

Nurse Leader Application of the Five Practices of Exemplary Leadership

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Abstract

There are many leadership development programs, but only some focus on the unique perspective of nurse managers. The organization that served as the project site has leadership development programs for aspiring nurse leaders, a leadership core for newly appointed nurse leaders, and executive coaching for executive-level nurse leadership. A need was identified for a leadership development program for nurse managers. This project aimed to fulfill that need. The goal was to increase the application of the Five Practices of Exemplary Leadership to operationalize transformational leadership principles and foster Joy in Work. The leadership development program consisted of an education session, participants completing the Leadership Practices Inventory Self-Empowered assessment, a report review and action planning session, a midpoint check-in, an individual debrief, and a focus group debrief. Due to the complexity of the nurse leader position, individualized leadership development plans were utilized. It was found that the leadership development program was helpful for program participants to increase their confidence in operationalizing transformational leadership principles. Nurse leaders with strong transformational leadership skills are poised to support their staff through the changes associated with nursing and healthcare. These skills can positively impact staff, patients, organizations, and healthcare.

Keywords: leadership development, nursing leadership, transformational leadership, Five Practices of Exemplary Leadership

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Section I. Introduction

Background

Nurses make up the largest profession of the healthcare workforce at four times the size of the physician workforce (National Academies of Science, Engineering, & Medicine, 2021; Specchia et al., 2021). However, there is a need for more nurses in leadership positions (Spencer et al., 2018). Although many leadership development programs exist, few focus on nurses' unique perspectives (Swearingen, 2009). The project site, a 974-bed tertiary care academic medical center in eastern North Carolina, identified a need to create a leadership development program for nurse leaders. The project aimed to develop, implement, and evaluate an educational program for nurse leaders to apply the Five Practices of Exemplary Leadership. Nurse leaders applying the Five Practices of Exemplary Leadership will be equipped to accomplish the project site mission of improving the health and well-being of eastern North Carolina (██████████, 2022).

Organizational Needs Statement

Preparing nurse leaders to meet the evolving healthcare environment can positively impact organizational performance. Practical measures of a healthcare organization's performance that can be affected by nurse leaders include staff nurse satisfaction and retention, patient outcomes, and the organization's financial status (Swearingen, 2009). Nurse leaders across the project site must be prepared to address operational performance measures. A transformational leadership approach to management is one tool nurse leaders can use to address a healthcare organization's operational performance. Transformational leadership approaches use relationship building to identify team members' intrinsic motivation and uses that motivation to improve organizational performance.

Transformational leadership is a process that transforms people and helps support team members through change (Northouse, 2022). The project site is currently going through a system-wide change. The change involves formalizing a partnership with an academic institution and re-branding to portray the organizational mission to the community. Nurse leaders can support their teams through this transition by using a transformational approach to leadership.

Transformational leadership can be operationalized through a set of teachable behaviors, including the Five Practices of Exemplary Leadership, which are model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart (Fischer, 2016; Kouzes & Posner, 2017). Each of the Five Practices of Exemplary Leadership has activities associated with their application. Leadership activities related to modeling the way include exploring personal values, identifying team values, finding where values overlap, and leading by example. By modeling the way, leaders develop commitment from their staff through building a connection. Inspiring a shared vision involves imagining a vision for the future, sharing that vision with the team, and determining the team's vision of the future. Sharing passion and excitement for the future will inspire the team to commit to mutual goals. Challenging the process involves considering new ways of completing tasks that benefit the individual and the organization. When a leader openly challenges the process, it empowers other team members to do so. Exemplary leaders enable others to act by developing collaborative environments, strengthening others for independent decision-making, and providing the resources to accomplish tasks. Lastly, recognizing contributions by the team is a way to encourage the heart and reward hard work. The key to successfully applying the Five Practices of Exemplary Leadership is listening to the team and learning what motivates them. The project site identified

a need for a leadership development program for nurse leaders to learn to apply the Five Practices of Exemplary Leadership.

Historically, nursing education has focused on developing clinical skills, not leadership skills (National Academies of Science, Engineering, & Medicine, 2021). However, nurse leaders can be influential in working with staff to develop a shared vision to build a sense of community (Fitzpatrick et al., 2019). Nurse leaders that can paint a picture for the future while clarifying the role of their staff during times of change can be very influential in accomplishing organizational missions. By creating and implementing a leadership development program for nurse leaders to apply the Five Practices of Exemplary Leadership, the project site will equip nurse leaders to create an empowering work environment for their staff that will assist in accomplishing the organization's mission.

Using the Leadership Practices Inventory (LPI) Self-Empowered assessment provides insight into nurse leaders' application of the Five Practices of Exemplary Leadership (Abd-EL Aliem & Abou Hashish, 2021; AbuAlRub & Nasrallah, 2017; Carrara et al., 2017; Dias et al., 2019; Spencer et al., 2018; Vitale, 2019). The LPI Self-Empowered assessment is a tool that measures how often a leader utilizes the activities associated with the Five Practices of Exemplary Leadership (The Leadership Challenge, 2022). The results are compared to more than five million leaders worldwide, generating a report of actionable and personalized approaches to applying the Five Practices of Exemplary Leadership in daily leadership practice.

The Five Practices of Exemplary Leadership align with the Institute for Healthcare Improvement's (IHI) framework for improving Joy in Work. Joy in Work is an impactful concept for creating an environment where team members discover purpose in their work and thrive in the work environment. According to the IHI (2022a), leaders have four steps to improve Joy in

Work, including asking staff what matters to them, identifying unique barriers to joy in the local context, committing to a systems approach to making joy in work a shared responsibility and using improvement science to evaluate approaches to improve Joy in Work in the organization. Joy in Work impacts all aspects of healthcare, from individual staff engagement to patient experience, quality of care, and overall organizational performance (Institute for Healthcare Improvement [IHI], 2022a).

Step one of achieving Joy in Work aligns with the first practice of exemplary leaders; model the way by asking the question, "What matters to you?". Nurse leaders can identify shared values and inspire commitment through connection by genuinely conversing with team members. Once there is connection and camaraderie, efforts can be focused on improving Joy in Work by applying the remaining practices of exemplary leaders.

Step two of achieving Joy in Work allows teams to analyze their work from a perspective of what is working well for the team allowing for more candid discussions on innovative solutions for areas needing improvement. Identifying solutions aligns with the third practice of exemplary leaders: challenging the process. Challenging the process is an essential step to improving Joy in Work. When leaders challenge the process by modeling the way, other team members are inspired to do so.

Step three of improving Joy in Work aligns with the exemplary leader practice of inspiring a shared vision. Addressing needed improvements that are identified in step two allows the leader to paint a picture of the impact of the improvements on the organization's work environment. Imagining the possibilities and being enthusiastic about sharing that vision will inspire motivation and support staff through change by ensuring they see their role in accomplishing the vision and their future within the organization.

Step four of achieving Joy in Work aligns with the exemplary leader practice of enabling others to act. By enabling others to act, the leader fosters collaboration, empowers team members to make decisions independently, and structures projects with a common goal. The leader must listen, facilitate relationships, and create trust among the team. The team can act once values are aligned, improvements are identified, and a shared vision is developed.

The process of improving Joy in Work is a challenging one and requires commitment from every level of the organization. Ensuring that the team is recognized and rewarded for their contributions aligns with the remaining practice of exemplary leadership: encouraging the heart. By getting to know how team members like to be recognized, the leader can acknowledge their contributions in a way that is meaningful to the individual. The acknowledgment will continue to build team relations and validate team members' efforts.

The Triple Aim is a framework for organizations to optimize the health of their populations (IHI, 2022b). The Triple Aim involves improving the patient's perception of care, optimizing population health outcomes, and decreasing healthcare delivery costs. The project site's mission, to improve the health and well-being of eastern North Carolina, aligns with the goals of the Triple Aim. A joyful workforce improves patient experiences, outcomes, and organizational effectiveness and productivity (IHI, 2022a). It is worthwhile to train nurse leaders to apply the Five Practices of Exemplary Leadership to promote Joy in Work, as Joy in Work can positively impact the goals of the Triple Aim.

Problem Statement

Nursing practice is fraught with changes related to care delivery models, shifting patient demographics and acuity, and technological advances (Collins et al., 2020). In response to the challenges of nursing practice, nurse leaders can support their teams using empowering

approaches to leadership (Collins et al., 2020). The complexity of the nursing work environment, coupled with an organizational merger and re-branding, could lead to decreased Joy in Work at the project site. The nursing staff at the project site could benefit from nurse leaders using the Five Practices of Exemplary Leadership to empower staff through these changes and foster Joy in Work. An organization's leadership team is responsible for laying the foundation for making a workplace joyful (IHI, 2022a.).

Nurse leaders are poised to foster Joy in Work. Enhanced leadership development programs are needed to prepare nurse leaders to apply the Five Practices of Exemplary Leadership and bring joy to their teams. The project site does not currently have a leadership development program utilizing the LPI Self-Empowered assessment results for personalized action planning to increase nurse leaders' use of these practices in daily leadership activities.

Purpose Statement

The project aimed to develop, implement, and evaluate a leadership development program that prepares nurse leaders to operationalize transformational leadership principles by applying the Five Practices of Exemplary Leadership. The results of the LPI Self-Empowered assessment were used to complete individual gap analyses and action planning to apply the Five Practices of Exemplary Leadership to everyday leadership activities. By applying the Five Practices of Exemplary Leadership, nurse leaders will create an empowering work environment that draws in new talent while being a workplace where current team members see themselves thriving for years.

