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Assessing Nurse Director Self Perceptions of their Readiness for High-Performing Leadership

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Abstract

The role of the nurse leader is crucial to the success of any healthcare organization. Recognition of the importance of a high performing leadership style and measuring the characteristics to better understand the interpretation and influence of the leadership success is paramount. There is limited research on the nurse leader perception of themselves and the journey to evolve to a higher level of development. Magnet Recognition® has been a major influence in recognizing the critical role of transformational level of nursing leadership performance.

This project was aimed to engage nurse directors (NDs) to participate in a self-evaluation and collect baseline leadership assessment information using the Nelson and Burns Framework for High Performance Programming (HPP) Model (Appendix A) to evaluate each of the Magnet® Model components. One leadership performance metric was identified to determine if there is a relationship between self-reported high performing leadership and registered nurse turnover rate. A correlational design using a self-reported survey with convenience sampling was used for this quantitative study.

Keywords**:** Nursing leadership, high performing leadership, Magnet®, transformational leadership, leadership style, nurse director, leadership development

Assessing nurse director readiness for high performing leadership

Global Problem

The role of the nurse leader is crucial to the success of any healthcare organization. Navigating the complexity of healthcare to include achieving quality outcomes, creating a safety culture, changing models of care and maximizing reimbursement requires a leader to function at the highest level. This includes achieving goals and outcomes as it relates to staff nurse satisfaction, patient outcomes, safety and the ability to collaborate effectively with colleagues across all disciplines.

Leadership assessment and the ability to establish leadership functionality has been studied and has evolved for over 30 years. Leadership style was first introduced by Burns (1978). This work introduced transformational and transactional leadership and the power, purpose and implications for practice and was generalizable to any leadership role. The effect Burns described was that as a leader models a higher level of ideal, values and behaviors, followers begin to do so as well. In 1983 the Nelson and Burns High Performance Programming (HPP) model (Appendix A) illustrates a way of thinking about process and strategy. The four levels included reactive, responsive, proactive, or high performing.

Bass (1985) built upon the work of Nelson and Burns and developed four key interrelated leadership components which include idealized influence, inspirational motivation, intellectual stimulation and individual consideration which comprised a transformational leader's style.

For the nursing professional, increasing the need for transformational leaders has been identified as a challenge to the nursing community by the American Nurses Credentialing Center (ANCC). The ANCC designed the Magnet Recognition® Program for Excellence in Nursing

Services. This program is grounded in the findings of a research study conducted in 1983 that identified fourteen forces of healthcare organizations that positively impact the ability to retain registered nurses. The criteria evolved as the program matured and in 2008 the ANCC revised the Magnet model by consolidating the fourteen Forces of Magnetism into five model components. Transformational leadership was identified as one of five domains that must be in place to demonstrate nursing excellence.

Local Problem

Leadership quality is an important consideration for a Magnet designated center. The Massachusetts General Hospital Department of Nursing has never performed a leadership self-assessment survey of this type for Nurse Directors. This project led the way for self-discovery for each individual Nurse Director as well as the analysis aggregate data to identify strengths as well as areas of growth. For purposes of this study, Nurse Director is synonymous with Nurse Manager. The result was the building a leadership development curriculum to help leaders move to the next stage of leadership towards becoming a high performing leader.

Project Aim

The aim of this project was to collect baseline assessment information of NDs in the 4-level HPP model (Nelson and Burns 2008) to each of the Magnet components. Self-assessment will provide the opportunity to identify strengths as well as gaps of knowledge and skills for self-reflection and self-assessment of an individual's current leadership level. One leadership performance metric was identified to determine if there is a relationship between self-reported high performing leadership and registered nurse turnover rate. The opportunity for the self-assessment leads to the development of a leadership plan as part of a strategic planning road map for unit improvement to include an established RN turnover rate goal. It was also be an

opportunity to craft a leadership development curriculum to teach new knowledge and position nurse leaders to evolve or maintain the high-performance leadership level.

Available Knowledge

Magnet designation® and redesignation is dependent on nurse leaders as transformational leaders. Casida & Pinto (2008) identified superior performance and impact to organizational effectiveness is the role of the nurse manager using transformational leadership behaviors. Germaine and Cummings (2010) concluded nursing leadership influences staff perceptions of motivation to perform by fostering autonomy, building relationships, providing resources and leadership that mentors and coaches. Much more is now known about the linkages related to specific leadership practices and satisfaction with leadership. Casida & Parker (2011) indicated nurse managers have a strong correlation to leadership style and outcomes.

Wolf (2014) made the link between developmental levels and achieving Magnet® designation. The observation was that while a transformational culture is required for success, identifying the phase a nurse leader, unit or organization is in and the improvement process is not clear. Wolf identified the use of the Nelson and Burns framework for transforming organizations. This model identifies four performance levels to include reactive, responsive, proactive, and high performing. Wolf describes the expected behaviors in each level of leadership and espoused a five-step developmental process which included evaluation of current state assessment, communicating results, empowering staff to create change, strategy development and implementation, and evaluation.

The reactive level occurs when there is a deterioration of the unit. There is little focus or organization. There is a level of pessimism and the effort by staff is simply to get through the day. There is little to no trust between the nurse leader and the staff. Nurse leaders regress to a

state of punitive nature to manage or ignore problems that should be addressed. This level is very dysfunctional and often high turnover is experienced.

The responsive level has some goal setting identified. They are able to work as a team to achieve these goals. The leader is recognized as the leader as well as coach. The staff are motivated and enthusiastic to participate as there is a more trusting relationship between the nurse leader and staff. This results in a healthier environment and staff enjoy coming to work. This remains a lower level of functional leadership despite achieving goals and a more positive work environment. At this level there is a core group of nurses who will stay and nurses who want and expect more from their career will look for other opportunities to excel.

The proactive level is where there is a vision for the future and a common set of values and strategic goals. In this level the unit and organizational focus is more aligned and staff can see the bigger picture and how their unit relates to the organization. At this level there is trust and mutual respect between the nurse leadership and staff. Staff takes a greater level of ownership of the unit and the leader allows the staff greater level of autonomy and decision making authority. The staff has a voice and the nurse leader coaches and mentors the staff as it relates to functioning at a higher level of practice, supports evidence based practice and professional development. The staff is engaged and actively participates on unit and organizational activities and committees. When a nursing unit is functioning at this level, transformation can be achieved. When a nursing unit and their leader functions at this level, this is the environment that Magnet designation can be achieved. Units that function at this level have a well-respected reputation that staff wants to be part of. These types of units have low turnover rates and significant competition when a vacancy does occur.

The high performing level is when as goals are achieved there is a "fly wheel" effect for further goal achievement. There is an energy and momentum to create change, new knowledge and a high level of creativity and innovation. The nurse leader supports and embraces this environment and functions at a very different level allowing staff even more autonomy, decision making and supporting kind of unique environment. There are resources to assist nurses to function at the highest level and support professional development at the local, national and international level to showcase their work. Units that function at this level once again have a well-respected reputation that staff wants to be part of. This type of unit attracts advanced degree nurses who are supported to promote new knowledge and innovation. Nursing staff disseminate their outcomes through publishing and presenting at conferences.

The development of a clear road map to understand what the leadership skills are in each level and how they are applied everyday as part of performance expectations are the key to this evolutionary process and ultimate success.

Winter (2015) used the High-Performing Programming (HPP) Model along with the components of the Nursing Professional Development Specialist Practice (NPDSP) model from the American Nurses Association (ANA) and the National Nursing Staff Development Organization (NNSDO) to assess their healthcare system to design a professional development program to move into the high performing category. The NDs were asked to define the components within the NPDSP and compare to the HPP model levels. The components identified included orientation, competency, academic partnership, continuing education, career development/role transition, research and scholarship and in-service education. Five levels of leadership were identified as opposed to the four original stages identified by Nelson and Burns. The organization identified a gap between proactive and high performing and thus added

"progressive level" also known as proactive plus. The article discussed the process for evaluating their organization from a process standpoint and how annually each component could be reevaluated to demonstrate improvement as part of strategic planning.

