

A Nurse Leader Residency Program: Improving Leadership Competencies

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April 14, 2022



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Agenda

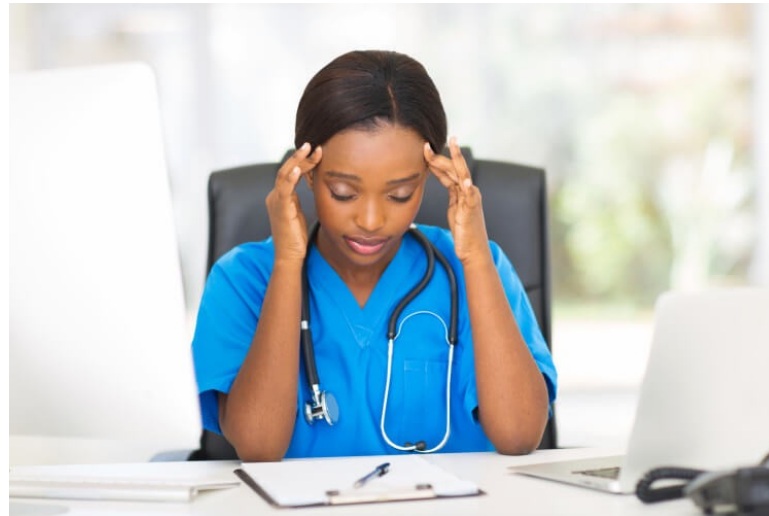
- Problem and background
- Learning from established programs
- Theoretical Frameworks
- Nurse Leader Residency Program (NLRP) development
- NLRP implementation
- Results
- Lessons learned

The Problem

Complex Healthcare
Environment – Pandemic

Lack of leadership
education or
competency
development

Nurse Manager
Vacancy rate –
14.8%



Quality, safety, cost,
patient experience,
turnover, and team
member engagement

Cost – estimated at \$8
million annually

Management Position
Resistance

Nurse Manager Competency Imperative: Why should we be concerned

- Nurse Managers directly impact the culture and staff morale on their nurse units affecting patient outcomes.
- Relationships between the nurse manager and staff nurses are essential determinants of job satisfaction and retention.
- A leader who fails to engage their team contributes to turnover from unengaged and unmotivated team members.
- Steep learning curve to transition into a competent manager
- Excessive leadership turnover will continue to disrupt nursing engagement without an efficient nursing leadership program.