Section II. Evidence

Literature Review

The literature search began within the PubMed database utilizing the search term "transformational leadership nursing," limiting results to the previous five years and the English language. This search yielded 235 results, of which 11 were reviewed further based on title and abstract content. Articles selected for further review defined transformational leadership, explored the application of transformational leadership in healthcare or nursing, and discussed utilizing the multifactorial leadership questionnaire (MLQ) to measure transformational leadership. The results of this search led the author to question, "Is the MLQ the best selection to meet the aim of this project?"

With librarian assistance, a subsequent search was completed utilizing the ProQuest database. The search restrictions included "dissertations and theses." The goal was to identify a dissertation or thesis measuring transformational leadership that described the tool used or incorporated the tool in an appendix for review. The search terms utilized were "leadership style" AND (questionnaire OR tool OR instrument OR measure) AND (validity OR validation OR valid OR reliable OR reliability). The results led to the identification of three tools for further review. The tools were the leadership climate survey, the ethical leadership questionnaire survey, and the leadership practices inventory (LPI).

Each tool title was used as a search term in the ProQuest database with restrictions of the previous five years, journal articles, nursing, and the English language, yielding 78, 6, and 42 results, respectively. Of the 78 results on the leadership climate survey, seven articles were selected for further review based on title and abstract content. The articles that linked leadership style to nurse retention were retained. However, the leadership climate survey was not deemed

appropriate for this project as it measures emotional intelligence. No articles about the ethical leadership questionnaire were included, as no link was identified to transformational leadership. Finally, of the 42 LPI articles, eight were selected for further review based on title and abstract content. All articles were retained and deemed applicable to this project as there was a direct link in utilizing the survey results to apply transformational leadership principles in daily leadership activities.

With librarian assistance, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database was searched, utilizing the search terms “nurse” AND “retention” AND (manager OR leader), resulting in 404 articles. Two were kept for further review based on title and abstract content as they explored transformational leadership principles to promote nurse retention and improve intent to stay. The literature has pointed toward tools to measure transformational leadership behaviors and how transformational leadership can enhance work environments. The literature was then searched for what programs exist for nurse leaders to learn to apply transformational leadership principles to leadership activities.

The following searches were conducted in the CINAHL and PubMed databases utilizing the search terms "nurse leadership development programs," "leadership practices inventory and nurse leaders," and "nurse leadership development and exemplary leadership." Limitations were applied, including the previous five years and the English language. These searches resulted in no relevant articles to meet this project's aim, as the articles did not discuss programs for nurse leaders.

All articles selected for review were critically appraised based on their assigned level of evidence utilizing the levels of research pyramid adapted by Grove and Gray (2019). The research pyramid displays levels of evidence from level I as the highest level to level VII being

the lowest level of evidence. Level I evidence includes systematic reviews and meta-analyses; level II evidence includes randomized controlled trials (RCTs) or experimental studies; level III evidence includes quasi-experimental studies; level IV evidence includes mixed-methods systematic reviews and qualitative meta-syntheses; level V evidence includes descriptive correlational, predictive correlational, and cohort studies; level VI evidence includes descriptive studies and qualitative studies; and level VII evidence includes opinions of expert committees and authorities. All levels of evidence were considered for this project as the literature lacks published research on nurse leader development programs utilizing a gap analysis and personalized action planning to increase the application of the Five Practices of Exemplary Leadership to daily leadership activities.

Current State of Knowledge

Nurse retention is essential for meeting organizational outcomes, including financial and patient quality outcomes (Boamah et al., 2018; Collins et al., 2020; Fischer, 2016). Nurse attrition is costly in direct and indirect costs to healthcare organizations (Zaheer et al., 2021). Leadership style can affect nurse attrition (AbuAlRub & Nasrallah, 2017; Majeed & Jamshed, 2020; Niinihuhta & Haggman-Laitila, 2022; Specchia et al., 2021). High nursing staff turnover contributes to a negative work environment, decreased quality of patient care, and an increased cost of healthcare (Adams et al., 2019).

A transformational approach to leadership effectively supports staff in changing work environments, and the work environment of nursing staff is constantly changing (Collins et al., 2020). Transformational leadership improves work environments and reduces nurse attrition (Boamah et al., 2018; Niinihuhta & Haggman-Laitila, 2022; Specchia et al., 2021). The Five Practices of Exemplary Leadership operationalize transformational leadership for use in daily

leadership activities (Abd-El Aliem & Abu Hashish, 2021; AbuAlRub & Nasrallah, 2017; Fischer, 2016). The LPI Self-Empowered assessment measures leaders' frequency of use of the Five Practices of Exemplary Leadership and is intended for leadership development using self-reflection (Carrara et al., 2022; Posner, 2016; Vitale, 2019).

Current Approaches to Solving Population Problem(s)

The literature identified two leadership development programs in the United States (US) utilizing the Leadership Practices Inventory (LPI) self-assessment tool. Spencer et al. (2018) evaluated an Association Development and Professional Transformation (ADAPT) workshop for nurses without leadership experience to evaluate the benefit of mentorship. Nurses without leadership experience completed the LPI self-assessment tool after a workshop focused on Kouzes and Posner's (2017) Five Practices of Exemplary Leadership. The participants were mentored for two months by an experienced nurse leader to help develop leadership skills based on Kouzes and Posner's (2017) Five Practices of Exemplary Leadership. The researchers concluded that a workshop, such as the ADAPT workshop, is beneficial to developing future nurse leaders and recommended adding a focus group at the end of the program for formal program evaluation.

Dias et al. (2019) created a leadership development curriculum based on the principles of transformational leadership using the LPI self-assessment tool to increase staff nurses of Indian descent in leadership positions. The participants completed the LPI self-assessment tool. The results of the LPI self-assessment tool were used to create a targeted action plan to empower the staff nurses to apply the Five Practices of Exemplary Leadership. Following analysis of the initial LPI self-assessment results, a face-to-face workshop was conducted with a certified Leadership Challenge curriculum facilitator. An individualized leadership development plan

incorporated actionable items to increase the use of the Five Practices of Exemplary Leadership. The participants evaluated the program, and positive feedback was received regarding the program's effect on increasing participant confidence to apply transformational leadership principles.

Evidence to Support the Intervention

Niinihuhta & Haggman-Laitila (2022) conducted a systematic review exploring how the leadership style of nurses impacts staff work-related well-being. The results showed that utilizing a transformational leadership style increased nurse retention by improving work-life balance and reducing burnout. These results support the creation of leadership development programs for nurse leaders to learn to apply the Five Practices of Exemplary Leadership, operationalizing transformational leadership. Two additional systematic reviews focusing on leadership education programs found that targeted education programs are most effective in developing influential nurse leaders (Cummings et al., 2020; Guibert-Lacasa & Vazquez-Calatayud, 2022). The targeted approach involves identifying participant leadership styles and performing a gap analysis to create a personalized action plan to improve existing leadership styles or learn a new one.

Collins et al. (2020) completed a literature review that found transformational leadership programs in the United Kingdom (UK) and Turkey improved the leadership practices of nurse leaders. However, these programs were not described in the literature search results. No leadership development programs for experienced nurse leaders identified or published in the United States focused on applying the Five Practices of Exemplary Leadership. This gap in the literature supported this project's proposed aim. The project aimed to design, implement, and evaluate a leadership development program for nurse leaders to operationalize transformational

leadership principles by learning to apply the Five Practices of Exemplary Leadership to daily leadership activities.

Evidence-Based Practice Framework

The Donabedian approach to quality improvement was used to guide the development of the leadership development program. The Donabedian approach to quality improvement includes structure, process, and outcome (Donabedian, 1988). Structure refers to material resources, human resources, and organizational structure. Material resources can be broken down to include facilities and equipment. Human resources include having qualified personnel employed within the institution. Organizational structure can be broken down into medical staff organizations, peer review methodology, and reimbursement procedures. Process refers to what is currently being done regarding patient care or program processes. Outcome refers to the effect of the structure and process on the goal.

Botma and Labuschagne (2019) used the Donabedian approach to quality improvement to develop an interprofessional education program within a complex healthcare environment. The structure involved the program design process, including the delivery mode. Their design process utilized social constructivism, cognitive constructivism, and Kolb's experiential learning theory. Regarding the Donabedian approach, the process was the education program implementation. Their process included didactic activities followed by opportunities to apply didactic education in the work environment. The leadership development program outcomes referred to participant learning outcomes, application of learning by participants, and participant evaluation of the program. A similar interpretation and application of the Donabedian approach to quality improvement was utilized to develop a leadership development program for nurse

leaders to learn to apply the Five Practices of Exemplary Leadership to their daily leadership activities.

Ethical Consideration & Protection of Human Subjects

The nurse leadership development program has no inherent risk to human subjects, and ethical considerations were addressed. The program was voluntary and available to all inpatient surgical service line nurse managers. The data collected cannot be traced back to any participant, as no identifying information was collected. The project lead has no managerial relationship with the participants. It was communicated that there would be no impact on participant employment based on the choice to participate or not in the nurse leadership development program.

The project lead completed Collaborative Institutional Training Initiative (CITI) modules to advance ethical considerations in research knowledge, federal regulations regarding research, and an understanding of the formal approval process for research studies (Collaborative Institutional Training Initiative [CITI], 2022). The Self-Certification Quality Research tool was completed as part of the university review process. The project was deemed a quality review/program evaluation, and no further Institutional Review Board (IRB) evaluation was required. The project lead contacted the site's research office to inquire about additional approval requirements. The project site's research office determined that no further review or requirements were needed outside the university IRB review process.

