

**Leadership Development Supported by Scientific Tools**

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August 25, 2023

### **Abstract**

Leadership requires ongoing introspection and analysis as one moves through the various stages of professional growth and development. This paper analyzes various leadership styles with the intent of understanding the impact of leadership on an environment that improves team engagement and patient experience in a very busy ED. Through the use of personality assessment tools, leader development plans were created and implemented for a novice manager team utilizing evidence-based leadership tactics. Outcomes improved in the areas of staff turnover, patient experience, and team engagement, validating the project's intent that leader development is essential in today's ED environment. As young leaders are brought into leadership roles, professional development is essential to the creation of a healthy practice environment not only for staff retention but also for the patients served.

*Keywords:* leadership, development, transformational leader, emergency department, patient experience, turnover

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## **Section I. Introduction**

Leadership requires ongoing introspection and analysis as one moves through the various stages of professional growth and development. This project analyzes various leadership styles with the intent of understanding and creating a leadership development plan for the purposes of ongoing improvement within the realms of staff engagement, staff retention and leader communication of nurse managers. Through evidence-based research, attention is given to the scholar practitioner model and its application to leadership development.

### **Background**

Leadership definitions vary in complexity and philosophical terms. A simple definition of leadership is not easily found. From trait leaders to transactional leaders, understanding the different leadership styles of a newly formed leadership group can facilitate the foundation for success not only for the new leaders but also the team members that follow them. Following is an exploration of leadership styles to understand which leadership characteristics best align to nurse leaders within the Emergency Department (ED) at a local Medical Center (MC) in an effort to learn more about them as leaders and assisting them to improve as professionals.

Each leader tends to evolve as their level of experience changes. An initial evaluation of leadership strengths and weaknesses for this newly created team revealed leadership characteristics that correlate well to transformational and servant leadership (Savel & Munro, 2017). Additional research confirmed dominant leadership characteristics that fit within the transformational leadership style with a preference to work with Lean tools (Aij & Rapsaniotis, 2017).

Leadership presents each of us with constantly changing issues; therefore, ones personality and subsequent approach to the issues evolve. In responding to the issues, leaders

need to understand their strengths and weaknesses, in an effort to improve the response to issues. The use of personality assessment tools can be helpful in understanding leadership preferences and development of a team (Lake et al., 2019). The utilization of personality assessment tools has proven effective in team development towards the production of action-oriented tactics to enhance the leadership team and individual leadership preferences.

The combination of assessment tools with team engagement data also identifies opportunities for improvement. The introversion and extroversion personalities of a team may present problems for the leader if the team is aligned more to one than the other. Lean methodology tools support the growth and development of individuals in leadership and team cohesion. The comparison of Lean methodology in alignment with various leadership styles facilitates clearly identifying tactics in an evidence-based manner (Aij & Rapsaniotis, 2017).

### **Organizational Needs Statement**

The MC is a 1,000 bed hospital that provides care to over 80,000 ED patients annually. As the flagship facility within a system of nine hospitals that see a combined 200,000 ED patients annually, the MC ED outcomes play a pivotal role on the system's performance for team engagement, quality, and patient experience. The MC ED patient experience outcomes have been consistently below the 25<sup>th</sup> percentile as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) for the three years prior (2020-2022) to the development of the current leadership team. In addition, the ED team engagement scores as measured by Press Ganey (PG) have ranked in the lower percentile index for the five years (2017-2022) prior to the teams assembly.

The organization has an active Office of Experience that is tasked with supporting the achievement of operational initiatives through partnerships with departmental and divisional

leaders. The foundation of this work lies in the project site's mission, vision, and values, designed around the intention of 'love and wellbeing'. For the fiscal year beginning October 1, 2023, strategic imperatives were aimed at improving team engagement outcomes, patient experience outcomes and the Centers for Medicare and Medicaid Services (CMS) star ratings across the health system. Given the number of patients currently seen at the MC ED and the lower than 25<sup>th</sup> percentile outcomes noted in team engagement and patient experience, the development of a solid leadership team is expected to support the frontline team and provide positive changes to the work culture; thereby, improving team engagement and patient experience outcomes (Lasater et al., 2016).

The Quadruple Aim, an expanded model based on the Triple Aim of healthcare delivery in 2008 by the Institute for Healthcare Improvement (IHI), focuses on the "adoption of four principles for delivering healthcare: 1) improved patient experience, 2) population health, 3) lower costs and 4) care team wellbeing to achieve improved population health outcomes at lower costs, or value in healthcare delivery" (Rangachari, 2023, p1). Similar to the goal of Healthy People 2020 related to creating social and physical environments aimed at promoting good health, the Quadruple Aim's principle related to care team wellbeing aligns well with the intent of creating a leadership team that supports not only patient outcomes but also, team member wellbeing (Hoyer & Dee, 2022).

### **Problem Statement**

Team engagement outcomes, along with patient experience outcomes, in the MC ED were in the lower 25<sup>th</sup> percentile of benchmarked facilities necessitating the need for advancing leadership skills within a newly formed leadership team.

### **Purpose Statement**

The purpose of this evidence-based project was to use scientific instruments in the identification of leadership strengths and weaknesses for a specific middle manager team in an effort to recognize which competencies present the largest gap; consequently, creating leader development plans aimed at guiding the managers as they lead efforts to improve team engagement and patient experience outcomes in the MC ED.