Feather (2015) found the study of nursing leadership has moved from the recognition of the important of leadership style to focus on transformational leadership, defining those characteristics and measuring their influence directly from the staff nurses and the alignment between the two groups. The research effort is now focused to better understand the interpretation and influence of the leadership style.

The role of the nurse leader to attract and retain nurses is a critical performance metric due to the nurse shortage and cost of orientation of a registered nurse. Taunton et al (1997) studied nurse turnover and found that nurses left their manager, not their hospital. The use of the EMR has extended the length of time for a nurse to orient and become competent.

Rationale

The Nelson and Burns HPP Framework was used as part of this scholarly project. The Nelson and Burns Framework was developed to transform organizations by identifying four developmental levels: reactive, responsive, proactive, and high performing. These levels can be applied to individuals, work units, departments and organizations. The model illustrates that leadership effectiveness occurs as a continuum ranging from the least effective (the reactor) to the most effective (high performing). It is worthy to note that the reactive level is not considered a sustainable level of leadership.

Magnet designation® has demonstrated resulting in improved patient satisfaction, and reduced adverse outcomes, (Wong, 2013). The Magnet® Model includes the components of

transformational leadership', structural empowerment', exemplary professional practice', and, new knowledge, innovations and improvements. Understanding the baseline assessment of the developmental level of a nurse leader to help progress to the transformational level is critical to attain and maintain Magnet® designation.

Methods

This project aims were to engage NDs to participate in a self-evaluation survey and collect baseline leadership information and compare one performance metric. The Nelson and Burns HPP Model will be used to evaluate each of the Magnet® Model components. The project design was the identification of specific strengths and areas of development to help the collective group identify ways to achieve a higher level of performance and identify what strategies will help them achieve improvement.

Context

The site for this project is a 1,000-bed academic medical center (AMC) in Boston, Massachusetts. The hospital has a level I trauma center with a level III NICU. This AMC was the first hospital in the state to achieve Magnet Recognition® in 2003 and has achieved redesignation in 2007, 2013 and 2019. The current CNO is passionate about leadership development and working to facilitate the growth and development of the NDs as part of continuing the Magnet journey.

NDs eligible to participate include those on inpatient units with 24/7 accountability where registered nurse turnover rate is measured including: cardiology/cardiac surgery, oncology, surgical nursing, medical nursing, orthopedics, neuroscience, psychiatry and women and children. NDs must be in their role for one year to participate.

NDs require a master's degree and leadership experience is required. The hiring process includes an initial interview with the Associate Chief Nurse with whom they will report to. There are two panel interviews with NDs and then with staff nurses on that unit. There is also an interview with the physician medical director/leader. Once the ND is selected, they have an established orientation for 6 weeks designed by the Associate Chief Nurse Officer (ACNO) and peer preceptor.

Intervention

A survey tool was developed using Redcap software. The survey tool was tested by three NDs and successfully completed, and then a development plan was created based on the results.

Study of Intervention

The implementation of a leadership self-assessment survey (Appendix B) was developed to collect baseline assessment information using the 4 level HPP model to assess each of the Magnet components. An anonymous approach was used in order for NDs to be more forthcoming to identify strengths and gaps of knowledge and skills to enhance self-reflection and self-assessment of their current leadership level.

Measures

There were three sections of the survey tool used in this project which included a demographic section, self-assessment section and open-ended question section. The first section was a demographic section that collected data such as age, sex, years of experience, years worked at the organization, clinical specialty, years in current role and education level. The second section of the survey was a leadership self-assessment based on the Magnet components. This was designed to be a descriptive tool to identify the perceptions of where NDs feel their unit is practicing under their leadership.

This work was published as a workbook by Wolf, Finlayson & Hayden (2014). The workbook was reformatted into a survey. Wolf, et al linked the Nelson and Burns HPP Model with the Magnet® Framework. Specific behaviors were linked in each of the Magnet components to a specific leadership developmental level. The descriptors of the levels were provided but the developmental level was removed to prevent bias. The tool was developed specifically for nurse leaders to read the behaviors in each the Magnet components identified as: transformational leadership, structural empowerment, exemplary professional practice and new knowledge, innovation and improvement and select the descriptor for each of the levels reactive, responsive, proactive, or high performing. The ND would select the answer that best fits their current practice. The third section of the survey tool was for NDs to respond to open-ended questions related to how to develop as a leader to attain a higher level of performance.

Data Collection Procedure

NDs who met the participation criteria were sent an email using their hospital email account describing the project, inviting them to participate, link to the survey and FY 18 RN turnover rate file (Appendix C). Consent to participate was implied by clicking on the link to the survey and competing the survey. The individual survey was completed anonymously. Redcap survey software was used to administer the electronic survey for data collection as required by the Partners IRB for security purposes. The survey was sent to 32 NDs that met the inclusion criteria once IRB approval was obtained. The Associate Chief Nurses (ACNOs) of the respective clinical services were notified that the survey was going to be administered one week in advance. The survey was active for 10 business days. Two reminders to complete the survey were sent to the participants.

Data Analysis

Descriptive statistics were used to analyze the data. Data analysis was accomplished by first scoring each individual leadership assessment survey. The following scoring was allocated: reactive level selection 1 point; responsive level selection 2 points; proactive level selection 3 points; and, high-performing level selection 4 points. The total of each survey score was analyzed compared to the RN turnover rate.

The aggregate survey data was also analyzed by each question answered. Each answer was color coded yellow/reactive level; orange/responsive level; blue/proactive level; and green/ high performing level. Each question was color coded and each tallied for the respective leadership level. This data was placed in a large grid format to assist with pattern recognition. The data was also analyzed in question groupings based on the Magnet components to include Transformational Leadership, Structural Empowerment, Professional Practice Model and New Knowledge and Innovation and Improvement. The data was analyzed by two independent reviewers to ensure that findings were validated, and bias had not occurred.

Ethical Considerations/Protection of Human Subjects

This project was submitted to the Institutional Review Board (IRB) at Massachusetts General Hospital (MGH) and approved. University of New Hampshire (UNH) IRB approval was not required for this project.

Results

Demographics and Response Rate

The response rate of the survey was 10 out of 32 eligible NDs (31%). The areas of nursing practice that were represented were Oncology (2, 20%), Medicine (2, 20%), Surgical (3,

30%), and Women and Children's (3, 30%). 100 % of participants were female. The age range of NDs who participated were 45-54 years (2, 20%) and 55 or > years (8, 80%). Years employed at their institution 6-10 years (1,10%), 11-20 years (2, 20%), 21 or >years (7, 70%). Years employed as a ND 1-5 years (1, 10%), 6-10 years (6, 60%), and 11-20 years (3, 30%). The basic nursing education was Diploma (2, 20%), Associates Degree (2, 20%), Bachelor's Degree (4, 40%), Master's Degree (2, 20%). NDs highest nursing education was Bachelor's Degree (3, 30%), Master's Degree (6, 60%), and Doctoral degree (1, 10%). NDs responded that (8, 80%) held a certification in nursing administration.

Response Characteristics, Survey Score and RN Turnover Rate Comparison

The first level of analysis was completed looking at the scoring of each survey. Below is a summary table of responses and scoring. The total rating score for each survey ranged from 49 -70 points. The mean rating score was 56.8 points. The response count by level were as follow: high performing level 31%, progressive level 55%, proactive level 12% and reactive level 2%. Eighty six percent of responses were either high performing or proactive level. Only 14% of the responses were in the progressive or reactive level. It is also worth noting that as expected the higher scoring surveys were often the surveys where the ND rated themselves most often in the High Performing and Proactive levels. When scores were in the 54 point level or less, there was an increased frequency of reactive and progressive level ratings. It is important to note that Magnet-designated organizations are usually functioning at the progressive level where transformation begins. The pattern of self-rating at the two highest levels given the organizations years of practicing under the Magnet framework is not surprising.