Section III. Project Design

Project Site and Population

The project site was a 974-bed not-for-profit academic medical center in eastern North Carolina. The medical center serves 1.4 million people throughout 29 counties and is the only level I trauma center east of Raleigh, North Carolina (██████████, 2022). The medical center comprises a general hospital, a children's hospital, a heart center, and a cancer center. The medical center provides various services, including inpatient and ambulatory surgical services. There are 37 operating rooms for inpatient and ambulatory surgery, cesarean sections, and endoscopy services. Project implementation barriers included the number of nurses in leadership positions across the medical center, the time constraints of nurse leaders, and the logistics of meeting face-to-face. Facilitators included executive leadership support, college of nursing support, and participant interest in the leadership development program.

Description of the Setting

The inpatient surgical service line includes orthopedic and general surgery, palliative care and surgical oncology, neurosciences intermediate, trauma and surgical intermediate, and medical oncology units. Unit size ranges from 24 to 44 inpatient beds (██████████, personal communication, 11/28/2022). The leadership development program was designed to meet the needs of the inpatient surgical service line.

The education session was held in a medical center conference room with technological capabilities for a PowerPoint presentation and enough space for the project lead and participants. The conference room was selected to promote participant privacy and confidentiality. The one-on-one action planning, midpoint check-in, and individual debrief sessions took place face-to-

face in the nurse leaders' respective offices. The focus group debrief session was conducted in a private conference room within the medical center.

Description of the Population

The inpatient surgical service line leadership team comprises the nurse administrator of patient care services and five nurse managers with varying experience levels. The nurse administrator is responsible for all included units and reports to the Senior Vice President of Clinical Services. The number of staff each unit manager oversees ranges from 70 full-time equivalents (FTEs) to 118 FTEs based on unit size (██████████, personal communication, 11/28/2022). Unit staff composition overseen by unit nurse managers consists of assistant nurse managers, staff nurses, contract nurses, nursing assistants, and unit secretaries.

Project Team

The project team comprised the project lead, faculty mentor, and project site champion. The project lead, the Doctor of Nursing Practice (DNP) student, was responsible for planning, implementing, evaluating, and disseminating program evaluation findings. A faculty mentor from the university's College of Nursing assisted with project management. The project site champion was the Senior Vice President of Clinical Services and was a mentor throughout project design, implementation, and dissemination. The project site champion assisted with narrowing the project population to the inpatient surgical service line to ensure the project remained manageable for the allotted timeframe.

Consultation on program development was provided to the project lead by team members from the Office of Experience, the Office of Organization and Leadership Development, and the Center for Learning and Performance. Team members providing consultation included the Chief Experience Officer, the Director of Organization and Leadership Development, and the

Administrator of Nursing Professional Practice, Development, and Clinical Education. The Chief Experience Officer helped identify resources for leadership development theories applicable to the project. The Director of Organization and Leadership Development provided guidance on current leadership development offerings in general, specific programming available on the Five Practices of Exemplary Leadership, behavior measurement tool options, and program evaluation methods. The Administrator of Nursing Professional Practice, Development, and Clinical Education helped identify a gap in leadership development education opportunities for nurses in leadership positions.

Project Goals and Outcome Measures

The project's primary goal was to design, implement, and evaluate a leadership development program for nurse leaders to operationalize transformational leadership by learning to apply the Five Practices of Exemplary Leadership to daily leadership activities. The outcome measures were twofold. The first outcome measure was the participants' frequency of use of the Five Practices of Exemplary Leadership as measured by the LPI Self-Empowered assessment. The second outcome measure was the participants' evaluation of the leadership development program.

Description of the Methods and Measurement

The Leadership Practices Inventory (LPI) Self-Empowered assessment, offered through The Leadership Challenge, was created by James Kouzes and Barry Posner. The LPI tool is validated and supported by 35 years of research (The Leadership Challenge, 2022). As measured by Cronbach alpha coefficients, internal reliability is consistently very strong, with ratings for all five behaviors above 0.80 (Posner, 2016). The LPI tool consists of six questions for each of the Five Practices of Exemplary Leadership, totaling 30. Each of the six questions is evaluated on a

10-point Likert scale. The survey responses are analyzed, and a personalized report is generated, which ranks the frequency of use of the Five Practices of Exemplary Leadership. The personalized report includes activities to increase the application of the Five Practices of Exemplary Leadership to daily leadership activities. Six surveys were purchased from The Leadership Challenge through the university's College of Nursing. The purchase included project lead access to The Leadership Challenge database to access reports from the secure server.

The education program was evaluated by the participants completing two surveys created by the project lead, an interview at the project midpoint, an individual debrief session, and a group debrief session. The surveys were designed with rank, select one, six-point Likert scale, and text box response formats. The Five Practices of Exemplary Leadership Education Session survey evaluated the education session that introduced transformational leadership, the Five Practices of Exemplary Leadership, and the potential impact to foster Joy in Work (Appendix A). The Five Practices of Exemplary Leadership Education Session survey consisted of demographic questions and seven questions to evaluate session format, content, and applicability to the participants' leadership practice. The Results Analysis and Action Planning Survey evaluated the effectiveness of the action planning session on the LPI Self-Empowered report review and identified activities to increase the application of the Five Practices of Exemplary Leadership (Appendix B). The survey consisted of five questions with a six points Likert scale response and one free text response question. The midpoint check-in was a one-on-one, face-to-face interview to gain feedback on activity incorporation into the leaders' daily leadership practice. The Midpoint Check-In Interview Guide comprised seven questions to explore the barriers and facilitators to using the Five Practices of Exemplary Leadership in daily leadership practice and

any impact on participant leadership practice (Appendix C). The Midpoint Check-In Survey was used to evaluate participant perception of the usefulness of the midpoint check-in session. (Appendix D). The Individual Debrief Interview Guide was used to evaluate barriers and facilitators to incorporating the activity selected into the participants' daily leadership practice (Appendix E). The Individual Debrief Survey was used to evaluate participant perception of the usefulness of the program as a whole and its impact on participant confidence in using the Five Practices of Exemplary Leadership, operationalizing transformational leadership principles, and fostering Joy in Work (Appendix F). The Five Practices of Exemplary Leadership Debrief Session Guide was used to facilitate the focus group exploring participants' overall perception of the program process, content, applicability to their daily leadership practice, and feasibility of maintaining such a program at the nurse manager level (Appendix G).

Discussion of the Data Collection Process

The data collection process occurred throughout project implementation. The first set of data was obtained directly following the education session. The participants were provided with the Five Practices of Exemplary Leadership Education Session survey for completion before leaving the education session. The participants placed the completed survey in a folder to ensure the security of the data and to maintain participant privacy. The second data set was collected in the weeks following the education session. Participants were asked to complete the LPI Self-Empowered assessment online, and the results were obtained from the Leadership Challenge's secure database. The third data set was collected directly following the one-on-one action planning session. After the one-on-one action planning session, the participants were provided with the Results Analysis and Action Planning survey to complete privately after the project lead stepped out of their office. The fourth data set was collected at the midpoint check-in by

completing the one-on-one interview with each participant. The project lead took written notes on the participants' responses to the interview questions. The fifth data set was collected immediately after the midpoint check-in session when the participants privately completed the Midpoint Session Survey. The sixth data set was collected during the individual debrief by completing the one-on-one interview with each participant. Again, the project lead took written notes on the participants' responses to the interview questions. The seventh data set was collected immediately following the individual debrief session when the participants privately completed the Individual Debrief Survey. The eighth set of data was collected during the debrief focus group session. The project lead facilitated the session and took written notes on participants' responses to the presented questions.

Data were analyzed as received to maintain a manageable data analysis workflow. No identifying information was recorded. Each participant was assigned a participant code to protect the participant's identity and align the responses from the data set with the participant. A code sheet was stored in a separate secure location from participant responses. Data were stored on a password-protected personal computer only accessible by the project lead. Descriptive statistics using frequency and percentages were used to analyze survey responses. Results were displayed using graphs and tables. Common themes were identified from participant responses during the midpoint check-in and debrief sessions.

Implementation Plan

After reviewing programs identified in the literature and The Leadership Challenge's facilitation program overview, it was decided to tailor a leadership development program to nurse leaders currently in leadership positions at the project site. Once the inpatient surgical service line was identified, the project lead met with the nurse administrator in June 2022 to

introduce the project and obtain implementation support. The nurse administrator provided the names of participants and recommended that the project lead use an online platform to introduce the project and gauge interest. In July 2022, the project lead conducted an online meeting with the inpatient surgical service line nurse managers and obtained an agreement for participation.

After receiving project approval for implementation from the university, the project lead met with the nurse administrator in September 2022 to provide an update on the project and assess continued interest. In October 2022, the project lead corresponded with the nurse administrator's assistant for education session scheduling. The education session was completed on January 12th, 2023, and marked the beginning of implementation. The project concluded on April 24th, 2023.

Timeline

The program began in the second week of January 2023 with an education session introducing transformational leadership, the Five Practices of Exemplary Leadership, and the potential to foster Joy in Work. During the third week of January 2023, the participants received the link to the LPI Self-Empowered assessment for completion. The participants were asked to complete the self-assessment within two weeks of the education session. If a participant did not complete the LPI Self-Empowered assessment within the two-week timeline, a reminder email was sent to the participant. The results of the LPI Self-empowered responses were readily available to the project lead upon participant completion of the self-assessment. The project lead had a one-week timeframe to review the personalized reports during the first week of February 2023. The individual gap analysis and action planning session occurred in the second and third week of February 2023, allotting eight weeks for the participants to apply the interventions identified during the action planning session. The midpoint check-in sessions occurred during the

third and fourth weeks of March 2023. The individual debriefs were conducted during the second week of April 2023. The focus group debrief session for program evaluation was completed during the fourth week of April 2023. The program's results and its evaluation by the participants were shared with the project site champion in May 2023. After meeting with the project site champion, she suggested sharing the results with her leadership team. This was completed in June 2023 at her quarterly leadership meeting. The project results were shared with the university in July 2023 (Appendix H).

