaluation. While 66% of respondents reported that their mentee match was appropriate; 100% of respondents strongly agreed that new nurse managers should participate in a mentorship relationship such that was offered in this nurse manager residency program. One mentor participant reported that they “loved” the idea of a nurse manager residency program for new nurse managers and another mentor participant

expressed that they would have wanted to learn more about the program prior to entering the program. Half (50%) of the mentor respondents neither agreed nor disagreed that this program helped improve their mentee's skills. Finally, 66% of mentor respondents strongly agreed that they would participate in this nurse manager program again.

## Part 5

### Discussion and Conclusion

Initially, interested participants were hesitant to join the nurse manager residency program before learning what the time commitments entailed. These were discussed with participants by the program manager on a one-on-one basis with interested participants. Once participants realized this program was abbreviated and self-directed, their interest in participating increased. All participants expressed multiple competing priorities and time management constraints as challenges to participating in this program.

Time constraints for participants continued to be a theme as a barrier throughout the implementation of this program. While structured cohort meetings were scheduled in advance; some participants that initially accepted invitations to attend were not able to actually join meetings when they occurred. Pivoting of this program model had to occur mid-implementation on multiple occasions to accommodate the needs of nurse manager participants. Unavailability of participants required further restructuring of this program which resulted in one-on-one session of the cohort meetings. Frequent follow-up on virtual session course status was also required by the project manager with multiple communications sent to participants throughout the duration of this program. Further, mentor network involvement for participants was not as user friendly or seamless as originally expected. Some participants expressed hesitation in choosing a mentor based on the given profile and the project manager assisted with choosing a mentor outside of the mentorship network platform.

Participation in this program was further limited by competing priorities by participants. Some participants expressed that as a new nurse manager their participation was limited by covering multiple units and this limited time to devote to virtual learning courses, scheduled cohort meetings, or eliciting a mentor and holding mentor meetings. Turnover of nursing leadership, specifically at the inpatient campus during time of implementation of this project increased. It was noted that campus participants reported more challenges with participating in

certain aspects of this projects. Despite this fact, the one-on-on cohort sessions and virtual learning modules that nurse managers participants were able to engage in resulted in positive feedback to the program manager.

### **Future Recommendations**

Future implementation of cohorts of this program should be more streamlined. Hiring and onboarding of new nurse managers is a fluid process and a dedicated person that follows enrollment should be assigned for oversight. Built-in expectations on time commitment to onboarding in the role of nurse manager should also be an established expectation and discussion by the hiring executive. The biggest challenge participants in this program reported were competing time constraints. Executive stakeholders need to prioritize protected time for new nurse managers to engage in professional development activities at the time they are on-boarded. However, newer models for how we deliver these professional development programs must be developed based on the findings of this project.

### **Limitations**

Results of this DNP project are limited due to the very small cohort size (n-11). The greatest challenge to the implementation of this program was stakeholder engagement and competing priorities of participants. Mentees and mentors self-reported the desperate need for an on-boarding program and professional development opportunities for new nurse managers. Nurse manager participants also expressed value in the chosen virtual learning courses however, again communicated time constraints in completing aspects of the program. In general, the traditional structure of the program, requiring flexibility on the part of the nurse manager to attend sessions was not feasible in this climate of uncertainty and under resourcing.

## **Policy and Broader Healthcare Systems Implications**

Major findings relate to the feasibility of traditional orientation and residency programs in a chronic high stress healthcare environment. When this environment poses constant volatility, uncertainty, complexity and ambiguity a model of that is flexible, understanding, and convenient is necessary to elicit adherence to professional development programs in these settings which improve the future success of new leaders. In a complex and ever-changing healthcare system such as the one this program was introduced to, a stream-lined and easily accessible approach to onboarding nurse managers is necessary. Future programs need to be tailored to the person and situation they are delivered. They must be person-situation centered in real time, with built in operations capacity for this. Nurse manager turnover rate and competing responsibilities also need to be taken into account when developing a nurse manager residency program. New nurse managers and mentors; most of whom were executive nursing leaders in this organization, recognize the need for professional development programs for this population.