Table 1 Results

Nurse Director Demographic Results N=10

Variable	Frequency	%
Gender		
Male	0	0
Female	10	100
Age		
25-34	0	0
35-44	0	0
45-54	2	20
55 or >	8	80
No. of years employed at hospital		
1-5	0	0
6-10	1	10
11-20	2	20
21 or >	7	70
No. years have you been employed as Nurse Director on unit.		
1-5	1	10
6-10	6	60
11-20	3	30
21 years or >	0	0
Basic nursing education		
Diploma	2	20
Associate Degree	2	20
Bachelor’s Degree	4	40
Master’s Degree	2	20

Doctoral Degree	0	0
Highest nursing education		
Diploma	0	0
Associate Degree	0	0
Bachelor’s Degree	3	30
Master’s Degree	6	60
Doctoral Degree	1	10
Certification in nursing administration		
Yes	8	80
No	2	20
Current area of nursing practice		
Cardiology/Cardiac Surgery	0	0
Oncology	2	20
Medical	2	20
Surgical	3	30
Orthopedics	0	0
Neuroscience	0	0
Women & Children	3	3

Major Study Variables

Variable	M	SD	Range	Frequency	%
Reactive Level Response			0 - 3	3	2%
Progressive Level Response			0 - 5	22	12%
Proactive Level Response			4 - 14	99	55%
High Performing			2 - 16	56	31%
Survey Score	49.8	7.5	49 - 70		
Turnover Rate			0 - 16%		

The next level of analysis is to look at the question results in the four magnet components of transformational leadership, structural empowerment, exemplary professional practice and new knowledge, innovation and improvement.

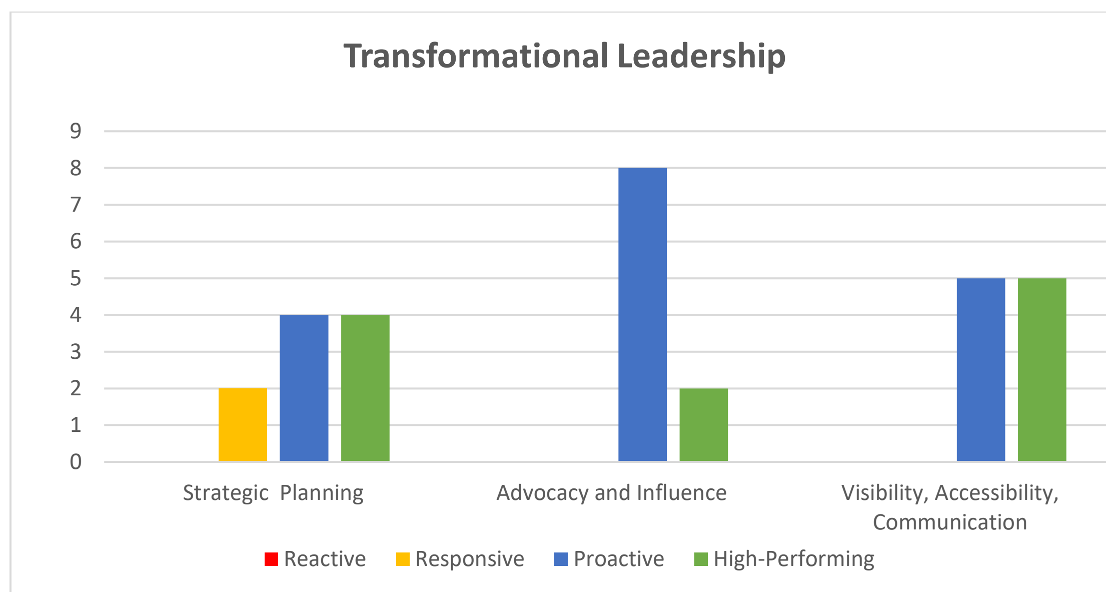
Findings for the Magnet® Component Questions Clusters

Transformational Leadership Component

This transformational leadership component is how the ND helps staff navigate the challenges and complexities of healthcare. NDs are confident in their ability to lead and engage staff in the planning and visioning of their unit. There is a strong relationship between the ND and the staff based on trust and respect. In this component NDs help staff translate the organizational strategy to their unit level. Transformational leadership cluster of questions demonstrated that 57% of the responses were proactive level, 37% were high performing level.

Only 7% was responsive level responsively. NDs self-evaluation of this component was high especially in the advocacy and influence and visibility, accessibility, communication questions. There was a greater distribution of levels as it relates to strategic planning. This may be an area for further education and development to achieve a greater level of success.

Table 2 Transformational Leader Component Responses

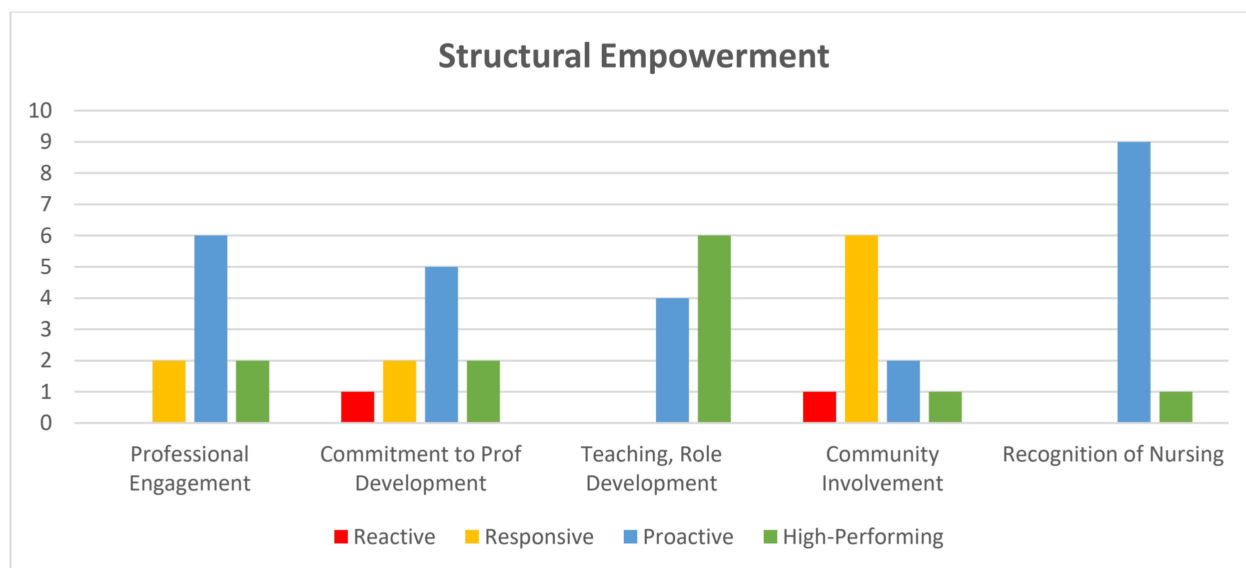


Structural Empowerment Component

Structural empowerment component focuses on creating structures to allow function. The mission, vision and values of the organization are translated to the unit level. Structural empowerment allows strategy to be executed. In particular a focus on advocating and accessing resources to support the goals identified on the unit as it relates to professional development, engagement recognition, teaching and community involvement is key. It is also the opportunity to have the time built in to take advantage of the opportunities. The results of the structural empowerment component questions were 52% of the responses were proactive level, 24% of the responses were high performing level. A total of 76% of the responds were those two levels.

20% of the responses were responsive level and 4% were reactive level responses. There was a wider distribution of levels for professional engagement, commitment to professional development and community involvement. These areas would be indicators that further education and development to achieve a greater level of success.

Table 3 Structural Empowerment Component Responses



Exemplary Professional Practice Component

The exemplary professional practice model links the hospital and nursing mission. Nursing practice is focused on care that is safe evidence based with an ethical foundation driven by nurses. The nursing profession is recognized and valued at the organizational level. Care is provided with an interdisciplinary approach with the patient and their family are at the center. Nurses are encouraged to think independently and critically. This is supported through education and coaching from their ND. Nurses are teachers to peers, students and patient/families. In the exemplary professional practice component 41 % of the responses were high performing level, 56% of the responses were proactive level. These two levels combined was a combined 97%.