Section IV. Results and Findings

Results

Participant Demographics

Four (80%) out of the five nurse managers within the inpatient surgical service line participated in the leadership development program. The nurse managers were experienced staff nurses, with two (50%) having 11-20 years of nursing experience and two (50%) having greater than 30 years of nursing experience. The participating nurse managers were novice nurse leaders, with two (50%) having four years of experience as a nurse manager and two (50%) having two years or less experience as a nurse manager. One (25%) of the nurse managers has been in their current role for four years, two (50%) have been in their current role for two years, and one (25%) has been in their current role for less than one year. Three (75%) nurse managers were in their first role as nurse managers. None of the nurse managers held a national certification as a nurse leader or executive (Appendix I).

Education Session Survey Results

At the end of the education session, the participants were given a six-question survey to evaluate the session content and design. Four (100%) participants *strongly agreed* that the in-person session was enjoyable, the content was appropriate to their leadership level, and the content applied to their leadership practice. Three (75%) participants *strongly agreed* that the session length was acceptable, and the overviews of transformational leadership and the Five Practices of Exemplary Leadership were thought-provoking. (Appendix J).

Leadership Practices Inventory Results

The results of the Leadership Practices Inventory (LPI) Self-Empowered assessment were used to evaluate the participants' frequency of use of the Five Practices of Exemplary Leadership

in a rank-order fashion. The LPI results were evaluated to identify the participants' least utilized exemplary leadership practice. Two (50%) of the participants' least utilized exemplary leadership practice was *inspire a shared vision* and *challenge the process* was least utilized for the other two (50%) participants. The participants were then asked to select which exemplary leadership practice they would like to focus on for the next eight weeks. Two (50%) participants opted to focus on a practice different than their least utilized one, and two (50%) participants opted to focus on their least utilized exemplary leadership practice. The two that opted to focus on a practice different from their least utilized exemplary leadership practice stated they felt the selected practice would be more beneficial to their unit needs (Appendices K, L, M).

Results Analysis and Action Planning Session Survey

Participants found the LPI report review helpful for understanding their results, with four (100%) responding *strongly agree*. Three (75%) participants responded *strongly agree* that the action planning session helped identify which exemplary leadership practice to focus on, and which activity to use that aligns with the exemplary leadership practice, and they enjoyed the one-on-one format. There was variation in the results for desiring a group format; one (25%) participant *strongly agreed* a group format would be preferred, one participant (25%) *agreed* a group format would be preferred, one participant (25%) *somewhat agreed* a group format would be preferred, and one participant (25%) *disagreed* a group format would be preferred for the action planning session (Appendix N).

Midpoint Check-In Interview Guide and Survey Results

During the midpoint check-in interview, nurse managers identified barriers to implementing the selected activity into their daily leadership practice. A common barrier reported was the need to focus on staffing the unit appropriately. Ensuring adequate staffing

numbers, from interviewing travel nurses to onboarding new graduates, took up a significant portion of nurse manager time. Another common barrier identified was unit responsibilities taking precedence, including addressing patient complaints and low patient and staff satisfaction scores. A third common barrier was being pulled into other projects for their unit and the project site. These other projects took nurse managers away from their day-to-day duties and led them to have to catch up on unit responsibilities once the other projects concluded. Facilitators for activity implementation were also discussed but were individual to each nurse manager and their unit.

The midpoint check-in survey provided insight into the varying impact of the midpoint check-in session on the nurse managers' leadership development. One participant (25%) *strongly agreed* the midpoint check-in was a necessary part of the program, the selected exemplary leadership practice was tied to their leadership activities, the selected activity was tied to unit needs and impacts, and the activity was tied to the principles of transformational leadership and Joy in Work. One participant (25%) *agreed* with all of the above, and one participant (25%) somewhat agreed with all of the above. One participant (25%) *strongly agreed* that the exemplary leadership practice was tied to their leadership activities and *agreed* to the remaining points (Appendix O).

Individual Debrief Session Interview and Survey Results

Facilitators for the program participants were the focus of the individual debrief interview. Although there were no common themes from one unit to another, the participants were very engaged in the dialogue. Identified facilitators for the participants included feeling rewarded by overhearing staff being more engaged and sharing ideas, having a new tool for receiving confidential staff feedback and a catalyst for deeper conversations, getting away from

focusing on negative feedback to focusing more on positives, and project site support. The individual debrief interview did not elicit any new themes related to barrier identification.

The participants explored unit impacts observed since implementing the activities tied to the Five Practices of Exemplary Leadership. Increasing staff engagement was identified as a shared unit impact. The perception of increased staff engagement ranged from staff more openly sharing their ideas for identified areas of improvement to staff focusing on more positives than negatives. One participant (25%) perceived unit morale as beginning to shift to being more positive.

The individual debrief survey explored the impact of the leadership development program on the participants' daily leadership practice. The pertinent takeaways from the individual debrief survey results related to the content of the Five Practices of Exemplary Leadership (Kouzes & Posner, 2017) included mindfulness related to their leadership practice, confidence in operationalizing transformational leadership, and confidence in their ability to foster Joy in Work. All participants ranked these points as *agree* or *strongly agree* (Appendix P).

Debrief Focus Group Results

The debrief focus group provided insight into the overall impact of the leadership development program and the feasibility of use throughout the medical center. The participants unanimously agreed that the Kouzes & Posner (2017) content of the Five Practices of Exemplary Leadership applied to their daily leadership activities. Participants also agreed that a two-part program might be better to provide an initial focus on activities they currently use that align with the Five Practices of Exemplary Leadership, followed by a subsequent program focused on increasing the use of one of the practices. All participants identified monthly as the desired frequency of activity implementation and leadership development progress check-ins. Every

participant identified more self-awareness of how they present as a leader as a positive outcome of the leadership development program. Additionally, each participant agreed time built into their schedule to focus on leadership development would be helpful, but the feasibility of this needed to be clarified.

Discussion of Major Findings

The findings from this leadership development program aligned with the findings identified in the literature. The literature noted a gap analysis with action planning was an effective way to support nurses with leadership development (Cummings et al., 2020; Guibert-Lacasa & Vazquez-Calatayud, 2022). The participants confirmed they felt the gap analysis as part of the LPI Self-Empowered assessment report review was important for understanding their results and benefitted their leadership development.

The literature identified leadership development programs as an effective tool to increase nurse leader confidence in utilizing transformational leadership principles (Dias et al., 2019). Following the leadership development program, project participants reported more confidence in applying the Five Practices of Exemplary Leadership and operationalizing transformational leadership principles. These findings affirm nurses currently in leadership positions benefit from leadership development programs.

Section V. Interpretation and Implications

Costs and Resource Management

The program was designed using student labor. The total time spent researching the problem to evaluate the need for a leadership development program focused on nurse leaders currently in leadership positions took approximately 125 hours. The program design process also took approximately 125 hours of research on frameworks and theories relevant to leadership development programs. These 250 hours of problem research and program design are cost savings to the project site as the template is now developed for use on subsequent service lines. Implementation for the inpatient surgical service line was roughly 130 hours over an eight-week program. The 130 program implementation and evaluation hours were for just one service line, with four nurse managers participating. To project cost on a larger scale, this number would need to be multiplied by the number of service lines within the project site to accurately assess staffing needed to sustain this program hospital and system-wide. The number of required hours would need to be adjusted for shorter or longer-duration programs. The organization would need to consider the cost of hiring an outside entity as a coach/facilitator versus bringing the program internally to the organization.

The Leadership Challenge offers LPI coach, Facilitator, Certified Facilitator, and Certified Master training (The Leadership Challenge, 2022). The cost of the LPI coach training is \$1499, and the cost of LPI facilitator training is \$1900. To be certified as a facilitator, the participant must complete LPI coach training, LPI facilitator training, and the Leadership Challenge Workshop. The cost of the leadership challenge workshop is \$2150. The total individual cost to become a certified facilitator is \$5,549 for program costs plus a minimum of eight hours of mentor coaching fees. The time commitment to becoming a certified facilitator is

6-12 months. Finally, the certified master program takes between 18 months and two years to complete, costing \$2000 for ten hours of mentor coaching fees. The organization has an internal Office of Organization and Leadership Development with four executive coaches. Having all four coaches trained at the certified facilitator level would cost \$22,196. This cost includes materials used during coaching and facilitating sessions. For this leadership development program, LPI Coach Training would likely be adequate and cost the organization approximately \$5996.

The benefit of training internal coaches is the savings associated with paying the hourly rate of an external coach. The hourly rate of an external executive coach ranges from \$200 to \$650 an hour (Avery & Ray, 2018). Typical coaching relationships last between 6-12 months. A conservative estimate at \$200 an hour for 390 hours of coaching from an external executive coach over six months would be approximately \$78,000. For this program, an external executive coach would cost \$200 an hour for 130 hours, equaling \$26,000.

Six LPI Self-Empowered assessment surveys were purchased from The Leadership Challenge. Five surveys were ultimately utilized. The cost of each survey was \$160, including a 20% student use discount. The total cost for the six surveys was \$960 (Appendix Q). The purchase included project lead access for one year to The Leadership Challenge's secure database of participant reports. Additional costs to consider are nurse managers' salaries broken down to an hourly rate. The program education session, report analysis and action planning session, midpoint check-in session, individual debrief session, and debrief focus group took five hours of their time. This time does not include any additional time spent on their own working on the leadership development program activities. However, participant salaries are not an added cost to

the organization as leadership development is often included in the manager's leadership responsibilities.