## **Conclusion**

Literature has recognized that the nurse manager plays a pivotal role in achieving healthcare organization's missions, improves patient outcomes and decreases turnover of the staff nurses they oversee. A new approach to onboarding nursing leadership into their role is necessary. Staffing issues, high organizational stress and high demand from consumers in the wake of the COVID-19 pandemic has only highlighted the need for change in nurse manager professional development. Research has also suggested that a combination of professional development, mentorship, and peer to peer communication has proven helpful in retaining this group of healthcare professionals. A new approach to delivering these necessary professional development resources must be developed. This DNP project highlighted that while new nurse managers and executive healthcare leaders recognize the need for development in this group; organizational structure and time constraints continue to be a barrier to the success of individuals obtaining resources necessary to move healthcare forward. The work done in this

project is foundational to the development of this new model of real time person-situation centered professional development for our most vulnerable nurse leaders.



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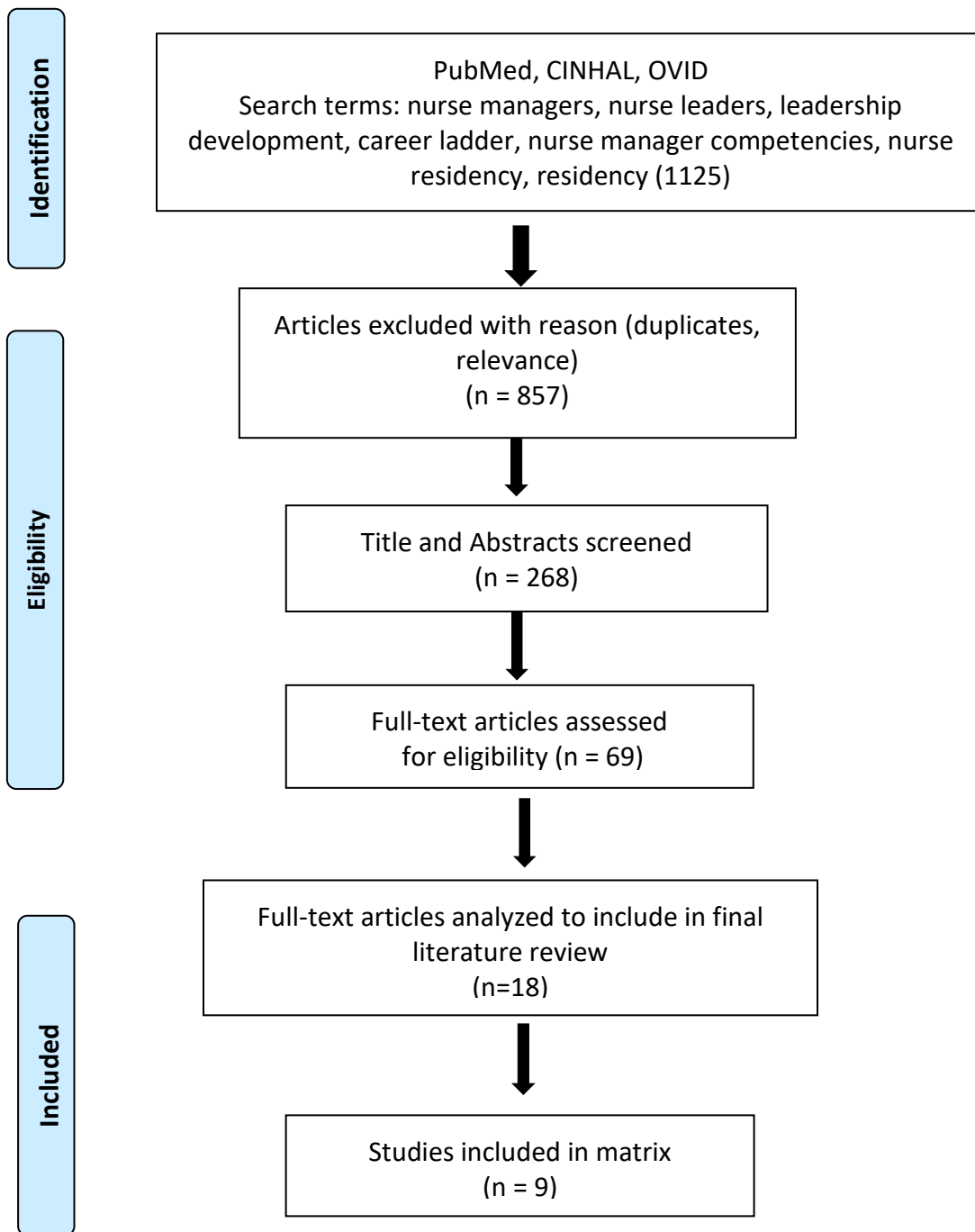
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**Appendix A**  
**PRISMA Study Flowchart**



Adapted from: Moher et al.: Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews* 2015 4:1.