This was the highest scoring component of the four. In this component based on the results there would be an effort on sustainment.

Table 4 Exemplary Professional Practice Component Responses

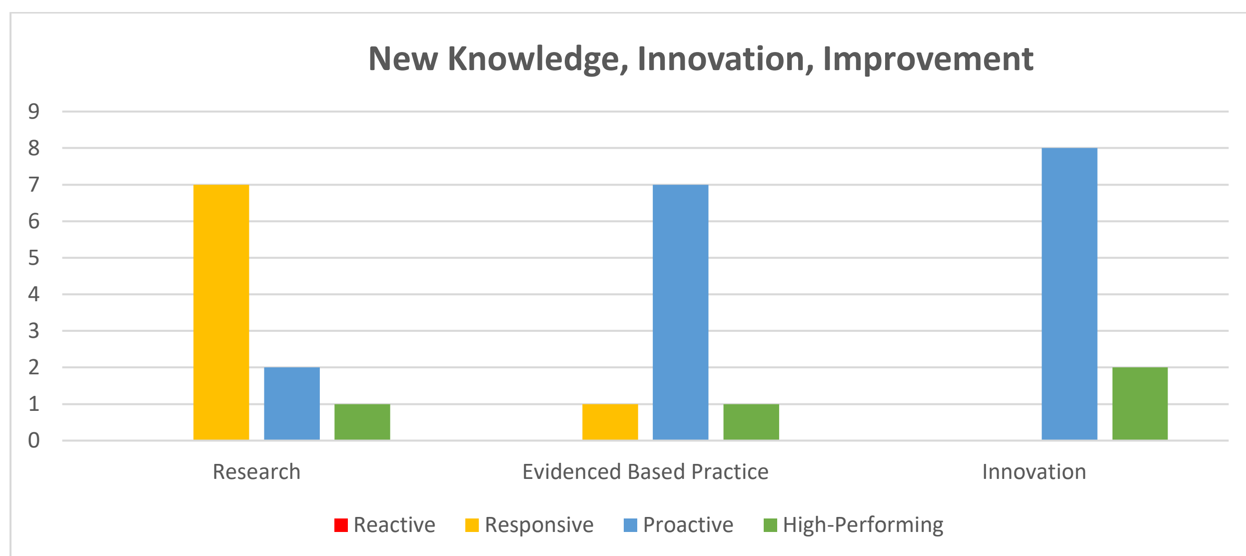
New Knowledge, Innovation and Improvement Component

In the new knowledge, innovation, and improvements component is where new ways of thinking and practicing occurs. This includes better ways to provide quality, safety, effective and efficient care. In this component, paving the way to developing new knowledge, new ways of practicing to include designing new care models of care and fostering an environment of innovation. Those who excel in this component are learning and creating new knowledge and advancing the science of nursing.

In the new knowledge, innovation and improvement practice component 14% of responses were high performing level, 58% of the responses were proactive level, 28% of the responses were responsive level. This component had the widest distribution of leadership levels selected. The combined high performing and proactive level was the lowest at 72%. 14% is the lowest response rate for the high performance level, 28% is the highest response rate for the

responsive level compared to any of the magnet components. The research question in particular had a high response rate in the responsive level. This area would be indicators that further education and development to achieve a greater level of success would be suggested.

Table 5 New Knowledge, Innovation, Improvement Responses



Summary of Findings for the Magnet Component Questions Clusters

Areas of Strength

1. Exemplary Professional Practice Component had the highest combined scores of 97% of high performing level and proactive level response levels. This component demonstrates strength from the NDs. Within the question clusters the culture of safety question had the greatest number of high performing responses at 80%.
2. Transformational Leadership Component had the second highest combined scores for high performing level and progressive level at 93%.

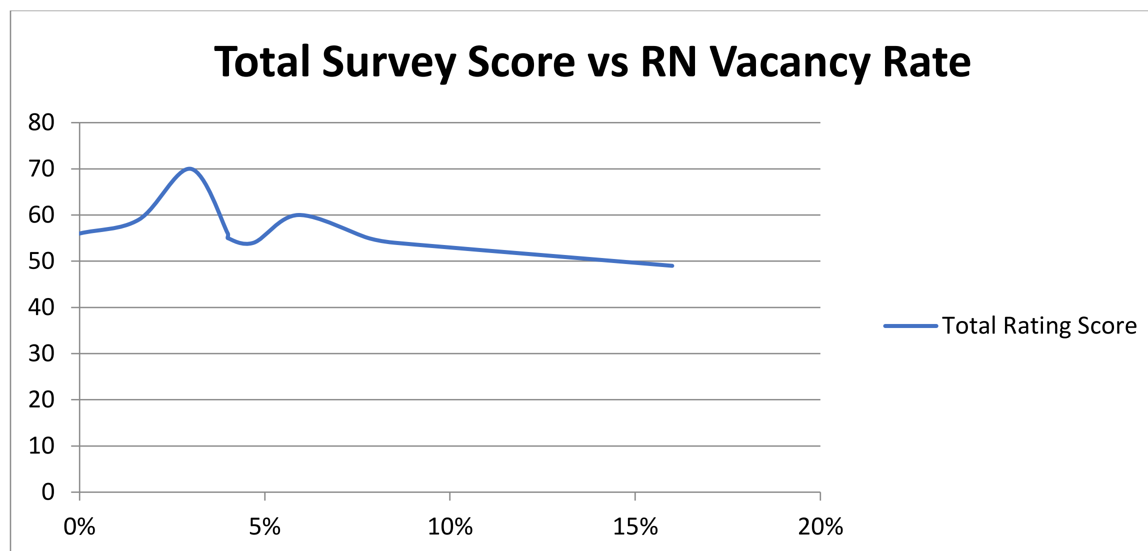
Areas of Development

1. New Knowledge, Innovation, and Improvement Practice Component had the lowest combined percentage of high performing and proactive level responses 72% and the highest responsive level 28%. This was driven primary by the question describing research on the NDs unit where the responsive level responses were 70%. Research would be an area of focus.
2. Structural Empowerment Component was the second lowest combined scores for high performing level and progressive level at 76%. The responsive and reactive level response was 24%. Two questions in this cluster scored low. The question related to community involvement scored the highest responsive level responses of any question on the survey with 70%. The question on commitment to professional development had a combined 30% reactive and responsive response rate.

Comparing RN Turnover Rate with Survey Score

When analyzing the data comparing turnover rate and survey rating score there is a trend that the higher the rating score indicated a higher number of responses of high performing and progressive levels. One survey had the third lowest turnover rate (3%) had the highest score (70) and the highest high performing level responses (16). The highest turnover rate (16%) was the lowest scoring survey (49) and the greatest number of reactive and progressive level responses. No correlation could be established due to the low n.

Table 6 Survey Score Compared to RN Vacancy Rate



Open Ended Question Results

8 out of the 10 respondents completed the open-ended questions of the survey. The open-ended questions were not a required field to complete.

1. In what areas do I need to grow as a leader?

The theme related to engaging, coaching and supporting staff nurses emerged from this question. NDs described needing the opportunity to grow to better coach staff to function at their highest level and how to encourage staff to participate in unit-based research and evidence based practice.

General responses included the need to grow more as a leader as it related to balancing time, communication, sustaining initiatives and more hospital wide leadership opportunities. NDs needed more emphasis and/or time for research, innovation and strategy.

2. What are the ways in which I can achieve a higher level of performance?

There was one main theme emerged from the responses to this question. The theme was how to engagement of staff to participate in research, unit based decision making and other initiatives. This included creating a unit-based staff advisory group to help with identifying and promoting staff engagement. Broad responses included needing sponsorship, more leadership opportunities, planning time to attend workshops and research topics and consistent communication strategy.