Benefit of Program Despite Costs

"The Great Resignation" has not spared hospital turnover, as evidenced by a 6.4% increase in 2021, reaching 25.9% overall (NSI Nursing Solutions, 2022). Additionally, registered nurse (RN) turnover has exceeded hospital turnover with an 8.4% increase reaching 27.1% across inpatient nursing specialties. Direct nursing turnover costs include advertising and recruitment costs, onboarding new team members, and vacancy costs, including the use of travel nurses, staff nurse overtime, closed beds, and hospital diversions (Jones & Gates, 2007). The cost of attrition for one staff RN is reported to be \$46,100, resulting in an organizational loss of \$5.2 – \$9.0 million (NSI Nursing Solution, 2022). If organizations decrease the percentage of RN vacancies by one percent, it can save \$232,300 per year.

Indirect costs of nurse turnover include poor work environment and culture, staff and patient dissatisfaction, distrust, loss of organizational knowledge, potential patient errors, and compromised quality of care (Jones & Gates, 2007). Although difficult to quantify, the detrimental effects of nurse turnover in terms of indirect costs are significant. The outcomes from operationalizing transformational leadership by using the Five Practices of Exemplary Leadership more frequently can mitigate these losses by creating a work environment where nurses want to come to work and see themselves practicing for years to come.

Implications of the Findings

Applying the Five Practices of Exemplary Leadership provides nurse leaders with a framework for operationalizing transformational leadership. Ongoing leadership development assists nurse leaders to be more confident in applying the Five Practices of Exemplary

Leadership, in their ability to operationalize transformational leadership, and ultimately in their ability to foster Joy in Work. A more confident and well-equipped nursing leadership workforce will impact their staff, patients, and organization.

Nurse leaders applying the Five Practices of Exemplary Leadership to operationalize transformational leadership will empower their staff to work as a team to solve practice issues. This will affect team morale, confidence, engagement, and unit functionality. More engaged staff will improve patient experiences and outcomes, improving unit and organization operating margins.

Applying the Five Practices of Exemplary Leadership provides leaders with tools to get to know team members as individuals and not just as the role they occupy or tasks they complete. Getting to know teams personally helps improve interpersonal relationships and helps the leader understand what motivates each team member. By understanding how team members are individually motivated, the leader has a significant tool for retaining staff and fostering teamwork by developing successful team composition. This signifies that the leadership practice has shifted from task-oriented management to people-oriented leadership, which can help decrease nurse turnover.

Sustainability

The organization is using the results of this project to design a 360-evaluation model for their nurse leaders. The 360-evaluation model uses self-assessment and evaluation by team members to paint a complete picture of how the leader is perceived. Leader self-assessment and team member evaluation will focus on the frequency of use of the Five Practices of Exemplary Leadership. First, each leader will evaluate themselves by completing a self-assessment that ranks the frequency of use of the Five Practices of Exemplary Leadership, similar to the LPI

Self-Empowered assessment. Next, the nurse leader will choose five members on their team to evaluate the leader based on the team member's perception of how frequently the leader uses the Five Practices of Exemplary Leadership. The team members evaluating the leader will collaborate with the leader in different capacities, including as a peer, direct report, supervisor, and provider or physician. This project identifies an intervention to consider for using the results of the 360 evaluations as a leadership development tool.

Dissemination Plan

The project lead attended the quarterly leadership meeting of the entire service line led by the site champion. During this meeting, the project lead introduced the Five Practices of Exemplary Leadership and the project. After the introduction, the project participants shared their experiences in the leadership development program with their peers. At the leadership meeting, the 360-evaluation model and how the project aligned with the model were presented.

On July 11th, 2023, the project lead presented the DNP project process and findings to the college of nursing faculty, staff, and peers. A poster outlining the project, findings, and outcomes was presented during this presentation. Time was allotted for questions regarding the project.

The project's final paper was submitted to the University ScholarShip Repository for public access. Additionally, the DNP student explored publications in *Nurse Leader – Journal of the American Organization of Nursing Leadership* and *The Journal of Nursing Administration*. Publication in both journals would reach a plethora of nurse leaders who can implement similar programs within their organizations to empower their nurse leaders to operationalize transformational leadership principles.

Section VI. Conclusion

Limitations and Facilitators

Nurse managers are considered middle management. This means they are managing their staff needs and the needs of executive-level leadership. The middle management title ensures that the nurse managers are pulled in various directions to complete their duties. As a result, workload and time management were two reoccurring participant limitations.

Unit staffing was unanimously reported as a limitation that affected workload and time management. Nurse managers spent more time ensuring their unit was adequately staffed than was historically required. The time constraints created by ensuring an adequately staffed unit took away from the time allotted for professional development activities.

Nurse managers are pulled in many directions professionally and have responsibilities in their personal lives that need to be considered. From family illness to personal illness to managing life with small children, it is essential to remember that one's personal life can impact one's bandwidth. Family illness constraints led one service line participant to fail to complete the program. Even with the identified limitations, all participants who completed the process benefitted from the leadership development program and learning about the Five Practices of Exemplary Leadership.

The project timeline was also a noted limitation. Cultural change, leadership development, and the results of applying the Five Practices of Exemplary Leadership take significant time. The eight weeks allotted for project implementation did not allow the necessary time to evaluate the project's impact on outcomes such as nurse retention, nurse turnover, patient satisfaction scores, staff satisfaction scores, patient quality outcomes, or organizational operating margins. The participants would have benefitted from a more extended implementation to

understand better using the Five Practices of Exemplary Leadership to operationalize transformational leadership and foster Joy in Work. They also would have benefitted from more time to see an impact on their leadership practice and unit.

Overall, project facilitators included stakeholder support from the organization. The project lead had access to members of the Office of Experience, Office of Organization and Leadership Development, and the Center for Learning and Performance. The Senior Vice President of Clinical Services, who served as site champion, provided a wealth of knowledge and resources to ensure the project ran smoothly. The nurse managers were strong facilitators for the project. The participants were all motivated to learn, eager to develop their leadership practice, and focused on bettering their unit and staff. From the nurse managers to executive-level leadership, there was an emphasis on finding new tools to support staff in the complex healthcare environment. Another primary facilitator was grant funding provided by the College of Nursing to obtain the needed survey tool. Funding for the project was a significant facilitator, as it would not exist today without it.

Recommendations for Others

Areas of success included the education session, the LPI report review, and participants reporting more confidence in operationalizing principles of transformational leadership. One recommendation is to implement an hour-long, face-to-face, interactive group education session utilizing a PowerPoint presentation to replicate these results. The opportunity to apply what was learned in the didactic session to daily leadership activities benefited the participants. The need for individualized leadership development plans was apparent as report findings were individualized, and each unit had unique needs. A one-on-one detailed review of the LPI Self-Empowered report should be conducted and used to guide an individualized action plan for

leadership development. An additional recommendation for future programs is combining group and one-on-one learning activities to accommodate individual learning styles.

Although this leadership development program benefited the participants, there were identified opportunities for improvement. A suggestion, unanimous from the participants, was to create a two-part program. The first part of the program to include coaching focused on which activities the participants are currently engaged in that align with the Five Practices of Exemplary Leadership. The second part of the program would focus on coaching participants in increasing the use of one of the Five Practices of Exemplary Leadership.

The participants found the Five Practices of Exemplary Leadership to apply to their leadership activities. Limited time to focus on the leadership development program as desired was perceived by the participants. This leads to the recommendation of blocked time to focus on leadership development activities. This would need to be a time that can only be scheduled for meetings or other responsibilities if approved by the nurse manager. Additionally, having a dedicated coach or mentor that could provide regular check-ins assigned to the program participant is recommended. Regular coaching sessions encourage the participant to stay on track and reinforce the activity of choice.

Recommendations Further Study

Measuring Joy in Work is a long-term goal beyond this project's scope due to the timeline for project implementation. A future recommendation for the project site is to consider evaluating an increase in Joy in Work by comparing pre-intervention data to post-intervention data for units included in the leadership development program. Data points used to evaluate Joy in Work include nurse retention, decreased number of vacant full-time equivalents (FTEs), use of travel and float pool nurses, staff engagement survey results, patient satisfaction scores, and

patient quality outcomes. Additionally, the included units' post-intervention results can be compared to other service lines not included in the leadership development program to evaluate how more frequent application of the Five Practices of Exemplary Leadership by nurse leaders fostered Joy in Work.

Final Thoughts

Nurse leaders skilled in transformational leadership principles are needed to support staff adequately in the complex healthcare environment. This project outlined an effective leadership development program for nurse managers at the project site. Applying the Five Practices of Exemplary Leadership gave the nurse managers tools to operationalize transformational leadership principles. By applying the Five Practices of Exemplary Leadership, the nurse managers were more self-aware of their leadership practice which is the first crucial step for leadership growth and development. Well-prepared nurse leaders will have an ongoing positive impact on their units, organization, and healthcare. The return on investment can be seen in increased nurse retention, decreased nurse turnover, improved staff engagement, improved patient satisfaction, optimized patient quality outcomes, and streamlined operations.

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Appendix A
Five Practices of Exemplary Leadership Education Session Survey

Thank you for participating in this education session! Please evaluate the session by filling out this survey. Your feedback is appreciated and will only be used for purposes of my DNP project.

- 1) Please rank (1-5) your current frequency of use of the Five Practices of Exemplary Leaders. 1 being most frequently used and 5 being least frequently used.

_____ Model the Way

_____ Inspire a Shared Vision

_____ Challenge the Process

_____ Enable others to Act

_____ Encourage the Heart

- 2) How many years have you been a nurse?

- Less than 5 years
- 5-10
- 11-20
- 21-30
- Greater than 30 years

- 3) How many years have you been in a nurse manager or higher leadership position (please provide whole numbers)?