## Section II. Evidence

### Literature Review

In an effort to learn more about the different tools utilized for understanding the individual's leadership behavior, a search strategy is evident. Through the identification of key words related to leadership development and the tools often used in leadership development, a search was conducted that yielded over 1,000 items. Additional limiting parameters such as not greater than five years, journal articles and book or eBook, resulted in 724 references. Once exact phrases were entered into the database, 124 references were received. By scanning references and searching for additional exact phrases, only three references were received leading to a return to the 124 references. After applying inclusion and exclusion criteria, along with reading through the information most closely related to the purpose statement, 48 references were retained.

### *Current State of Knowledge*

The Emotional Quotient (EQ) 360 tool evaluations and Myers Briggs personality profile (MBTI) were cited in many of the references found throughout the literature review; however, not often in a comparative manner. Although sufficient information was found in the references, literature specific to ED nurse leaders was not found. Utilizing information sources that are applicable to healthcare workers can assist in translating broad bodies of work to ED nurse leaders or nurse leaders in general.

Beginning in the 1990s, research focused on Emotional Intelligence (EI) has been increasing with multiple studies using the components of EI to evaluate effectiveness of leaders and frontline team members. Beginning with research by Salovey and Meyer (1989) and moving into the work of Goleman, four traits of EI were utilized for comparison within this paper: self-awareness, self-management, social awareness and empathy (Cavanass et al., 2020). These

elements are foundational to understanding EI and are widely accepted among professionals (Cavanass et al., 2020).

Self-Awareness is the ability to understand one's own weaknesses, strengths, drives and emotions. People with high degrees of self-awareness often display creativity, constructive criticism and candor. In concert with self-awareness, self-management supports the self-aware individual to understand the impact of their reactions to situations and anticipate actions before taking them (Cavanass et al., 2020).

Self-Management is the ability to manage one's own emotions and is often referred to in the literature as self-regulation. Motivation is one form of self-management that leads effective leaders to achieve because they have an innate need to make things better and are often seen as restless. For clarity, the restlessness is not with the role they are currently assigned to but it is a reflection of their need to make things better and to achieve a better environment (Cavanass et al., 2020).

In addition to self-awareness, social awareness is the ability to move towards expected outcomes with an approachable, yet firm, demeanor when leading teams. Leaders with high EI have a broad network of people to rely on because they are nurturing relationships that assist them when unexpected issues arise. The ability to self-regulate and manage one's emotions creates an environment that stimulates recruitment efforts and assists the team when times are not only difficult but also good (Cavanass et al., 2020).

Empathy is the ability to take other's feelings and concerns into account when making professional decisions. Empathy, especially cognitive empathy, is needed more than ever as staff turnover increases and the need for team-based decision-making also increases. Perez-Fuentes et al. (2020) studied empathy among healthcare professionals and its impact on engagement.

Although their findings support empathy's importance in leading nursing teams towards engagement, untoward outcomes emerged also. Because empathy is noted in two different forms, emotional and cognitive, the authors make note that higher levels of emotional empathy in nurses can lead to over-worry and increased levels of responsibility to the patient population beyond what benefits 'proper practice' (Perez-Fuentes et al., 2020). This over-worry and increased level of patient responsibility may lead to higher levels of turnover in already stressed environments.

The EQ 360 tool utilizes an individual's input along with input obtained from the individual's manager and peers to develop a report that measures EI in the workplace. Focused on five levels of EI, an additional 15 subscales are evaluated with the intent to improve an individual's workplace performance. Since the EQ develops throughout one's life, understanding EQ can accelerate a manager's ability to lead in the workplace and when used in combination with additional leadership development tools, leadership teams learn how to support each other and their teams respond favorably (Flaig et al., 2020).

The MBTI offers a longitudinal assessment of leadership preferences at the individual level. MBTI is a personality assessment that evaluates personal preferences within four personality type dichotomies: extraversion – introversion (E-I), sensing – intuition (S-I), thinking – feeling (T-F) and judging – perceiving (J-P) (Lake et al., 2019). In utilizing the MBTI outcomes, along with additional feedback from team members, leadership strengths and opportunities for improvement can be identified and include but are not limited to, articulating vision, supporting teams to learn through verbal and written feedback and providing appropriate recognition. Articulating a vision is somewhat intuitive for some individuals and not for others. Through the understanding of personality preferences, the assignment of work and delineation of

duties is less difficult and allows for accelerated team development with positive departmental outcomes.

### ***Current Approaches to Solving Population Problem(s)***

Change management is prevalent in today's ED. COVID19 presented ED teams with multiple problems to solve as patients initially stayed home; however, as the pandemic receded, EDs were overwhelmed with very sick patients that had delayed care for various reasons. In the midst of this changing dynamic, solving different problems on a daily basis became increasingly essential. Utilizing the aforementioned assessment tools can facilitate the understanding of leadership styles and facilitate technical aspects of leader development.