For more information, visit [www.prisma-statement.org](http://www.prisma-statement.org)

## Appendix B

### Association for Nursing Leadership Nurse Manager Leadership Partnership Nurse Manager Learning Domain Framework

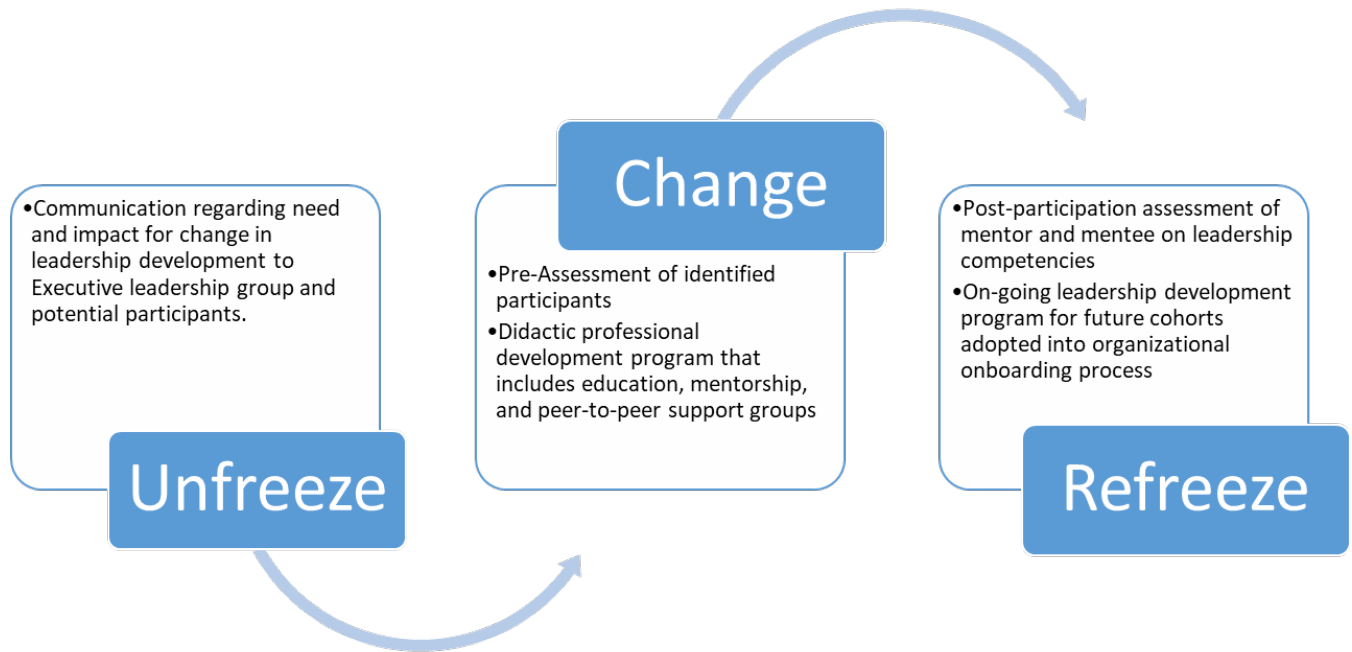
#### Nurse Manager Learning Domain Framework



From: AONE, AONL. (2015). AONL Nurse Manager Competencies. Chicago, IL: AONE, AONL. Accessed at: [www.aonl.org](http://www.aonl.org); [www.aonl.org/compet](http://www.aonl.org/compet)