- 4) How many years have you been in your current role (please provide whole numbers)?

- 5) Highest level of Education (please select one)

- Associate Degree in Nursing – LPN
- Associate Degree in Nursing – RN
- Bachelors of Science in Nursing
- Masters of Science in Nursing
- Doctoral Degree - DNP or PhD

- 6) Are you certified as a nurse leader or nurse executive? (Circle One) Yes or No

If yes, please select the certification you have below.

- Certified Nurse Manager and Leader (CNML)
- Certified in Executive Nursing Practice (CENP)
- Nurse Executive Board Certified (NE-BC)
- Nurse Executive Advanced Board Certification (NEA-BC)

7) Please evaluate the education session using the following scale

	Strongly disagree	Disagree	Somewhat Disagree	Somewhat agree	Agree	Strongly Agree
I enjoyed the in-person session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The length of the session was acceptable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overview of transformational leadership was thought provoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overview of the Five Practices of Exemplary Leaders was thought provoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content presented is appropriate for my level of nursing leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The topic is applicable to the needs of my organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments regarding the education session

**Appendix B
Results Analysis and Action Planning Survey**

Please evaluate the overall impact of the report review and action planning session using the following scale:

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
The report review helped me better understand LPI results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The action planning session was effective in identifying which practice of exemplary leaders to focus on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The action planning session was effective in identifying activities to utilize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed the one-on-one format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A group format would have been desired to develop action plan with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any additional comments or feedback on the report review and action planning session?

Appendix C
Midpoint Check-In Interview Guide

- 1) Has the activity to increase use of the five practices of exemplary leadership been implemented?
Yes or No

- 2) If yes, how soon after the action planning session did you begin implementing the activity?
Immediately
Within 1 week
Within 2 weeks
Within 3 weeks
Within 4 weeks

- 3) What have been the barriers to implementing the activity?

- 4) What have been the facilitators to implementing the activity?

- 5) What has been the impact on your unit (s)? Any unit insights gained?

- 6) What has been the impact on your leadership practice? Any insights gained on your leadership practice?

- 7) What do you need for the next half of the implementation?

- 8) Date/time of individual debrief session: _____

Appendix D
Midpoint Check-In Survey

Q1 Please evaluate the Midpoint Check-In Session using the scale below

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
Helpful & necessary part of the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped tie the activity to my leadership practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped me explore the activity as it applies to my unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tied the activity to transformational leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tied the activity to increasing Joy in Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2 Place any additional comments or suggestions below

Appendix E
Individual Debrief Interview Guide

- 1) What have been the barriers to implementing the activity?
- 2) What have been the facilitators to implementing the activity?
- 3) What has been the impact on your unit (s)? Any unit insights gained?
- 4) What has been the impact on your leadership practice? Any insights gained on your leadership practice?
- 5) Date/time of group debrief session: _____

**Appendix F
Individual Debrief Survey**

Q1 Please evaluate the entire program using the scale below

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
This program would benefit other nurse leaders at the organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kouzes & Posner content (5 practices) applicable to my leadership practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more mindful of how I show up as a leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More confident in my ability to operationalize transformational leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More confident in my ability to foster Joy in Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

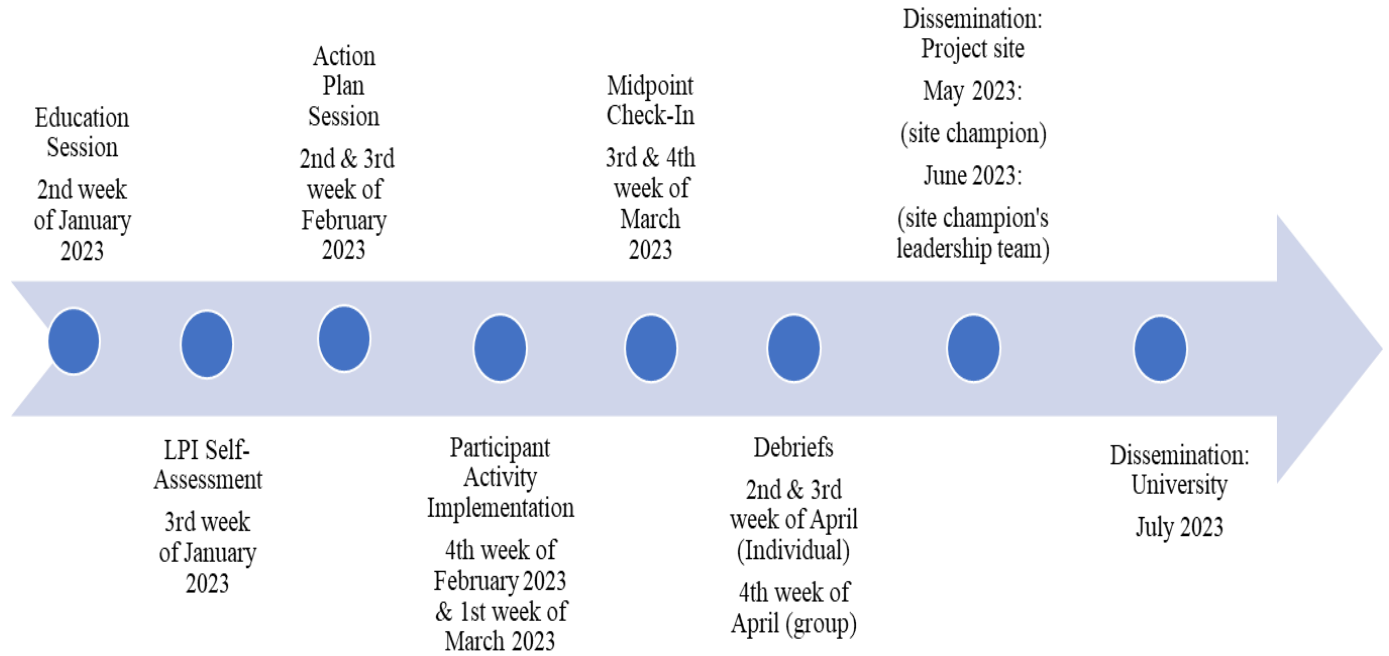
Q2 Place any additional comments or suggestions below

Appendix G
Five Practices of Exemplary Leadership Debrief Session

The following questions will be used to facilitate the debrief focus group for feedback on the overall process of increasing the frequency of use of the Five Practices of Exemplary Leaders.

- 1) What parts of the K&P content were applicable to your leadership practice?
- 2) Was any part of the K&P content not useful to your leadership practice?
- 3) What was more beneficial, choosing an activity to focus on to increase the use of one exemplary leadership practice or pointing out what you are already doing that aligns with the five practices of exemplary leadership?
- 4) Would a 2-part program be better? Part I education session on 5 practices, LPI completion and report review, and identifying what activities already align with five practices. Part II Selecting an activity to focus on to increase the use of one of the practices.
- 5) Would it have been helpful for a 360 review ie Learn team members' perceptions of your use of the five practices of exemplary leadership to identify which practice to focus on increasing?
- 6) Would more frequent check-ins have been more helpful? Weekly, biweekly? Or was just the midpoint enough?
- 7) Would having time built into your schedule be helpful for leadership development? Would you utilize it?
- 8) One positive outcome for you as a leader?
- 9) One positive outcome for your unit?
- 10) Would you like to see more programs like this offered for continuing professional development at this organization? Why? Why not?
- 11) Any other comments?