Leadership characteristics of servant leaders and transformational leaders are similar on many levels, primarily in the leadership of followers. Individuals utilize these characteristics on a situational basis, especially in the midst of change when staying focused on common goals adds clarity to the situation. There may also be a benefit from integrating autocratic characteristics, when necessary. For example, autocratic leaders lead from the top down and transformational leaders lead from the bottom up, often relying on charisma for inspiration of followers (Gumusluoglu & Ilsev, 2009). By encouraging team-based decision-making and leading the team to decisions through inspiration and motivation, problem solving becomes second nature; however, when decisions do not occur in a timely manner, it may be necessary to make a decision and communicate it back to the team. If autocratic means are necessary, communicating with intention about the reasons for the decision to the team and encouraging them to reach decisions more timely on future projects can be a worthwhile leadership tactic.

As described by Aij and Rapsaniotis (2017), Lean tools provide a structured approach towards the accomplishment of organizational goals, which supports the work of leaders. Servant

leaders create environments that stimulate people to seek greatness and work together to utilize their skills sets in the best interest of service (Savel & Munro, 2017); whereas, transformational leaders lead people, with their current skill sets, towards more creative and innovative ways of providing service (Gumusluoglu & Ilsev, 2009). Combining Lean tools with transformational leadership has worked well for many teams in the midst of leadership development.

Additional traits of empathy, building community and listening are essential during times of change. The development of leaders to utilize these traits can prove to be successful during periods of transition and ongoing change. These traits are also supportive of a respectful work environment and one that is free of incivility and violence. As leaders in acute care settings, there is a responsibility to lead the way towards healthy work environments for the communities we serve and the teams that care for them (Blake, 2016). The integration of these traits leads to exceptional leadership.

### ***Evidence to Support the Intervention***

The newly formed ED leadership team must focus on cultural transformation with an eye towards accountability in an effort to produce better outcomes. Through the development of aligned goals, professional development and accountability structures, the department can be positioned to produce better experience, quality, and financial outcomes. In addition, the creation of a shared vision and accountable structures can improve frontline team member engagement without significant turnover (Huron, 2021).

The use of evidence-based leadership (EBL) can provide the framework to lead, through implementation of structure and accountability processes, regardless of the situation or setting. Creating goals and objectives that align to leader performance reviews, can assist the team to accomplish what is needed by explaining the ‘why’ behind actions (Spaulding et al., 2010).

Specific tactics for the continuous improvement culture include but are not limited to the implementation of Daily Management System (DMS) boards (Aij & Rapsaniotis, 2017) to continuously communicate the ‘why’ behind the organization’s current work and how it aligns with strategy; the alignment of organizational goals to leader evaluations with weights that promote outcomes and leadership development training to support the growth and development of leaders to achieve organizational goals to success (Studer, 2014).

### **Evidence-based Practice Framework**

The basis for solving problems in healthcare relies heavily on the use of current knowledge and the development of new ways to solve problems or improve processes. Research is “a systematic process used to generate new knowledge of evidence” (Melnyk & Morrison-Beedy, 2018, p. 4), which is often used to make improvement to practice or influence policy decisions. In comparison, performance improvement is an approach that supports the ongoing pursuit of improving results. Whether related to improving efficiency or refining leadership development, Performance Improvement (PI) encourages healthcare leaders to continuously seek better methods to improve outcomes.

Plan Do Study Act (PDSA) is often used in the clinical arena to improve outcomes through rapid cycles of change. The PDSA cycle is cyclical in nature and creates the design for creating and assessing change. In the planning phase, the opportunity for improvement is identified. The second phase, or the doing phase, supports the time for small tests of change to confirm that more global changes will not negatively affect the change environment. In the study phase, data is collected to prove or disprove the original actions by analyzing the small tests of change that were implemented in the prior phase. Finally, the act phase involves understanding what worked or didn’t work and making the decision to implement or not implement change.

Internal and external feedback is utilized to develop a well-thought out plan for improvement (Connelly, 2021). The PDSA cycle was utilized in this project to enhance leader development as opportunities were identified through 360-degree feedback and personal assessment of strengths and weaknesses with a comparison to organizational outcomes related to team engagement, patient experience and leader communication.

### **Ethical Consideration & Protection of Human Subjects**

Institutional Review Boards (IRB) exist to support individuals involved in clinical research. Local IRBs exist to protect the rights of human subjects and to advocate for the rights and welfare of said human subjects. IRBs require the completion of training to understand human research protections. The Collaborative Institutional Training Initiative (CITI) modules are the most popular training modules and are provided online. Included in the CITI modules were principles of the Belmont Report, privacy, confidentiality, federal regulations and informed consent. In preparation for this project, the CITI modules were completed by the project coordinator in order to understand the university's IRB process and to prepare for the official IRB.

Access to employee files was not needed nor were ethical issues identified. The target population was not in harm's way and team members were not pressured into being project participants. The IRB quality improvement/program evaluation self-certification tool was used as a guide, along with the faculty's support, to assure that all information was correct in the tool. Ethical clearance of this project was received from the East Carolina University IRB. As per the response received from the ECU IRB, "based on your responses, the project appears to constitute Quality Improvement (QI) and/or Program Evaluation and IRB review is not required because, in

accordance with federal regulations, your project does not constitute research as defined under 45 CFR 46.102(d)” (see Appendix A for IRB approval).