3. What tools do I need to be a high performing leader?

Several themes emerged related to this question. Theme #1 was time management. This was characterized as the ability to spend more time with staff and be present on their unit. The ability to better allocate time to better utilize evidence and empower staff. Time was described as occupied by too many competing demands that take away time from being with bedside staff. The use of time would be better served to look at systems that allow NDs to focus on leadership and development of practice vs 'housekeeping''. This included eliminating tasks that were non value added or could be done by someone else. Theme #2 was related to education/professional development. Education was included leadership courses and workshops. Create time for brainstorming, idea production and planning. NDs described needing the time to better utilize evidence and empower staff. One ND responded that time is a real issue - looking at systems that allow NDs to focus on leadership and development of practice vs. housekeeping things such as could someone help track fit testing compliance, etc. Education also included networking with peers (internally and externally).

4. What tools can I use to coach and mentor others who want to be high performing leaders?

Two themes emerged from the responses to this question. Theme #1 was mentoring and role modeling. Examples of this included opportunities to mentor high performing leaders to include training and simulation and through the use of evidence based practice. Theme #2 was sharing and exchange of information. This was described as accomplished through discussion and sharing successes. The sharing of information included providing the articles, research, evidence, theories so they are on hand and available to staff nurses.

Summary of Findings of Open-Ended Questions

There were several themes that emerged in the open-ended questions. Theme #1 was to engage, coach and support staff. How to assist NDs to engage, coach and support staff nurses. NDs described needing the opportunity to grow in order to better coach staff to function at their highest level and how to encourage and motivate staff to participate in unit-based research, evidence-based practice and activities on the unit. This theme is directly related to Exemplary Professional Practice as it relates to coaching staff nurse for critical independent thinking as well as nurses role as teachers. This theme also speaks to the structural empowerment to promote advancement at the bedside.

Theme #2 was mentoring and role modeling. This theme focused on what opportunities should the ND seek out to mentor high performing leaders. The question of could evidence-based practice be a catalyst for mentoring and role modeling? What types of education and training would be effective? What are the organizational supports available to assist the ND to role model?

Theme #3 was time management. This theme focused on what is the best use of a NDs time. The responses were focused on making sure their time was focused on the right opportunities. This included “purposeful” presence on the unit, evidence-based practice, planning, communication, research and strategy. Time was also important as it related to spending time with peers to share best practices, innovation and strategies for success. This theme speaks to structural empowerment and transformational leadership to understand what ways NDs could function differently to preserve their time towards high value-added tasks efforts rather than low added value activities.

Summary

The implementation of a self-assessment tool to collect baseline assessment information using the 4-level HPP model to each of the Magnet components was successful in providing meaningful data to identify strengths and gaps of knowledge and skills through the collection self-reflection and self-assessment of an NDs current leadership level collectively. A comparative analysis approach was used to analyze the data.

Transformation Leadership and Exemplary Professional Practice were identified as strengths. The areas for development included Structural Empowerment and New Knowledge, Innovation and Improvement. Open-ended question responses indicated some of the same areas of development from the closed question section of the survey. The themes that were identified were: engaging, coaching, and supporting staff to function at their highest level and participate in unit-based research and EBP. Another theme was about time management. The framing of this response was how an ND needed to be present on their unit and use their time on value added work and not tasks. Another theme was the NDs professional growth and development as it

related to being an effective coach and mentor. The ability to engage and learn from their peers and opportunity for discussion and sharing best practice.

When analyzing the data comparing turnover rate and survey rating score there is a trend that the higher the rating score indicated a higher number of responses of high performing and progressive levels. There was no correlation between survey score and RN turnover rate.

Interpretation

The NDs who participated in the survey were very experienced, highly educated and had longevity at the organization. The organization had achieved Magnet designation in 2003 and has been redesignated three consecutive times. The results indicated that leaders are on a continuum from reactive to high performing. The summary of responses was the high performing level 31%, proactive level 55%, progressive level 12% and reactive level 2%. Combining high performing and proactive level was 85%. The high-level of self-assessment may be due to the leadership experience of the NDs and organizational longevity resulting in significant experience engaged in the Magnet journey.

The strengths identified were Exemplary Professional Practice and Transformational Leadership components. In these two magnet components the focus would be to ensure continued support and build on the success the ND has already experienced. These strengths were also evident in the open-ended question responses. The theme of time management speaks to the thinking of NDs who understand how they should spend their time but need the strategies and mechanisms to function at a higher level. The strength of the responses related to engaging staff to participate in professional activities and mentoring them was again demonstrated a high-level of thinking.

There is no doubt that engaging nurses to participate in professional level activities such as committee participation and unit-based research is a challenge with the demands on a staff nurse. Providing the staff nurse with support and time is essential to engagement speaks to structural empowerment. How does an ND hardwire the support?

New Knowledge, Innovation and Improvement was identified as an area of development and move nurse leaders to evolve to a high level of performance were the key driver of this component was the question related to research, evidence-based practice and innovation. These areas in many respects are the focus of a very high functioning ND due to the nature of the time requirement and effort of implementation. This tied to the issues NDs commented on related to working with other peers to identify how others are finding the time for this work and what are those leadership best practices.

Structural Empowerment was identified as an area of improvement. This is tied specifically to professional engagement, professional development and recognition. This component also tied to the open-ended question “What areas to I need to grow as a leader” as it related to the ability to engage and motivate staff to participate and how to mentor and coach them. The low rating of community involvement may not be indicative of the community work at a macro level. MGH is located in the city of Boston. The community activities are often large in scale such as Wounded Warrior Project which is a collaboration with the Boston Red Sox and MGH. MGH also participates in the Boston Marathon to support funding for adult and pediatric cancer.

The turnover rate ranged from 0% to 16%. The median was 4% and less than the usually accepted turnover rate of 5%. There were four NDs who reported a higher rate than 5%. The highest turnover rate (16%) had the lowest total score and therefore also had the lowest

frequency of proactive and high performing levels selections and highest reactive level responses. This respondent had the only reactive responses out of the n of 10. There relationship between self-reported high performing leadership and registered nurse turnover rate could not be correlated.

The next section will discuss how prioritizing the results could formulate into a leadership development program and a roadmap of improvement.

Leadership Development and Road Map for Improvement

A. Transformation Leadership: Focus on Strategic Planning

Prioritizing the study data to develop a plan of improvement must start with strategy. The underpinning of any successful organization is a strategic plan that is well crafted by the executive team, actioned at every level of the organization and effectively communicated on a regular basis. The success is based on the ability to hard wire expectations and supported by education. Using an annual operating plan (AOP) will be the key tool that will drive operational change in a measurable and tangible way (Appendix D). Nursing leadership expectations must be clear.

Implementing an Operations Plan from an Organization Strategic Pan

1. CNO, ACNOs and NDs should derive individual operations plans for their respective unit(s) based on the hospital plan and individual unit needs within an identified timeframe from initial communication of the hospital plan.

2. The use of a standard template to develop SMART (specific, measurable, attainable, relevant, time-based) goals ensures goals can be clearly written and measured. These plans will be reviewed by their respective nurse leader for final sign off.

3. The outcome of these plans will be part of each leader's annual goals/accomplishments and performance evaluation. Review of goals and progress would be done on a minimum of quarterly basis.

Education

1. Education would be provided (as part of leadership development) to leadership to assist meeting the expectations to use the standard tool as well as develop unit specific plans. This would include group sessions to review draft plans and assist with SMART goal development. It would be important for clinical service lines to meet and share their plans for alignment and coaching and support. Both unit goals and professional development goals would be shared.