**Appendix H
Timeline**

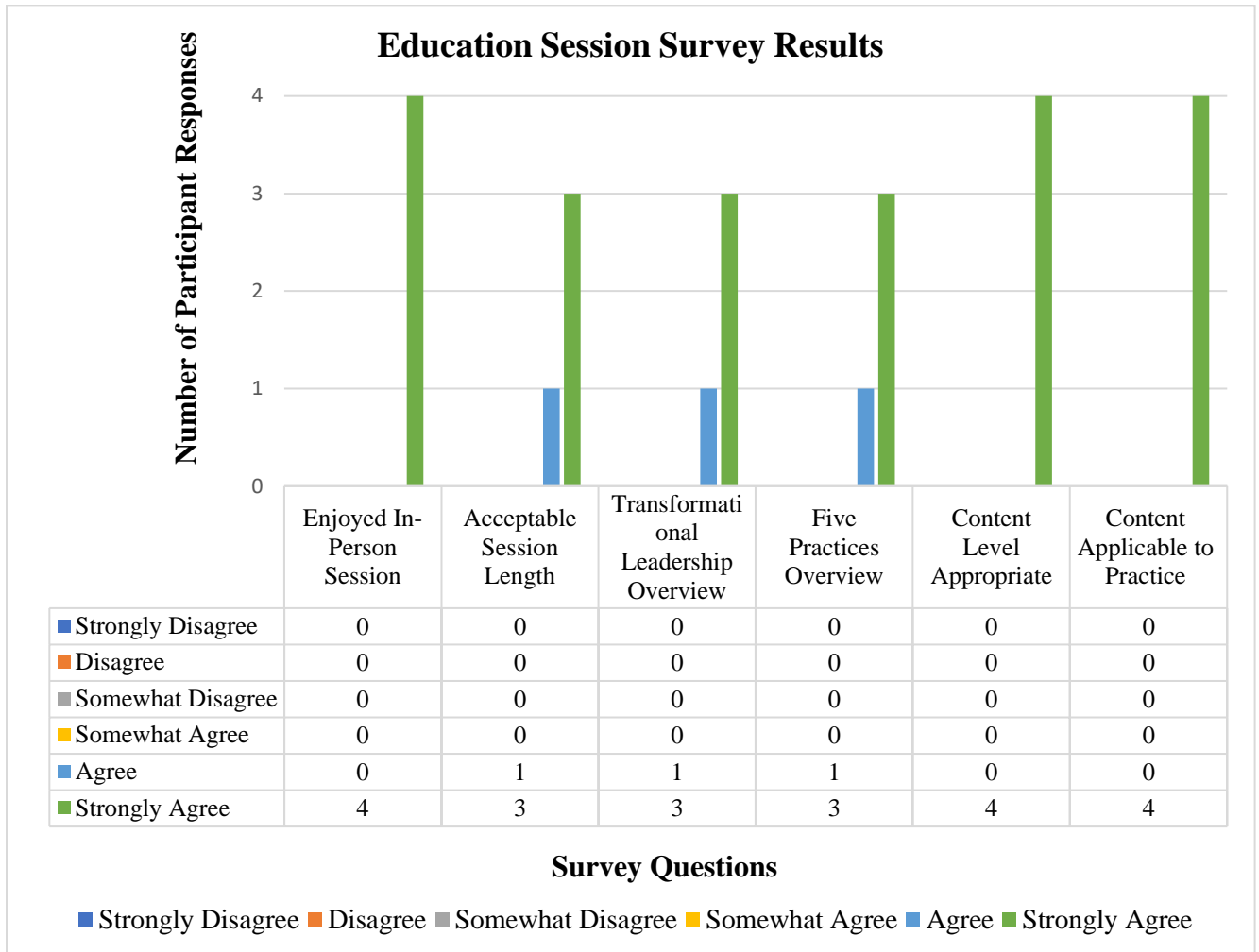


**Appendix I
Demographic Data**

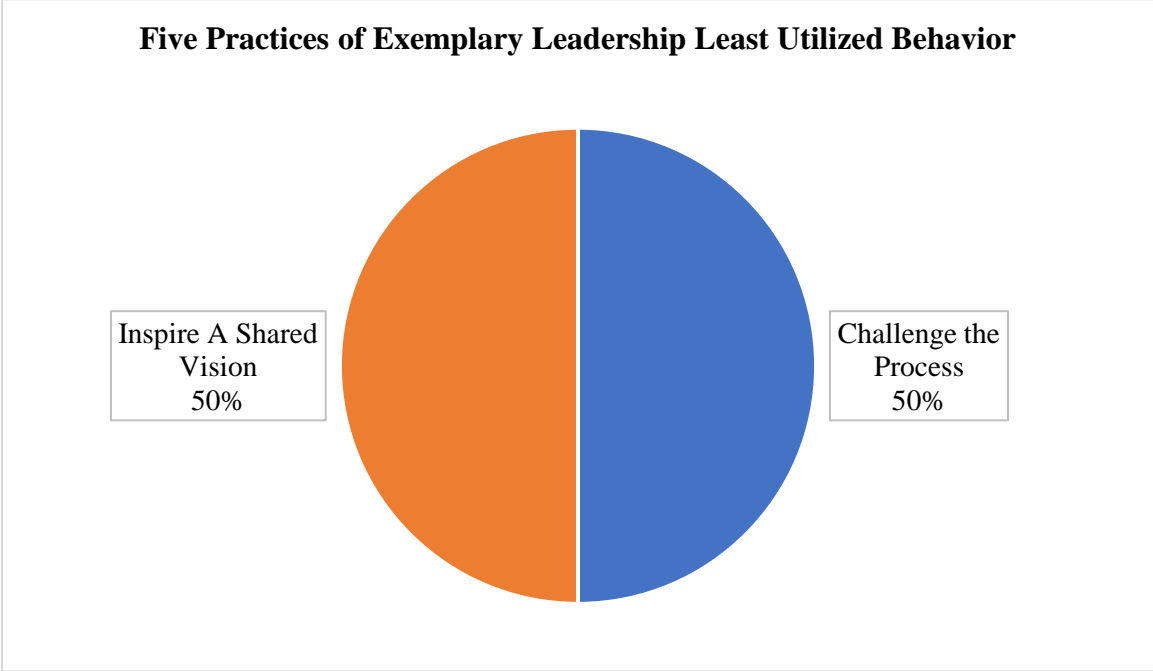
Number of years	Years as RN n(%)	Years as NM n(%)	Years in Current role n(%)
<1			1(25%)
2		2(50%)	2(50%)
4		2(50%)	1(25%)
11-20	2(50%)		
>30	2(50%)		

	Certified Nurse Leader or Executive n(%)
Yes	
No	4(100%)

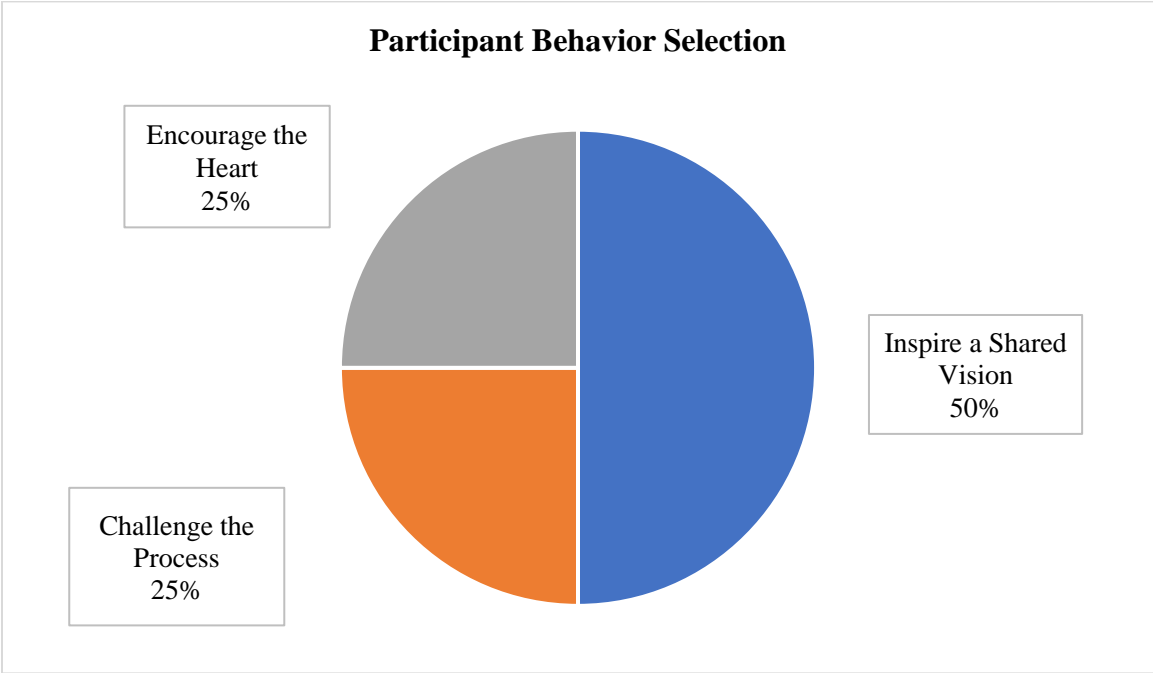
**Appendix J
Education Session Survey Results**



**Appendix K
Leadership Practices Inventory Results Analysis**



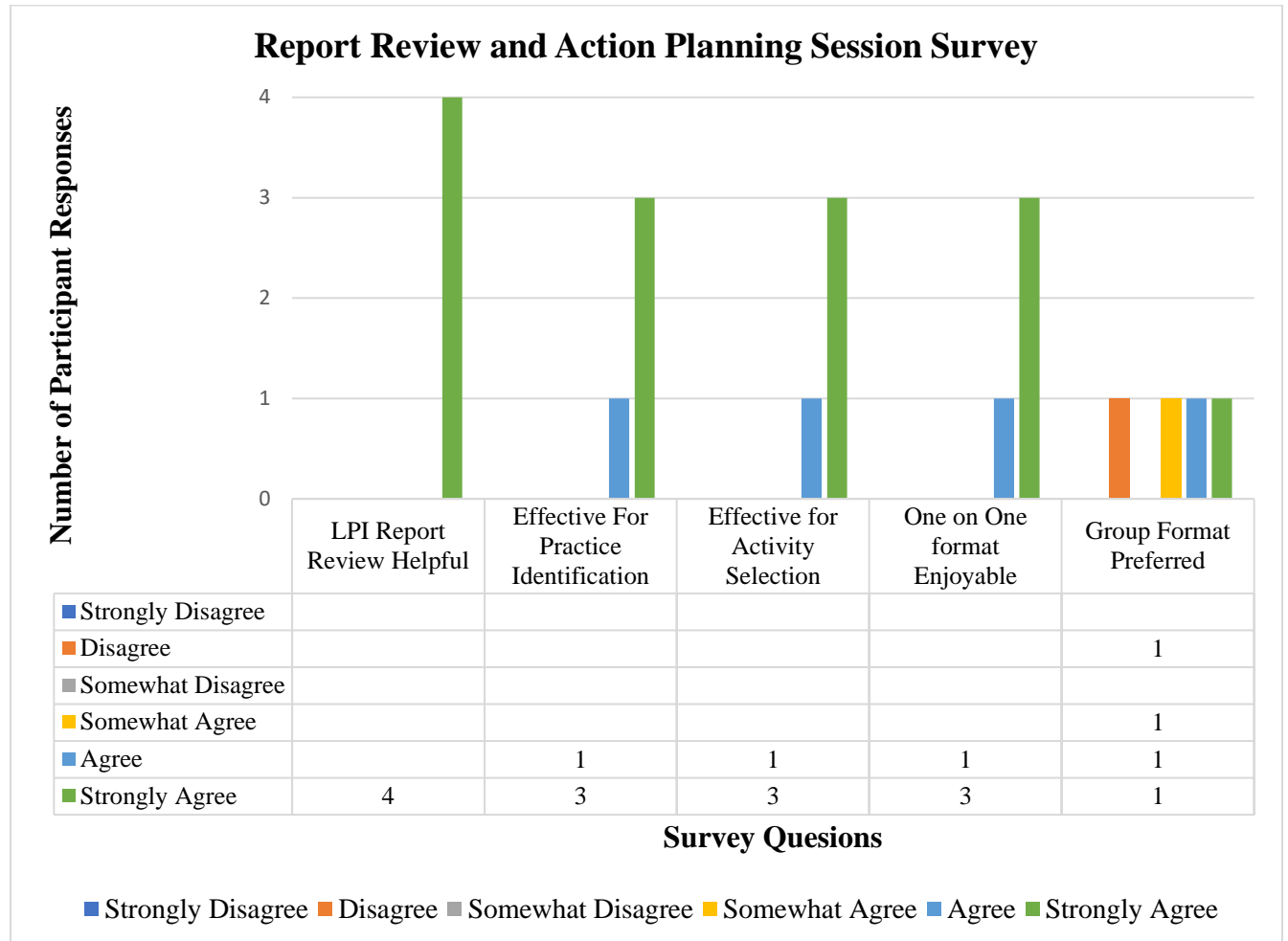
**Appendix L
Participant Behavior Selection**