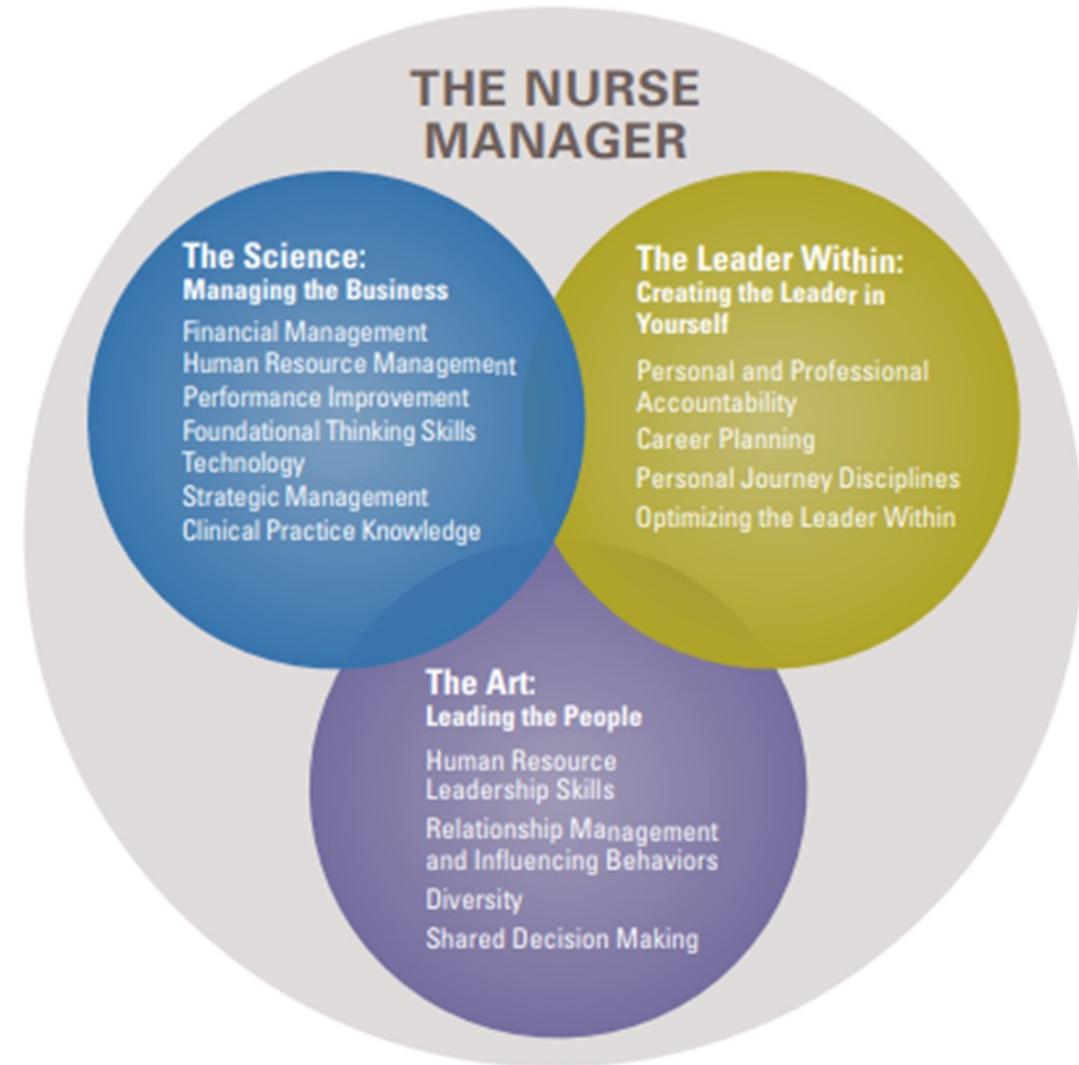
Learning from other Nurse Leader Residency Programs

The Chief Nursing Council (CNC) questioned if a leadership development program could improve new and aspiring nurse managers' leadership competency.

- 7 established programs reviewed across the United States
- Assessed for:
 - Best practices
 - Population
 - Theoretical Frameworks
 - Residency design and curriculums
 - Competency measurement tools
 - Program limitations
 - Program strengths

Theoretical Frameworks

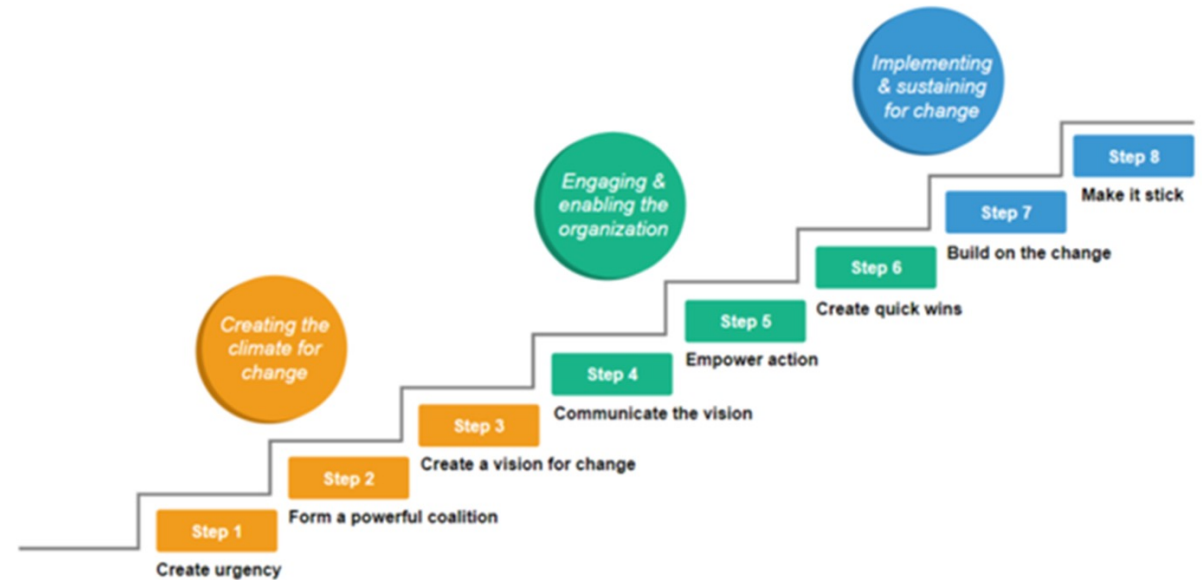
- **AONL – Nurse Learning Domain Framework**
- **Benner’s Novice to Expert Theory**
 - Selected as the foundation for nursing leadership development and competency measurement
 - Aligns with the AONL Nurse Leader Competencies
 - Novice, Beginner, Competent, Proficient, Expert
 - Recognized that learning is a journey from novice to expert with established learning objectives throughout each step
- **Kotter’s Change 8-step Theory**
 - Guided the implementation plan
 - Creating the climate for change
 - Engaging & enabling the organization
 - Implementing and sustaining for change