Communication/Sharing

1. A single slide deck describing the AOP would be developed (with talking points) to ensure there is a consistent message delivered to the organization from the leadership.
2. Communication of the plan to employees (using the slide deck) initially and ongoing progress on an ongoing basis:
   a. Initial Communication
      - To every level of the organization within 4 weeks (of completion) and documented in staff meeting minutes.
   b. Ongoing communication to discuss progress:
      - Monthly at the Nursing Council Meeting
      - Quarterly at the Nursing Council Meeting and hospital level committees
   c. Nursing town meetings

d. CNO electronic communication

B. Structural Empowerment: Focus on Professional Engagement, Commitment to Professional Development and Community Involvement: Focus on Engaging, Coaching and Supporting Staff

Engage, Coach and Support Staff

Mentoring and coaching of staff begins with ongoing mentoring and coaching of the ND. NDs must develop and commit to their own plan of ongoing professional development and engagement. Specifically carving out time for coaching and mentoring should be a strategy. The opportunity for self-reflection and regular check in with a mentor for an ND should be hard wired into his/her calendar. When the ND sees the healthcare landscape in a different way, they lead by example. Staff nurses are inspired by the professional qualities and how they represent their unit and the profession as a whole. This role modeling is inspirational and contagious providing the opportunity for the staff nurse to reflect on their career and better understand the expectations the ND sets.

Part of this work is a formal plan of improvement working with their nurse leader who evaluates their performance. Goal setting for NDs may include providing opportunities to lead interdisciplinary committees at the organization or system level. Support to be an active member of a professional organization or board. This could be a professional organizational board or a community board. Ongoing educational support could include support to pursue advanced degrees or leadership certification. The nursing profession would benefit from an increase in the number of NDs who are doctorally prepared. This support would include financial as well as time allocated for these activities.

At the core of structural empowerment is for the ND to provide an environment for shared decision making with the nursing staff. Burke (2017) identified that empowering and reflective practice strategies enhance nurse autonomy. RNs identified empowerment in decision making s an important attribute of NDs. This could as simple as engaging staff in decision making of patient care issues such as staffing levels and unit operations decisions. Staff engagement and decision making is critical as part of the change process. The foundation of shared governance is the ability for the ND to find opportunities to share decision making and give a voice to nurses is important. If it doesn't happen at the unit level, it cannot happen at the division or department level. Hard-wired unit based shared governance committee and building on that structure could be the implementation of CUSP Rounds (Comprehensive Unit-based Safety Rounds). CUSP rounds involve each level of the organization to include an executive sponsor. The ability for the staff nurse to have a voice at every level of the organization to include the executive level is powerful.

C. New Knowledge, Innovation, and Improvement: Focus on Research and Evidence Based Practice (EBP)

New knowledge, innovation and improvement are the evolution to the revolution of evidence-based practice. The use of a framework such as Magnet are designed to foster EBP. Nursing research is about expanding nursing knowledge by fostering a culture of inquiry by getting answers to questions being asked, measurement and the sharing of that knowledge to the nursing community through conferences and publication.

Evaluating Readiness

The practicality of seeking excellence is evaluating the readiness for this work by the ND, nursing staff individually and as team is the first step. That evaluation (a checklist of sorts) through a framework would include demonstrated establishment of a culture supporting continuing education and participation in a shape domain expertise. The ND and a critical mass of staff nurses have developed a professional portfolio and viewed as a subject matter expert. There is evidence of staff nurse participation that has improved patient outcomes from identified nursing performance indicators and quality measures as examples. Once readiness has been established, is seeking out those nurses who are committed to participating in an EBP project has been identified either through shared governance or another avenue.

Education: Through a Team Based Approach

The project approach should team based. Building of partnerships with nurse researchers through already establishment infrastructural or seeking that expertise through academia. The goal is to guide the development of a research through formal EBP education resulting in the transfer knowledge and skills from proposal writing through publication as a unit activity.

Leadership Development: Accountability and Responsibility

The road map of improvement is the shared accountability of the individual ND and responsibility of the ACNO and CNO for ensuring the resources, system support and cultural commitment is present. Hard wiring processes such as formal plans of improvement are imperative with clearly identified goals. Use of standardized templates that identifies the learning need, knowledge required, competencies to master, teaching strategy and outcome will provide clarity and focus.

Table 7 Leadership Development Planning Tool Example

Need Identified	Knowledge Required	Competencies Required	Teaching Strategy	Outcome
Translate organizational strategic plan into an annual operations plan (aop)	Full understanding of MGH strategic plan	Goal writing using SMART goal methodology	Attend focus group on the development of an AOP. NDs share their plan for knowledge sharing and identify best practice.	The ND will complete an annual aop that is aligned and maps with the MGH strategic plan

Limitations

This study was conducted in a Magnet hospital. The sample was somewhat homogenous, as it related to age, gender and years employed at the organization. All but three NDs had advanced education. All but 2 NDs had certification in nursing administration. A higher 33% response rate would have provided more power to the study data. The study also focused on one level of leadership. The study would be limited in the ability to generalize the finding beyond the population surveyed. The study tool was created as a self-assessment and validity and reliability were not established.

Conclusion

The role of the nurse leader is crucial to the success of any healthcare organization. Finding unique ways to evaluate the skills and knowledge of NDs through the use of self-assessment as well as a framework such as Magnet is essential. The opportunity for the self-assessment leads to personal growth and development as part of strategic planning and a road map for the ND and unit improvement to include RN retention. RN retention is a critical leadership performance metric.

The opportunity to craft a leadership development curriculum to teach new knowledge and skills to move nurse leaders individually and as a team to sustain and evolve to the high-performance leadership level can be both rewarding and outcome driven. The criticality for creative and ongoing nursing leadership development is an absolute requirement. It is also important that the performance evaluation is designed with alignment on the same framework (i.e. Magnet). This allows a level of consistency and ongoing evaluation year over year. Each level of the nursing organization should have a similar evaluation tool and performance review process.

The ability to find mentors to help support ND growth and development is paramount. It is also important that the ND and nurse leaders establish a health working relationship to evaluate goal setting, support and performance evaluation.

Implications for leadership practice and further study would include sharing the finding of this study to generate a dialogue about the continuum of leadership levels. The following questions should be considered:

1. Can this type of assessment tool be part of ongoing leadership development on an annual basis?

2. Should this type of self-assessment tool be shared with a mentor who is not responsible for the performance evaluation?
3. Does the current performance evaluation align with the Magnet framework?
4. Is there an opportunity to consider the implications for leadership practice and further study?

Nursing leadership development but continue to be an area of on-going investment and commitment to be an effective healthcare organization. Our patients and their families are counting on us as the most trusted healthcare provider to deliver the highest level of safe quality care based on the evidence. The nursing leaders must continue to be in relentless pursuit of finding new and innovative ways to deliver that care and lead the revolution of health improvement.