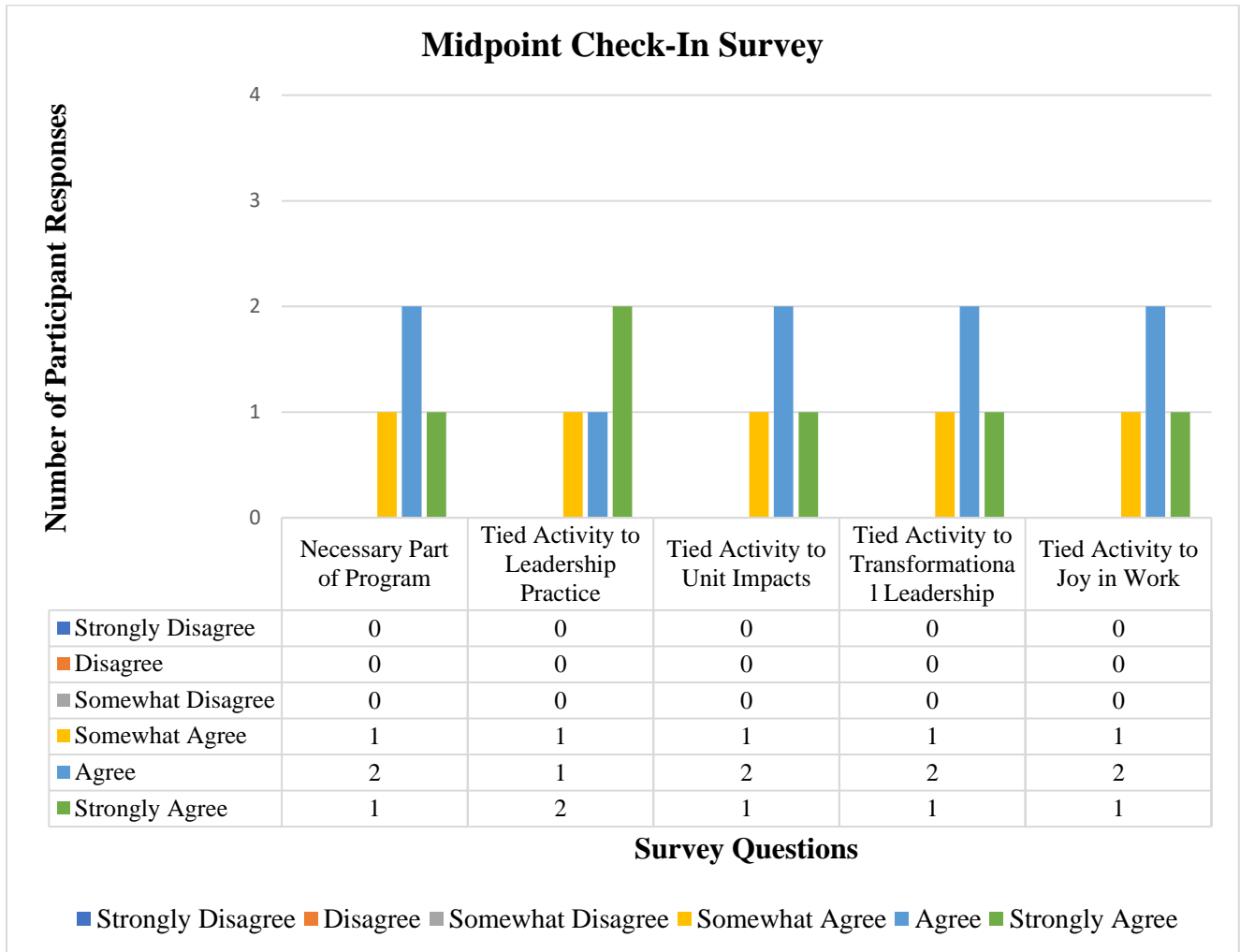
Appendix M
Difference in Least Utilized and Selected Practice

Least Utilized Practice	Participant Selected Practice
Challenge the Process	Inspire a Shared Vision
Challenge the Process	Challenge the Process
Inspire a Shared Vision	Inspire a Shared Vision
Inspire a Shared Vision	Encourage the Heart

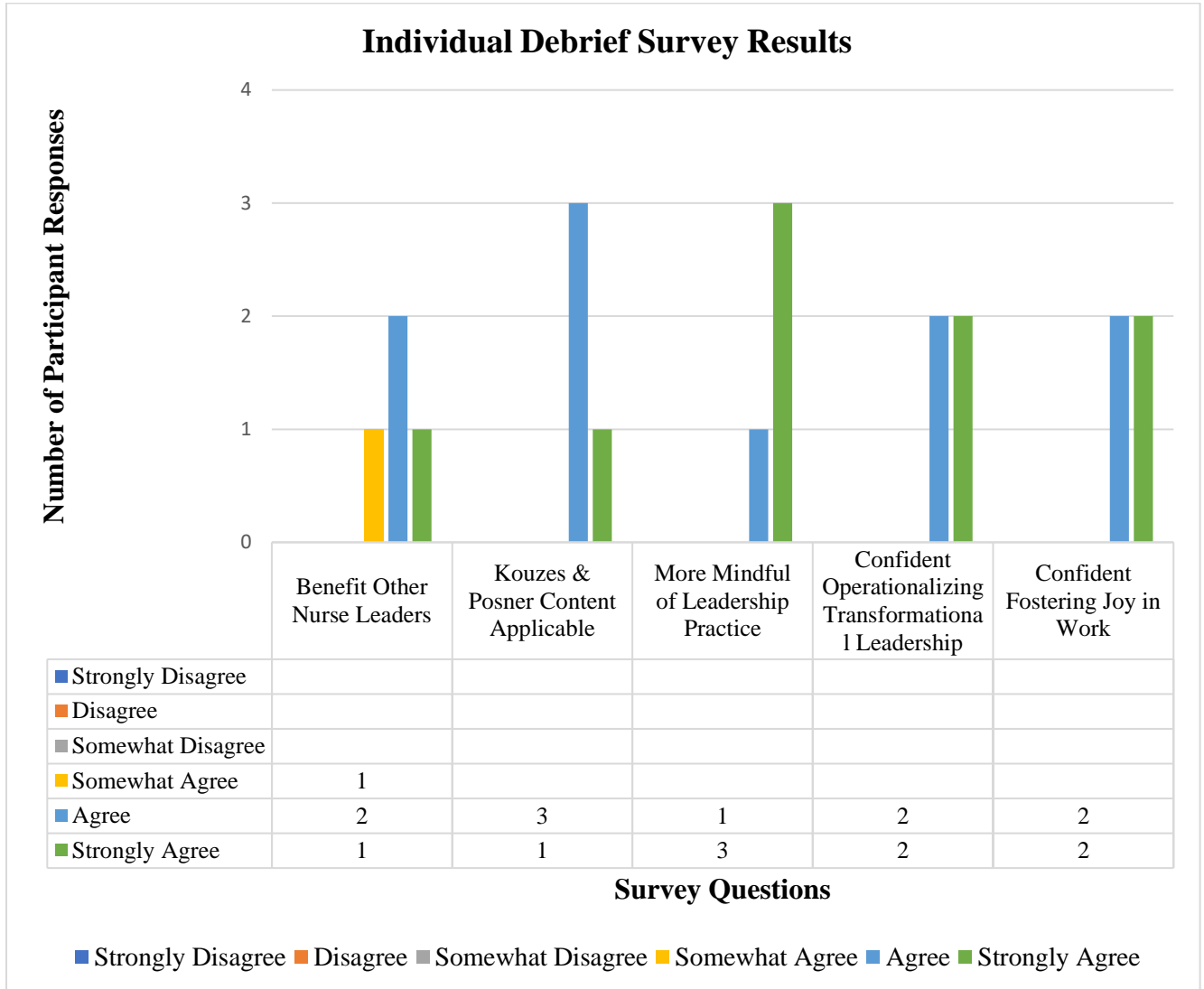
**Appendix N
Report Review and Action Planning Survey Results**



**Appendix O
Midpoint Check-In Session Survey Results**



**Appendix P
Individual Debrief Survey Results**



**Appendix Q
Project Budget**

Program Design	Student Labor
Program Implementation	Student Labor
Six LPI Self-Empowered assessments	\$960
Participant Salaries	No additional cost to organization
Total	\$960