### **Section III. Project Design**

#### **Project Site and Population**

The project site was the MC ED and the newly appointed ED leaders. The leaders were in middle management and hold the title of nurse manager. The nurse managers had varying experience levels, between one and three years at either the nurse manager or assistant manager level. This level of leadership is often referred to as middle management.

#### ***Description of the Setting***

The MC ED is a level 1 trauma center whose employees are primarily registered nurses (RN). The center is responsible for very ill patients in need of acute care, in addition to lower-level patients that could be seen in a doctor's office. The confluence of highly acute patients compared to lower acuity patients creates a chaotic flow of patients in the department. Given the inpatient census of the MC that results in prolonged lengths of stay and low numbers of available beds, the ED frequently cares for high numbers of inpatients that are referred to as ED boarders. The high number of boarders leads to low work satisfaction of RNs concentrated on providing care to ED patients.

#### ***Description of the Population***

The nurse manager group was the target population for the project. Each manager had between one and four years' experience in a leadership position at either the charge nurse, assistant manager or manager level. In addition, the managers each have a baccalaureate in nursing (BSN) with only one having been trained at the graduate level (MSN). Although leadership experience exists, formal training and leader capacity assessments had not occurred prior to the project.

#### **Project Team**

The project team consisted of an East Carolina University (ECU) faculty advisor, an ECU Health site coordinator, three middle managers and one project coordinator. The senior director of emergency services served as the facilitator for scheduling of the team's ability to participate in the project. The ECU faculty advisor provided guidance for appropriately documenting the opportunities for improvement and actions taken. The site coordinator provided access to the OD team that provided coaches for each leader as assessment results were produced. Expert OD coaches were identified for both the MBTI and EQ360. The project coordinator facilitated one on one meetings with each team member, mentored the managers as results were shared and provided opportunities for learning in the work environment.

### **Project Goals and Outcome Measures**

Goals for the project included the creation of leader development plans aimed at enhancing positive attributes identified in the MBTI and EQ360 assessments. The attributes that received the most focus were aimed at improving leader communication with team members, while creating a positive work environment that leads to improved retention. Given the positive impact noted of transformational leaders, attention focused on the attributes of transformational leaders received high priority.

### ***Description of the Methods and Measurement***

Given the hectic environment of the MC ED, focus on leadership development was not observable, which has produced high turnover of the middle and senior level leaders. The high turnover resulted in a knowledge gap of the current frontline leaders similar to other healthcare organizations. Utilization of the PDSA cycle supported the team to create an environment aimed at healthy work practices and staff retention. Given the organization's confidence in Press Ganey & Associates surveys for team engagement and patient experience, the goal of this project was to

meet or exceed 75<sup>th</sup> percentile results for team engagement and consequently, patient experience. Baseline data results were recorded and analyzed during the PDSA process for control and possibly, changes if executed tactics presented new levels of focus. Results were displayed in a balanced scorecard (BSC) format and shared with staff and leaders, monthly.

### ***Discussion of the Data Collection Process***

Data collection focused on team engagement and patient experience outcomes, were monitored during the project. Team engagement outcomes were collected annually with patient experience outcomes collected on a monthly basis. Patient experience outcomes were collected by the Department of Experience. The results were shared with the leadership team at the closure of each month and a goal of meeting or exceeding the 75<sup>th</sup> percentile of the compare group was established. Turnover rates were available to each nurse manager on a monthly basis. Turnover rates, as a predictor of successful retention efforts, were reviewed for progress to the 75<sup>th</sup> percentile in monthly leadership meetings. The favorable progression of these outcomes were essential to the leadership team as they were creating an environment focused on RN engagement and, subsequent favorable patient experience outcomes.

### **Implementation Plan**

Following discussion around each leader's MBTI and EQ360 results, each leader received a plan for working with identified RN team members. Given the need for improved communication in the midst of high contingent labor levels, immediate leader rounding was implemented to acquaint or reacquaint each manager with frontline team members. A second tool aimed at improving communication was daily collection of staff driven tactics aimed at improving team engagement. The nurse managers engaged in data collection of staff ideas by posting requests for feedback in all staff lounges which allowed staff to provide written,

anonymous feedback. DMS boards were implemented in staff areas to share patient experience outcomes along with staff recruitment plans to encourage a sharing of information between leaders and frontline staff. Town hall meetings with emergency services senior leaders and providers were planned monthly over the span of six months. The town hall meetings were meant to be a venue for providing information and responding to questions that RNs and providers may have in the midst of high contingent labor volumes and a changing leadership group.

### **Timeline**

The project began in March 2023 with the onboarding of a new senior leadership team. An assessment of the prior year's team engagement outcomes, along with year-to-date patient experience outcomes, resulted in a leadership development retreat in July 2023 with the assistance of the site's OD team. MBTI results were discussed with each participant by the project coordinator and OD coach, including middle managers and senior leaders. As results were discussed, a need for further assessment was identified, along with the development of leadership tactics aimed at improving communication. The EQ360 assessment was completed in December 2023 with a follow up retreat in February 2024.

## Section IV. Results and Findings

### Results

#### *Quantitative Data*

The organization's team engagement survey was conducted in April of 2023. The survey provided outcomes in the areas of patient safety culture, resilience, diversity, leadership, and teamwork. Each item was measured using a five-point Likert scale with scores ranging from 1 (strongly disagree) to 5 (strongly agree). The survey was open to all ED staff members and 75 responses were received for a 40% response rate. The 40% response rate was higher than prior surveys as noted by Press Ganey Associates. The survey items chosen for comparison included items that provided the most opportunity for improvement in 2023 compared to the national healthcare average. The items are displayed in Table 1.