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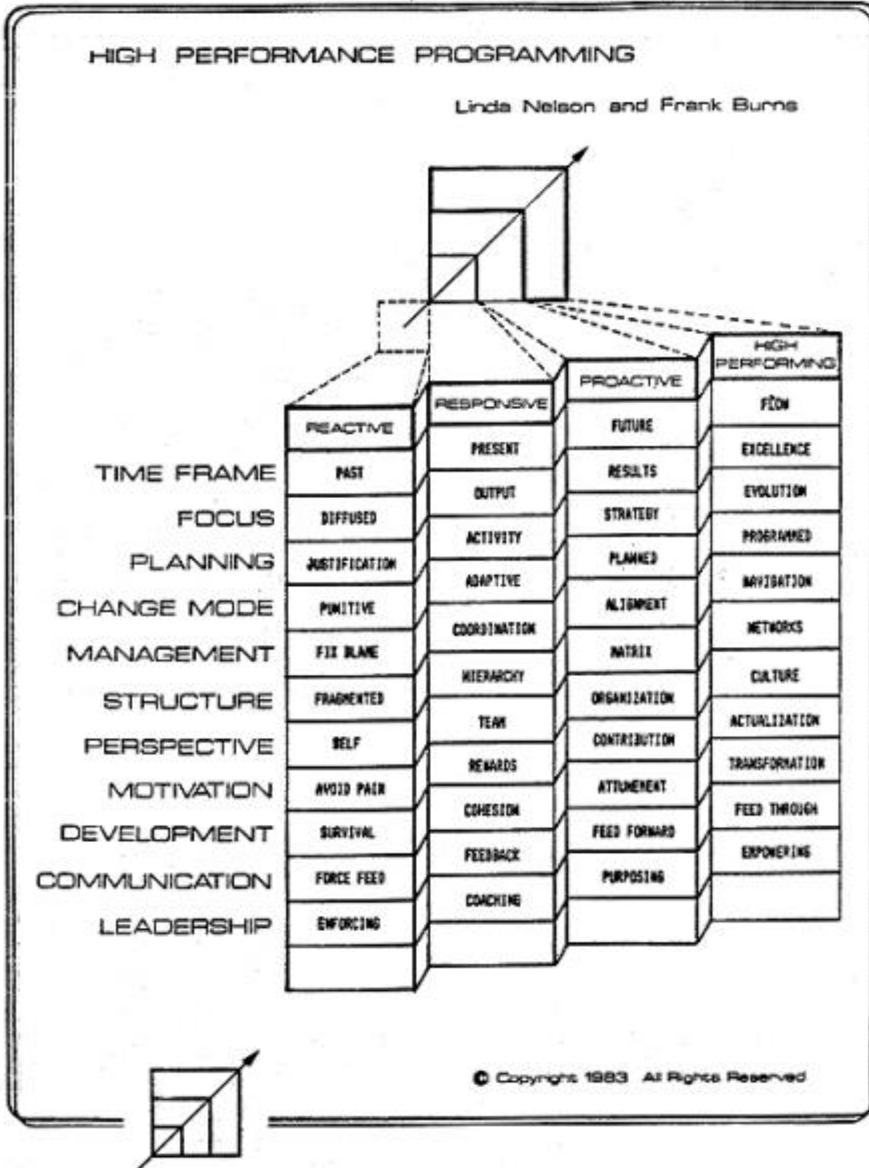
Appendix A

Nelson and Burning High Performance Programming Model



Appendix B

Nursing Leadership Self-Assessment Survey

Nurse Director Self-Assesment Survey

Please complete the survey below.

Thank you!

	Question	Options
1)	What is your gender?	○ Male ○ Female
2)	What is your age?	○ 25-34 years ○ 35-44 years ○ 45-54 years ○ 55 or > years
3)	How many years have you been employed at your institution?	○ 1-5 years ○ 6-10 years ○ 11-20 years ○ 21 or > years
4)	How many years have you been employed as Nurse Director on your unit?	○ 1-5 years ○ 6-10 years ○ 11-20 years ○ 21 or > years
5)	What is your basic nursing education?	○ Diploma ○ Associate Degree ○ Bachelor's Degree ○ Master's Degree ○ Doctoral Degree
6)	What is your highest nursing education?	○ Diploma ○ Associate Degree ○ Bachelor's Degree ○ Master's Degree ○ Doctoral Degree
7)	Do you hold a certification in nursing administration?	○ Yes ○ No
8)	Current area of nursing practice	○ Cardiology ○ Oncology ○ Medical ○ Surgical ○ Orthopedics ○ Neuroscience ○ Psychiatry ○ Women & Children ○ Emergency ○ Perioperative

	Question	Response options
9)	Section 1 Transformational Leadership Developmental Levels Which statement best describes strategic planning as it relates to your unit?	◯ The Nurse Director views strategic planning as a "paper exercise" with no benefit or involvement by staff nurses. There is limited alignment to individual or unit goals and activities. ◯ The Nursing Director solicits input from the staff in designing the strategic plan, but nurses are not an integral part of the process. The Nurse Director is primarily focused on meeting short term unit goals. ◯ Nurses at all levels are involved in leveraging their clinical expertise in identifying ways to improve practice, which is reflected in the strategic plan. Nurses can articulate their contributions to the plan. Unit goals are aligned with the department's goals. ◯ Nurses and nursing leadership use strategic planning to design their future vision and can link the plan to tangible outcomes.
10)	Which statement best describes advocacy and influence on your unit?	◯ There is a "we/they" mentality between staff and management. Mistrust exists. ◯ There is an effective relationship between Nurse Director and staff. Mental models remain rooted in the present vs the ideal future. Staff identify barriers but see the nurse director, associate chief nurse, or CNO as responsible for the fixes. ◯ Strong trust exists between staff, Nursing Director, and leadership team. Staff are willing and able to recognize and address mental models in order to advance practice within the nursing division. Nurses identify barriers and partner with the Nursing Director for resolution. ◯ The Nursing Director is seen as highly credible and has successfully changed mental models where needs at the staff, departmental, and executive level so that nursing is viewed as critically important. All parties are aligned with the future state.
11)	Which statement best describes visibility, accessibility and communication on your unit?	◯ Nursing Director and leadership team are rarely seen, or if available, staff is mistrustful. ◯ Nursing Director and leadership team are available and visible. Staff are friendly but often superficial. Conversation is "safe" and "politically correct". Initiation of discussions typically rests with the Nursing Director. ◯ Nursing Director is highly visible, highly credible, and trusted by the staff. Staff are willing to and able to express views openly and honestly. ◯ Strong mutual respect and trust between staff and Nurse Director. Both influence each other in the development and design of the future state.

12) Section 2 Structural Empowerment Component Developmental Levels Which statement best describes professional engagement on your unit?	○ Nurses typically see their work as a "job". Commitment is to themselves or friends. ○ Some nurses are willing to get involved, but the majority are committed to themselves or their unit. ○ Nurses lead and/or are involved with interdisciplinary committees and councils in order to achieve unit, departmental and organizational goals. Contributions are valued and used to drive change. ○ Nurses promote, protect, and advance the professional culture of the organization. Nurses extend their positive influence to professional and community groups through professional contributions.
13) Which statement best describes commitment to professional development on your unit?	○ Minimal organizational support for development. A majority of staff do not value advancement. ○ There is organizational support for advancing knowledge and skills. Staff typically participates because of expectations set by others or by job description. ○ Strong organizational support for advancing knowledge and skills, with staff willing to commit to utilizing it. Staff develop self-awareness of developmental needs and begin to own and organize professional development activities. ○ Staff are highly committed to self-development. They encourage and participate in the development of peers. Nurses drive change based on their acquired knowledge and are able to align their developmental goals with the nursing strategic plan.
14) Which statement best describes teaching and role development on your unit?	○ Staffs commitment is largely to themselves. Majority see precepting as a "extra burden". ○ Some staff willing to get involved in areas such as precepting, but many see this as someone else's job. ○ The organization has multiple avenues for learning and development. Staff are able to identify learning needs of peers, patients , and communities and develop appropriate programs and processes to address them. ○ Staff functions as effective mentors, teachers, and role models for both within the profession. Staff successfully develop creative and adaptive methods for developing the role of nursing.
15) Which statement best describes commitment to community involvement on your unit?	○ Minimal involvement with community. ○ Some staff participate in community programs. ○ Staff willingly engage in community partnerships. ○ Staff identify community needs, develop appropriate programs, and willing to participate.

Question	Options
16) Which statement best describes recognition of nursing on your unit?	○ Nursing practice is viewed as implementing "tasks" vs a profession. Nursing has limited "voice" within the organization. ○ Recognition is largely through activities such as Nurses Week. Little recognition as a key organizational component. ○ Nursing is seen as a key driver for the organization and is supported by other disciplines. Nurses are recognized in the nursing and community at large. Nurse Director recognizes contributions throughout the year. ○ Nursing's contributions are actively sought and seen as critical to the organization and community in both traditional and non-traditional ways.
17) Section 3 Part 1 Exemplary Professional Practice Model (PPM) Component Developmental Levels Which statement best describes the professional practice model (PPM) on your unit?	○ PPM may exist, but nurses do not see how it guides or relates to practice. ○ Some general understanding or acknowledgement of a PPM, but not acculturated by staff. ○ Care delivery is integrated into the PPM. Staff feel accountable for outcomes and are able to effectively address problems. Patients and families are considered partners in the care process. ○ PPM is "owned" by staff to drive the work of nursing. The PPM impacts all aspects of practice and is leveraged to accomplish goals.
18) Which statement best describes staffing, scheduling and budgeting on your unit?	○ Staff has little or no control. Generally, consider their personal needs without much regard for the organization. ○ Staff has some input into staffing and scheduling; typically put unit needs above the organizational needs. ○ Nurses have significant control and effectively manage staffing and scheduling and are consulted for fiscal needs. ○ Staff "own" and manage staffing and scheduling continually looking for ways to improve effectiveness.
19) Which statement best describes accountability, competence and autonomy on your unit?	○ Nurses typically use external attribution for failure and do only what is required. ○ Nurses typically are competent; they follow the rules, standards, and protocols in making decisions. ○ Nurse use correct attributions and are able to independently make good decisions for their patients based on need vs policy. Nurses at all levels participate in formal peer review. ○ Nurses are highly competent and accountable for practices and seek new approaches. Able to appropriately provide valued peer feedback in both formal and informal ways.