## Appendix C

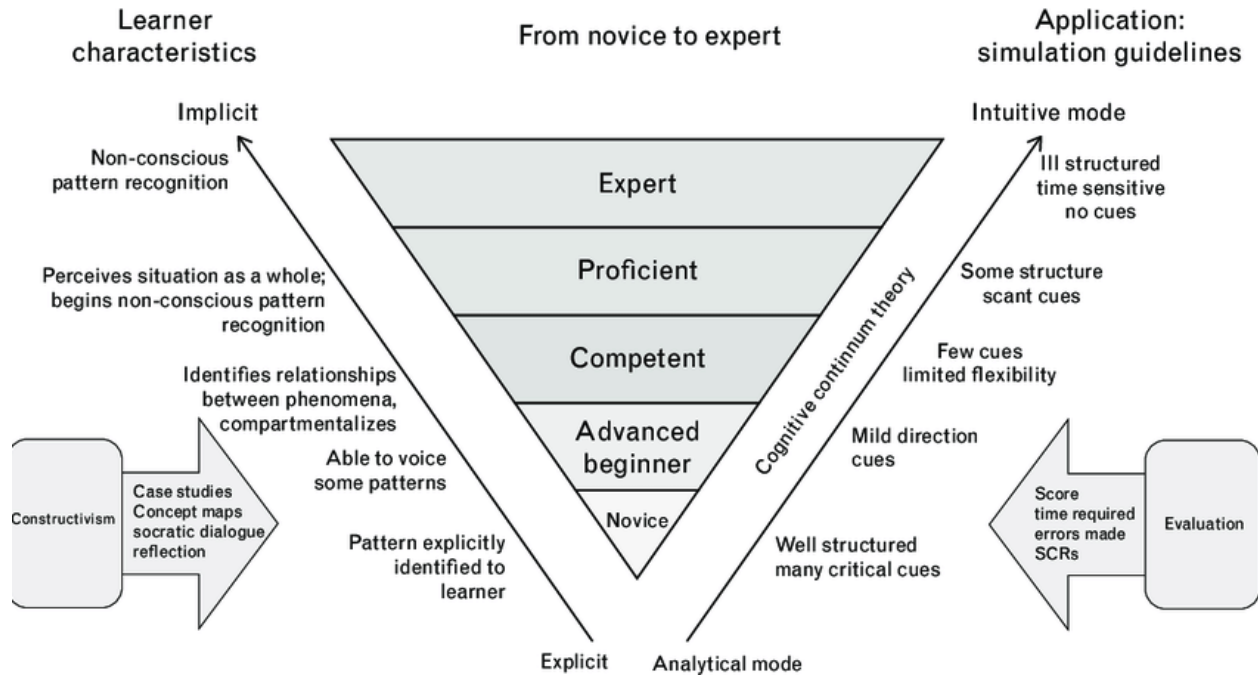
### Project Model Lewin's Change Model



\*Shirey M. (2013). Lewin's Theory of Planned Change as a strategic resource. *The Journal of nursing administration*, 43(2), 69–72. <https://doi.org/10.1097/NNA.0b013e31827f20a9>

## Appendix D

### Benner's Novice to Expert Model



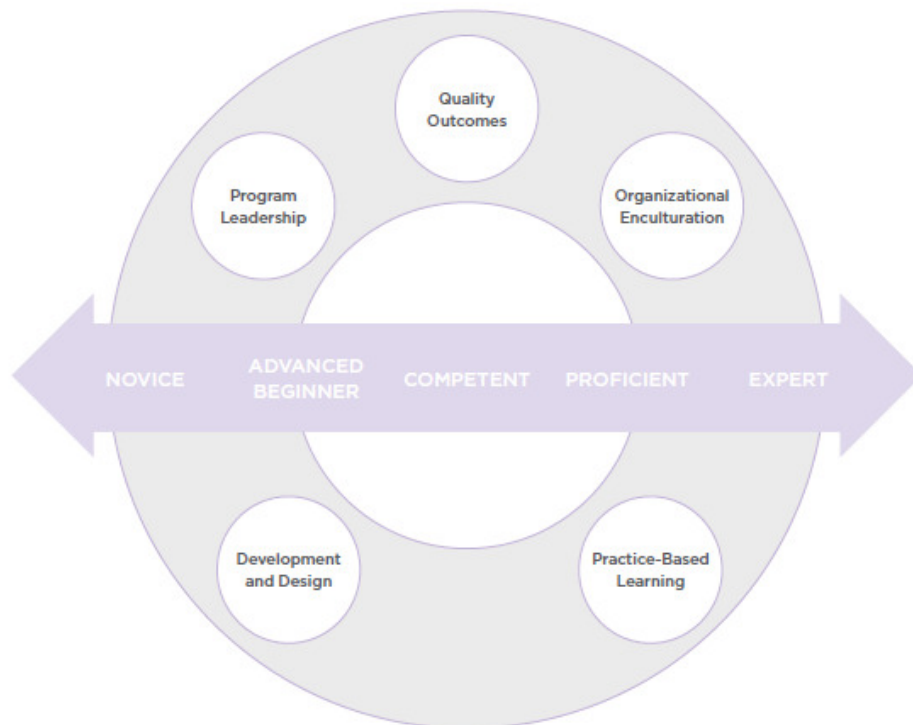
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## Appendix E

### ANCC's Practice Transition Conceptual Framework: Based on Patricia Benner's Novice to Expert Framework

#### CONCEPTUAL MODEL AND DESCRIPTION



ANCC's Practice Transition Conceptual Framework: Based on Patricia Benner's Novice to Expert Framework (Benner, 1984)