**Table 1**

#### *Team Engagement Responses: 2023*

Survey Item	2024	2023	Vs 2023
I would like to be working at this Hospital/Entity three years from now.	3.65	3.42	0.23
This Hospital/Entity treats employees with respect.	3.56	3.36	0.20
This Hospital/Entity provides high-quality care and service.	3.84	3.67	0.17
I would recommend this Hospital/Entity to family and friends who need care.	3.9	3.75	0.15
I would stay with this Hospital/Entity if offered a similar position elsewhere.	3.57	3.44	0.13
Overall, I am a satisfied team member.	3.46	3.48	-0.02

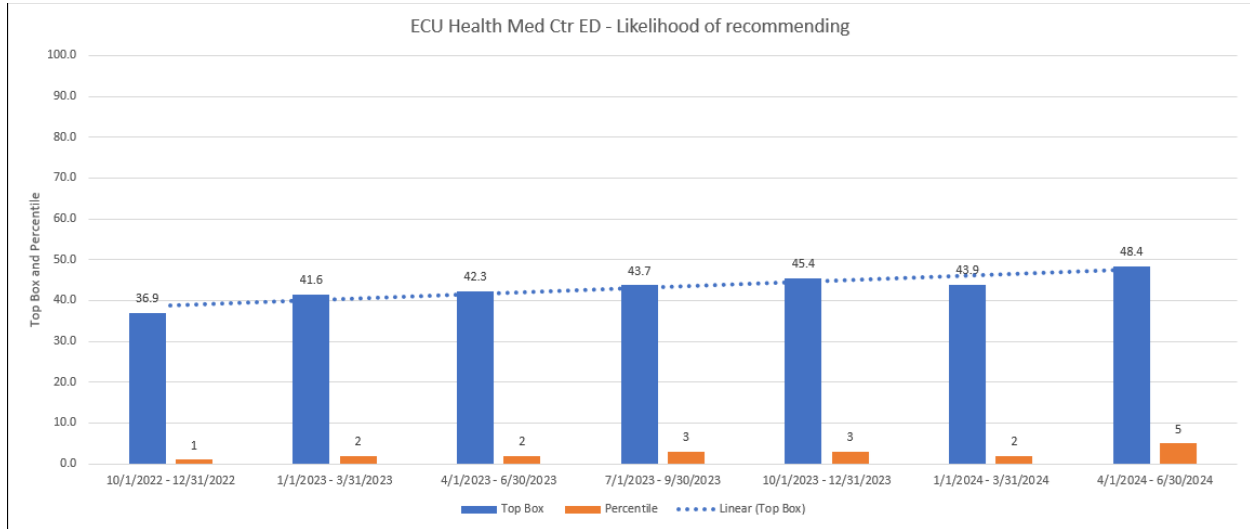
*Note.* Table 1 represents team engagement responses for 2023 as compared to the national healthcare average.

Patient experience data was collected October 1, 2022, through March 31, 2023, as the baseline period. The patient experience data was measured via the nationally recognized HCAHPS survey using a 'top box' scoring methodology or the percentage of responses that are in the most favorable category. An example of 'top box' scoring is the percentage of responses that received an 'always' response to certain composite measures within the domains of nurse

communication, doctor communication, responsiveness of hospital staff, discharge information, care transitions and communication about medications. The two areas noted to have the most opportunity for improvement are displayed in Tables 2 and 3.

**Table 2**

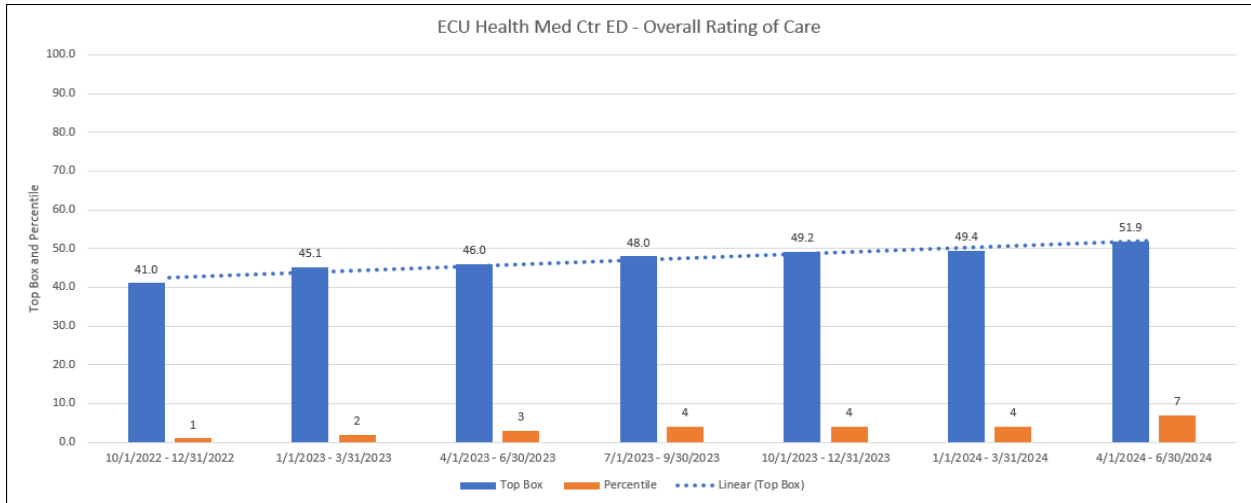
*Patient Experience Outcomes: Likelihood of Recommending*



*Note.* Table 2 represents the HCAHPS survey results for the likelihood of recommending the ED to other individuals.