Question	Response options
20) Section 3 Part 2 Exemplary Professional Practice Model (PPM) Components Developmental Levels Which statement best describes ethics, privacy, security and confidentiality on your unit?	◯ Culture may allow minor infractions without consequence. The Nurse Director avoids confrontation. The Nurse Director is more interested in personal relationships versus professional standards and dosen't hold people to the highest level of integrity. ◯ Nurses typically follow the rules and standards, but may not speak up if they see an infraction. The Nurse Director holds staff to defned standards of care. The Nurse Director makes staff aware of ethical policies and the ethics committee. ◯ Organization maintains high integrate around clinical information and data. Nurses are strong advocates and will speak up. Staff utilize multidisciplinary ethics committee for ethics decision making. The Nurse Director exemplifies high moral character and encoruages staff to be patient advocates and speak up about infractions in a culture of saftey. ◯ Nurses highly engaged with other disciplines in developing and maintaining systems that ensure consistent ethical conduct. The Nurse Director has evolved a culture where nurses and colleagues have a high standard of ethical and moral conduct.
21) Which statement best describes your unit as it relates to diversity and work place advocacy?	◯ Issues with diversity typically not recognized. Discrimination may occur. ◯ Discrimination and diversity are recognized; compliance with policies. ◯ Diversity of opinion is actively solicited. Problems with discrimination are proactively addressed. ◯ Active involvement of all key stakeholders to develop and implement novel solutions to identified problems
22) Which statement best describes the culture of safety on your unit?	◯ In general, safety is considered important, but shortcuts may be taken that compromise patient safety without correction. ◯ Safe patient care is valued and practiced, but nurses may be reluctant to "speak up" when observing violations. Peer review is associated with "bad events". ◯ Potential compromised to patient safety actively identified and corrected. Nurses not hesitant to speak up if observing unsafe practices. ◯ Nurses are highly engaged with peers and other disciplines to create a culture of safety. Active peer-review processes use situations involve near misses or potential harm to drive changes in practice.

	Question	Response
23)	Which statement best describes the quality care monitoring and improvement on your unit?	◯ In general, quality is valued, but often corrective actions are not consistently implemented. ◯ Quality of care is monitored, and corrective actions are implemented. "Doing one's best" is accepted, even if problem is not resolved. ◯ Nurses collaborate with other disciplines to ensure highest level of care. Care is carefully trended, and many problems avoided. ◯ Nurses engaged in collaborating and development new "best practice" for the profession and patient specialties.
24)	Section 4 New Knowledge, Innovation and Improvements Component Developmental Levels Which statement best describes research on your unit?	◯ Research is not strongly valued. ◯ Nurses may participate in research projects but rarely initiate research. ◯ Nurses generate research and apply research to their practice. ◯ Nurses actively involved in generating and disseminating research on a national or international level.
25)	Which statement best describes evidence based practice on your unit?	◯ Practice is largely based on tradition or the way one was originally taught. ◯ Nurse generate questions about practice and may occasionally use evidence to drive practice changes. ◯ Practice is based in latest evidence. Nurses proactively identify issues and see appropriate evidence. ◯ Nurses are developing and testing evidence and translating new knowledge into practice.
26)	What statement best describes innovation on your unit?	◯ Innovation is neither valued nor sought. ◯ Nurses may identify problems where innovation might be applied, but often ideas not supported with resources. ◯ Nurses identify and implement innovation solutions to identified problems. ◯ Nurses identify, develop, implement, and disseminate innovative approaches through publications. A culture exists where innovation is valued, encouraged , and supported.
27)	What is your most recent reported RN turnover rate %	________________
28)	In what areas do I need to grow as a leader?	________________
29)	What are the ways in which I can achieve a higher level of performance?	________________
30)	What tools do I need to be a high performing leader?	________________

31) What tools can I use to coach and mentor others who want to be high performing leaders?	______________________________

Wolf, Finlayson, Hayden, Hoolahan & Mazzoccoli, 2014

What is your most recent reported RN turnover rate%________

Opened Ended Questions:

1. In what areas do I need to grow as a leader?

2. What are the ways in which I can achieve a higher level of performance?

3. What tools do I need to be a high performing leader?

4. What tools can I use to coach and mentor others who want to be high performing leaders?

Comments

Appendix C

Nurse Director Email Invitation to Participate/Consent Information

Dear Nurse Director,

My name is Denise Palumbo, RN, MSN, I am inviting you to participate in a nursing leadership research study. The purpose of this study is to engage nurse directors to participate in a leadership self-evaluation using the Magnet® components. I am asking for your participation to learn more about leadership style and characteristics of nurse leaders in a magnet hospital. You are 1 of 32 Nurse Directors eligible to participate who have been in their role for more than one year.

The activity involves filling out an online leadership assessment survey and demographic survey (see link below) that will take approximately 20 minutes to complete. Your participation is anonymous, and results of this study will be used for scholarly purposes only.

Throughout the study, I will ensure privacy and confidentiality for all the research participants will be maintained. All data will reside on the Partner's network and will be password protected. The risk of a breach of confidentiality is minimal.

There is no remuneration for participation. There are minimal risks or discomfort for participation. Participation is voluntary and can be stopped at any time.

If you would like to speak to someone not involved in this research about your rights as a research subject, or any concerns or complaints you may have about the research, contact the Partners Human Research Committee at (857) 282-1900.

Important note: If you are a nurse director who has leadership responsibility for more than one patient care area, please select one unit for survey purposes.

The completion and submission of the study survey will serve as your consent to participate.

Survey link will be embedded here.

Thank you,

Denise S. Palumbo, RN, MSN

Principle Investigator

dpalumbo@partners.org

617-967-8141

Appendix D

Strategic Plan Implementation

Annual Operating Plan (AOP) Methodology

Assumptions

1. The Operations Council will approve the AOP and submit to the President for final sign off no later than the end of December of each year.
2. This document will be developed annually based on the strategic plan. It will be the key tool that will drive operational change in a measurable and tangible way.

Leadership Expectations

1. All VP's and Directors will derive individual plans for their respective unit(s) based on the hospital plan within 3 weeks of the initial communication of the plan.
2. These plans will be reviewed by their respective supervisor for final sign off
3. The outcome of these plans will be part of each leader's annual goals/accomplishments and performance evaluation.

Education

1. Education will be provided (as part of leadership development) to leadership to assist meeting the expectations to develop unit specific plans (i.e. Nursing, Radiology, Admitting).

Communication

1. A single slide deck describing the AOP will be developed (with talking points) to ensure there is a consistent message delivered to the organization from the leadership.
2. Communication of the plan to employees (using the slide deck) initially and ongoing progress on an ongoing basis:
   a. Initial Communication
      - To every level of the organization within 4 weeks (of completion) and documented in staff meeting minutes.
   b. Ongoing communication to discuss progress:
      - Bimonthly at the Operations Council Meeting
      - Quarterly at the Leadership Council Meeting
      - Quarterly Board Meetings

c. At each town meeting (May and November).

d. Presidents electronic communication