NLRP Method of Implementation

- Presented proposal to the CNC
- 6 CNC members volunteered from across the organization including the Chief Nurse Executive and project committee member
- Kotter's Guided the implementation plan
- Gantt chart – accountability for action item completion
 - Select Participants
 - Develop the curriculum
 - Plan class sessions
 - Plan competency assessment and evaluation
 - Train and select mentors
 - Plan Recognition

Kotter's 8 Step Change Model



Participate Selection

- Application Process Opened – Sept 16, 2021
- Application Closed – September 30
- Implementation Team Participants October 1
- Available on the BH Intranet – [Clinical Education](#)
- Less than 2 years of experience, Resume, Letter of Recommendation, and a brief summary of professional, educational, and goals
- 14 Residents selected

Ballad Health Nurse Leader Residency Program: Successful Transition from Bedside to Leadership



**Ballad Health
Nurse Leader
Residency
Program:
Successful
Transition from
Bedside to
Leadership**

Mission:

The mission of the Ballad Health Nurse Leader Residency Program is to provide a structured, synergistic approach to onboarding new and aspiring nurse leaders in developing skills, building confidence, and advancing knowledge during the transition from novice to a competent nurse leader.

Vision:

Transforming the future of healthcare by developing nurse leaders to positively impact organizational strategic goals and create value for the patient, the community, and the nursing profession.

Goals:

1. To transition the resident from a bedside role to a competent nurse leader.
2. To develop, evaluate, and advance nursing leadership competency.
3. To assist in ensuring the nurse leader is utilizing and promoting evidence-based practices.
4. To allow a nurturing environment that promotes cohesiveness by forming relationships and sharing experiences while fulfilling the requirements of the nurse leader residency program.

Program description:

The Ballad Health Nurse Leader Residency Program is a 7-week evidence-based program designed to support, encourage, and prepare the novice nurse leader to be successful in improving leadership competency. The program curriculum is based on the American Organization of Nursing Leadership (AONL) Nurse Manager Domain Framework: The Science, The Art, and The Leader Within and Benner's Novice to Expert Theory.

Admission requirements:

- Nurse Managers with < two years of experience. Participants must be willing to commit to completion of the program.
- Nurses will be admitted upon completion and strength of application.
- Application is available on the Ballad Health Clinical Education intranet site.
- Application requires a current resume, a brief summary of leadership goals, and a letter of recommendation from the applicant's Chief Nursing Officer.

[Brochure](#)

[Application](#)

Curriculum Development and Schedule

- **Internal Experts**
- **Lectures, group and individual activities, case studies, and videos**
- **In person – Bristol Regional Medical Center**

Class 1: October 19 th (8 hrs)	The Art: Leading the People
Class 2: November 2 nd (4 hrs)	The Science: Finance
Class 3: November 9 th (4 hrs)	The Science: HR Management
Class 4: November 16 th (4 hrs)	The Science: PI and Clinical Practice
Class 5: November 23 rd (4 hrs)	The Science: Technology
Class 6: November 30 th (4 hrs)	The Science: Strategic Planning
Class 7: December 4 th (8 hrs)	The Leader Within: Creating the Leader in Yourself