**Table 3**

*Patient Experience Outcomes: Overall Rating of Care*

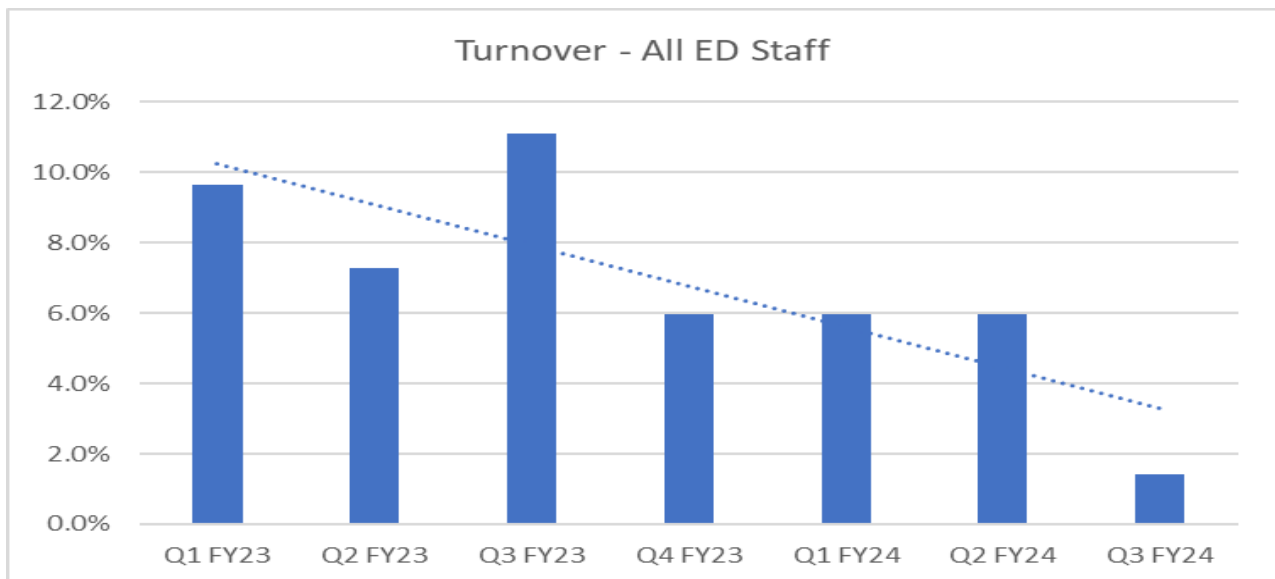


*Note.* Table 3 represents the HCAHPS survey results of the overall rating of care in the ED.

Turnover rates were available to each nurse manager on a monthly basis, for the time period October 1, 2022 through March 31, 2024. Turnover rates, as a predictor of successful retention efforts, were reviewed for improved progress in monthly leadership meetings. Given the interdisciplinary nature of the ED team members, data was collected for all job codes including RN, Care Partner, Paramedics and administrative staff.

**Table 4**

*Departmental Turnover for All ED Staff*



*Note.* Table 4 represents the overall turnover rates for all ED staff through quarter 3 of the 2024 fiscal year, or the month ending June 30, 2024.

### **Discussion of Major Findings**

This project was designed to understand the relationship between the development of a leadership training program for middle managers and the subsequent impact on team engagement, patient experience outcomes and departmental turnover. Press Ganey and associates conducted the team engagement surveys as well as HCAHPS patient experience surveys. Departmental turnover data was collected and reviewed using the organization's turnover database for the duration of the project.

Team engagement outcomes, improved during the year beginning June 1, 2023, through the year ending May 31, 2024, in the selected survey items. The greatest improvement was seen in the survey item 'I would like to be working at this hospital/entity three years from now'. The item improved from 3.42 in June of 2023 to 3.65 in June of 2024. The remaining survey items improved; however, no improvements were noted to be statistically significant as measured by Press Ganey and associates. Given the significant changes that have occurred in the ED during the period of time for the project, sustaining engagement scores was acceptable and celebrated.

Patient experience outcomes, improved during the quarter beginning April 1, 2023, through the quarter ending June 30, 2024, as compared to the baseline period. Although the 'overall rating of care' has seen quarter over quarter improvement, the improvement has been less than expected with movement in the database from the third percentile to the seventh percentile. Similarly, the 'likelihood to recommend' has improved during the same period with minimal percentile movement as evidenced by movement from the second to the fifth percentile. The EBL framework that was used to create leader development plans provided a structured approach



to leader development in this project; therefore, the patient experience outcomes were hypothesized to improve through continuous improvement and alignment of goals. In addition, the implementation of leader rounding on all team members was expected to provide clear communication to support efficient and empathetic patient-centered care via the interdisciplinary team (Studer, 2014).