Competency Assessment

- AONL Online tool - confidential – 12 candidates in the results
- 1 resident completed only the pre-assessment and 1 resident completed only the post-assessment
- Pre-Assessment - October 11th – 15th
- Post-Assessment – December 15th – 30th
- Competencies assessed based on the Course Curriculum: The Art, The Science, and The Leader Within
- Participants assessed 105 competencies in 12 leadership categories using a 5-point Likert scale (Novice to Expert)

Mentorship

- Residents collaborated with their CNO
- Selection encouraged outside of their facility or service line
 - Learn from different experiences
 - Someone that has no line of authority
 - Encouraged within the market might be more successful in creating long-term relationships

Mentorship



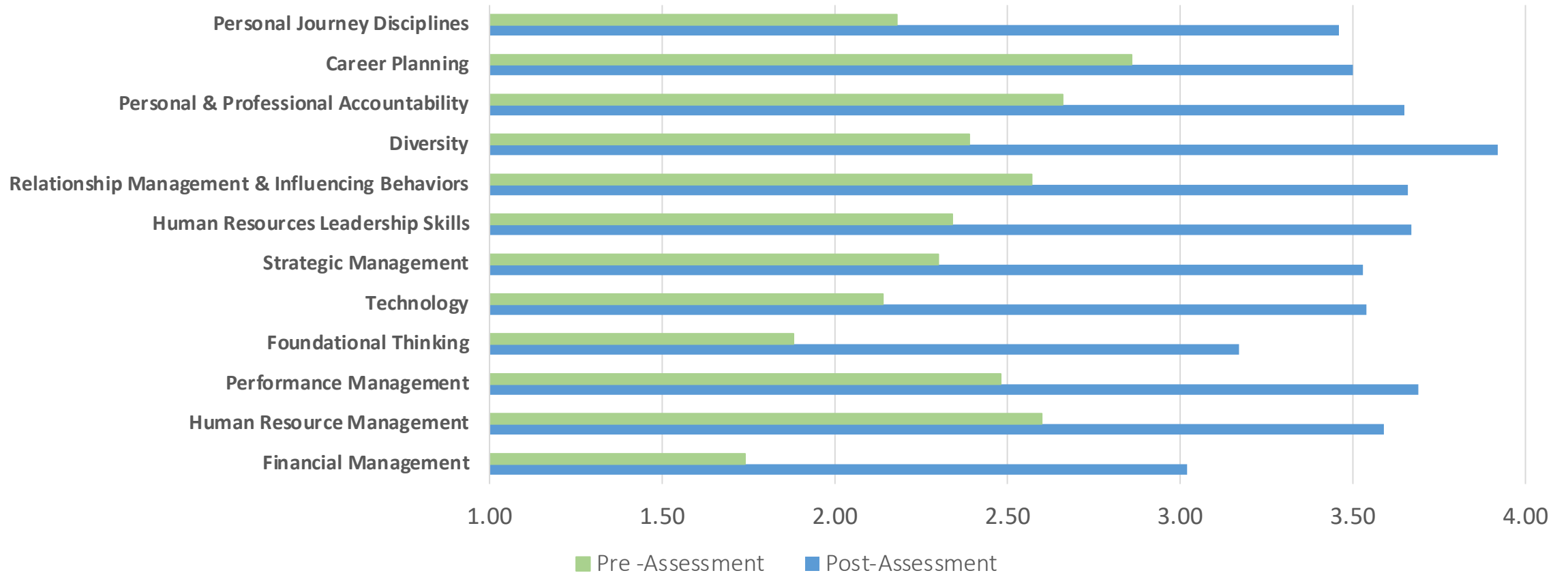
Mentor Expectations

- Minimum
 - Weekly touch-base and as needed
 - Monthly face-to-face-meetings
 - December 2021 – June 30, 2022 (minimum)
 - Discuss goals
 - Gaps in Competencies
 - Workplace barriers

Recognition

Results

Pre and Post Competency Self-Assessment Comparison

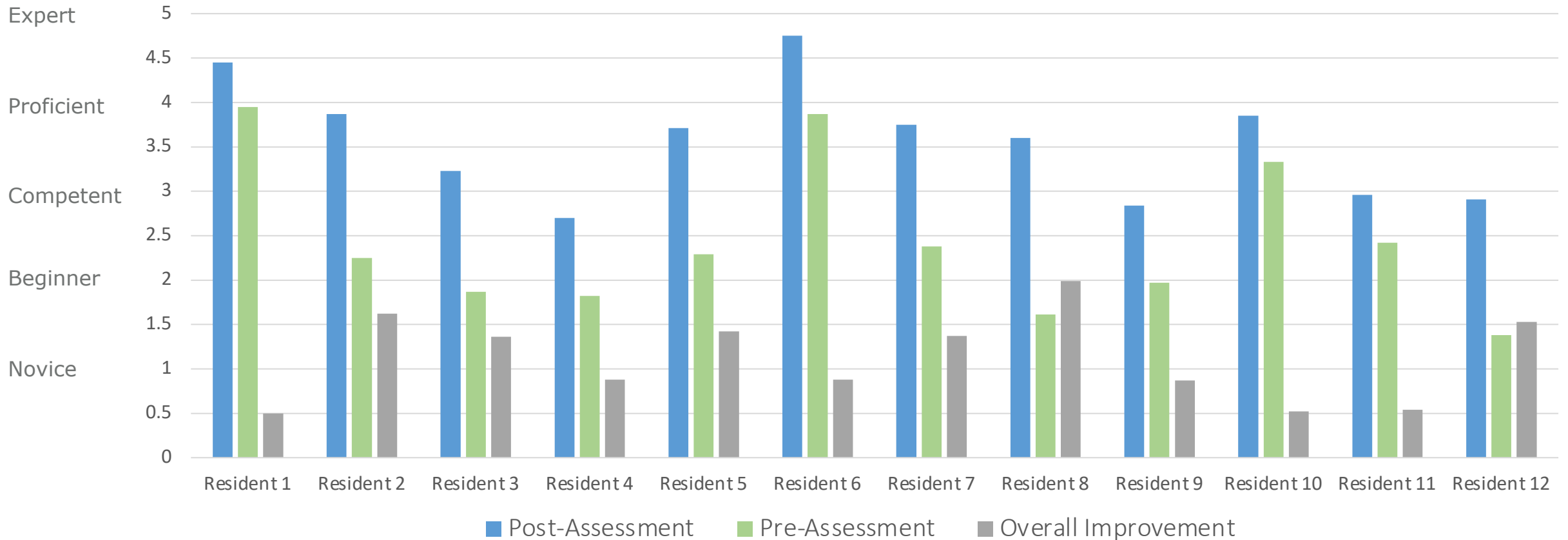


- Improved overall self-assessed nursing leadership competencies by 50%
- Strong statistical significance - (P-value .0000070336)
 - Strong positive relationship – (Pearson correlation .81819141)

Results

Benner's Stages

Resident Self-Assessment Competency



Improvement ranged between .5 – 2.0

- Pre-assessment averaged 2.42 (between beginner and competent)
- Post-assessment averaged 3.55 (between competent and proficient)

Lessons Learned

Barriers:

- Overall system, organizational, and staff capacity
- Time constraint
- Capacity flexibility in the middle of a significant COVID-19 pandemic surge
- More interaction, activities, and case studies built into the sessions to reinforce content
- Outside speakers to gain diverse perspective and expertise
- Add competency assessment by the manager/or mentor

Facilitators:

- Volunteer nursing leader implementation team with regularly scheduled meetings, agendas, and deadlines
- Implementation using Kotter's Change Model and a Gantt chart with update at each implementation meeting
- Requiring application to ensure engaged program participants – 91% attendance rate
- CNO Support

Future Work and Conclusion

- Monitor nurse manager resident turnover and retention rates
- Assess if the resident's nursing units perform better in quality, safety, patient experience, and team member engagement outcomes
- Critically assess the current program for opportunities for improvement
- Plan for this year's program and garner senior leader support
- Consider new emerging leadership competency needs in the future healthcare environment – moral distress and excessive burnout
- Conclusion:
 - Successful – measurable improvement in all AONL nurse manager leadership categories
 - Provide a pool of competent and confident nurse managers
 - Improved nurse leader confidence, job satisfaction, and retention

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Questions?