With insignificant improvement in the quarterly results, monthly results were reviewed. The monthly review of ‘overall rating of care’ revealed an improvement from 36.9% top box rating in October of 2021 which improved to a high of 50% top box rating through June 2024. The monthly review of ‘likelihood to recommend’ revealed an improvement from 36.0% top box rating in October 2021 to 49% through June 2024. The monthly improvements aligned well with the incremental EBL tactics implemented by the leadership team to improve communication between clinicians and patients.

Departmental turnover rates have seen improvements among all job codes in the ED with significant improvement in the RN job codes. During the baseline period of October 1, 2022 through March 31, 2024, the contingent RN staff decreased from 68% to the current rate of 29.8% as of June 30, 2024. The creation of a psychologically safe, team-oriented environment has played a role in the move from contingent to core staff changes as noted by several comments voiced during leader rounds. In addition, the formation of dyadic partnerships between physician medical directors and nurse managers has provided a framework that results in weekly dyad meetings for discussion of progress to goals including but not limited to physician and RN experience, team collaboration and recognition. The ED leadership team recently received an award for the most ‘appreciation portal’ messages, two months consecutively. In comparison to historical appreciation portal messages, this was the first time

the ED team received the award which provided positive recognition to the leadership team for their efforts.

## **Section V. Interpretation and Implications**

### **Costs and Resource Management**

The costs related to the project were minimal, and the budget was at the discretion of the project coordinator in collaboration with the organization's OD leader. The primary costs of this project were related to the wages associated with planning and implementing the project. The highest cost was for project development and meetings with the project site champion, ED leadership team and time spent with organizational consultants. Multiple hours were spent evaluating current state, planning leadership development activities and oversight of leadership assessments with communication of outcomes to the middle managers.

Nonfinancial assets associated with the project were comprised of assistant manager rounding time, unit management support and site preceptor time. The organization provided support and resources throughout the project to include \$250.00 for each nurse leader to participate in the MBTI assessment and \$300.00 per manager to participate in the EQ360 evaluation. In addition, the project coordinator provided access to an external consulting team via an organizational engagement to improve ED throughput. The consultants provided valuable training on tactics utilized within the EBL framework.

The costs and resources used in the project do support the leadership development program that each manager has participated in. Additional study is needed to understand the overall benefit to the organization given the large number of middle managers in clinical settings. Leaders play a major role in navigating the complexities of the healthcare environment, especially in ED settings that are plagued with high turnover rates, burnout, and unpredictable patient flow. Investing in leader development is crucial for healthcare organizations that are interested in building organizational resilience and leading teams to long term success.

### **Implications of the Findings**

At the beginning of this project, nurse leaders and physician leaders were skeptical as to the intent and expected outcomes of the project; however, feedback as the project was closing became very positive. Team members were positive in their interactions as the project tactics were implemented, especially the leader rounds on team members. As recognition was shared at the end of each leader rounding encounter, the department began to shift towards a more positive view. In addition to nurse leaders recognizing team members, team members began recognizing each other. The ED charge nurse group had not historically interacted with departments external to the ED; however, at the conclusion of the project, these nurses were participating in site performance improvement activities and sharing feedback with other departments about how the ED team was making improvements internally to support efficiency measures in parallel to the inpatient work aimed at improving patient throughput.

It is fully anticipated that leader development will spread beyond the ED as 2024 team engagement survey results are received and fiscal year patient experience outcomes are generated. The move towards excellence in not only efficiency but experience outcomes has been noted by senior leaders that have a focus on sustaining and continuing to improve the current ED outcomes along with generating positive movement beyond the walls of the ED. Weekly Accountability Meetings (WAM) are in place for the ED dyad leaders with balanced scorecard results reported to senior leaders monthly. The EBL framework is proven to hardwire accountability and leads to the sustainment of improved outcomes which is essential given the expectation articulated in the Quadruple Aim related to: “1) improved patient experience; 2) population health; 3) lower costs; and 4) care team wellbeing to achieve improved population health outcomes at lower costs, or value in healthcare delivery” (Rangachari, 2023, p1).

***Implications for Patients***

Throughout the literature, authors cite positive outcomes for patients as leaders are developed and mature in their roles. Effective leaders are known for creating environments that promote patient safety efforts aimed at reporting errors and proactively managing risks. The inclusion of risk management and performance improvement training in leader development leads to a reduction in harmful errors that negatively affect patients. Evidence-based practices are prevalent in environments that train clinical leaders to lead efforts to implement evidence-based guidelines; thereby, improving care outcomes. In summary, strong clinical leaders promote environments that support safety and quality measure for patients.

***Implications for Nursing Practice***

The data suggests that team engagement is more favorable in environments that have competent and caring leaders. As team engagement improves, patient experience outcomes improve, which leads to better interactions between frontline staff and providers that have been trained to care for patients in the hectic ED environment. The creation of a supportive work environment that is rich in communication and engagement leads to a positive practice environment for nurses and other care team members. As healthy environments emerge, staff burnout subsides and turnover decreases. These outcomes meet the goals of the Quadruple Aim.

***Impact for Healthcare System(s)***

Healthcare organizations can create a foundation for achieving their mission and vision by focusing on leader development given the outcomes noted in the literature. A positive organizational culture leads to ethical leadership and cultural competence which is important in providing care to the diverse populations that healthcare organizations serve. Through ongoing

leader development, organizational resilience is built, and operational efficiencies are achieved leading to higher retention rates of staff and an empowered workforce.

### **Sustainability**

Through the development of middle managers, early in their career, the foundation is set for a high performing organization that is poised for success. Given the high cost of turnover, the director of OD is in favor of using the results of this project to define the value of leadership development to the senior leadership team with assistance from the project leader. As the organization defines goals and objectives within the EBL framework for the new fiscal year, it is expected that leadership development will rank high in the areas of financial sustainability, experience and workforce.

### **Dissemination Plan**

Project work was shared at meetings with the site president, ED System Service Line Leadership (EDSSLL), Clinical Enterprise Division (CED), August 2024 CON poster presentations, the ScholarShip entry of paper, and ED Steering Committee for EBL. There was strong organizational support for the ongoing work developed at the close of the project. There is an expectation that ED performance within the domains of team engagement, workforce and patient experience be shared monthly at the EDSSLL to support the attainment of goals at both the department and organizational level.

## **Section VI. Conclusion**

### **Limitations and Facilitators**

The major limitation to the project is the leaders' perception of their impact on the patient experience and team engagement outcomes produced during the project. The leaders have been in multiple classes related to assessment and leadership training leading to varying degrees of engagement and self-awareness of how they impact the workforce. The senior leaders responsible for the middle manager participation in these offerings have provided ongoing support and encouragement throughout the project and they have also experienced feelings of being overwhelmed and inadequate in their support of the middle managers. Although the patient and team engagement outcomes are trending favorably, it is often difficult to understand by the people directly involved in the project.

Transformational leaders lead people with their skill set through innovation and creativity; however, the middle manager profiles did not exhibit enough experience to create interests in innovation and creativity exercises at the beginning of the project. It is noteworthy that in the final quarter of the project, a middle manager worked with the project leader to submit a proposal for an innovation award offered by the organization. This is a positive outcome as the middle manager had never attempted to submit any type of proposal prior to the assessment and training offered during the project. In addition, through the alignment of goals and objectives within the EBL framework, the participating managers were able to visualize and quantify departmental results for the areas assigned to them. This was seen as a facilitator for future training.

### **Recommendations for Others**

Healthcare settings are chaotic environments that require attention to detail and empathetic delivery of services. The ED setting is one of the most extreme examples of chaos within the hospital. Leadership development in this setting is essential not only to financial sustainability but also care that is safe and patient centered. Middle managers often have the most difficult job when leading teams to produce outcomes outlined in the Quadruple Aim. Through the ongoing development of middle managers, emotional intelligence is acknowledged through the lens of self-awareness, empathy, self-management and social awareness leading to a comprehensive, confident leader that is capable of retaining staff and creating a positive environment for patients. Leadership development with the support of scientific evaluation tools is highly recommended for working with middle managers and beyond.

### **Recommendations Further Study**

Supporting the development of middle managers through the provision of scientific evaluation tools provides the foundation to develop this group. Moving forward, a more in-depth review of the EQ360 findings would be beneficial to the manager. Given the pace of the project, there was not time to provide coaching to each manager which is considered best practice when utilizing the EQ360.

Beyond the current project group, the project could be applicable to all middle managers in the organization. The project group was the only middle manager group to utilize the EBL framework for alignment of goals and objectives to the organization's strategic framework. Given the results of the defined population, dissemination of the project's tactics could result in a high performing organization in a small amount of time. As the post pandemic normal is created, high performing organizations have the opportunity to produce top decile performance and excel in patient-centered care.



**Final Thoughts**

High performing organizations are focused on the retention of leaders that support team efforts aimed at providing patient-centered care that is safe, effective, efficient, timely and equitable. Middle manager development is not often recognized as being fundamental to providing this type of care. Through the exploration of leader personality preferences in conjunction with 360-degree feedback sessions, senior leaders can develop middle managers to lead teams to success.

This project was focused on exploring if leader development made an impact. Although the project group was small, the outcomes were favorable through the cycle of leader development among the ED middle managers. Team engagement, patient experience and turnover outcomes trended favorably throughout the cycle of the project. ED efficiency outcomes also trended favorably resulting in the team's receipt of the Huron national award for 'most improved operational performance' during the time period of January 2023-December 2023. Given the favorable outcomes, ongoing efforts will be focused on hardwiring current tactics while encouraging the ED managers to participate in activities that affect the ED but originating in the walls beyond the ED.

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## Appendix A

### IRB Approval Letter

Based on your responses, the project appears to constitute QI and/or Program Evaluation and IRB review is not required because, in accordance with federal regulations, your project does not constitute research as defined under 45 CFR 46.102(d). If the project results are disseminated, they should be characterized as QI and/or Program Evaluation findings.

~~Finally, if the project changes in any way that might affect the intent or design, please~~  
Finally, if the project changes in any way that might affect the intent or design, please complete this self-certification again to ensure that IRB review is still not required. Click the button below to view a printable version of this form to save with your files, as it serves as documentation that IRB review is not required for this project. 10/29/2023

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