2021

Increasing Nurse Manager Knowledge of Authentic Leadership

Patricia Ann Stone
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Patricia Ann Stone

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Marilyn Losty, Committee Chairperson, Nursing Faculty
Dr. Andrea Tatkon-Coker, Committee Member, Nursing Faculty
Dr. Margaret Harvey, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Increasing Nurse Manager Knowledge of Authentic Leadership

by

Patricia Ann Stone

MSN, Drexel University, 2007

BSN, Mount Saint Mary's College, 1984

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2021

Abstract

Research has demonstrated a positive correlation between authentic leadership and positive patient and organizational outcomes. Given that nurses can be educated in authentic leadership, providing nurse leaders with training opportunities will help them develop authentic leadership skills which will benefit patients and the organization. At the project site, there is little opportunity for leadership development among nurse leaders. Thus, the purpose of this DNP project was to determine if an educational intervention focused on authentic leadership increase knowledge and awareness among nurse managers. Authentic leadership theory grounded the DNP project. Twenty-three nurse managers were invited to participate in an educational intervention, and 20 individuals participated for an 87% response rate. The mean pretest score for knowledge was 7.45 (SD = 1.76); the mean posttest score was 8.75 (SD = 1.29). Using a Wilcoxon signed rank test to estimate the data, there was a statistically significant difference in pretest and posttest scores ($z = –3.14$, $p < 0.01$), indicating an increase in knowledge. Participants were also asked to assess their awareness of authentic leadership using a Likert scale between 1 and 7, with 1 = *No awareness at all* and 7 = *Full awareness*. The mean pretest self-assessment score was 3.65 (SD = 1.50), and the mean posttest self-awareness score was 5.85 (SD = 1.09). Using a Wilcoxon signed rank test to estimate the data, there was a statistically significant difference in pretest awareness and posttest awareness ($z = –3.78$, $p < 0.001$), indicating an increase in awareness.

This project contributes to positive social change by improving leadership skills among nurse managers, which can lead to improved patient and organizational outcomes.

Increasing Nurse Manager Knowledge of Authentic Leadership

by

Patricia Ann Stone

MSN, Drexel University, 2007

BSN, Mount Saint Mary's College, 1984

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2021

Dedication

First and foremost, I dedicate my work to our loving Father in Heaven. Many years ago, You called me saying, in the words of Isaiah, “I then heard the voice of the Lord saying: ‘Whom shall I send? Who will go for us?’ And I said, ‘Here am I, send me.’” (Isaiah 6:8). You placed in my heart a love to serve others as a nurse. I am eternally grateful for this calling and the journey on which You have led me. It has not always been easy, but it has always been worth it!

Next, I dedicate this work to my mother. As a much younger nurse with a newborn baby at home, she encouraged me to start my academic advancement toward obtaining a master’s degree. She was Nana at home, taking care of my baby so I could pursue this dream. She told me “Start now. There will never be a better time—just start.” My academic progress was only possible due to her constant love and unwavering support.

Finally, I offer the culmination of this dream to my family. Robert, my loving and super funny husband. He has listened to me complain about how hard this journey is and has cajoled and supported me through each moment. Justin, my brilliant, thought-filled, and loving son has read every paper, given me excellent suggestions, and continuously encouraged me on this journey. My big sister, Annette, and my nephew, Aaron, who have been my cheerleaders on this incredible journey. I will be forever thankful for your presence and love in my life!

Acknowledgments

I would like to thank my Doctor of Nursing Practice committee chairperson, Dr. Marilyn Stankiewicz Losty, for her support and encouragement throughout this doctoral project. Her guidance at each stage, consistent advice and counsel, and tireless coaching and encouragement are forever appreciated! I extend my sincere gratitude to my committee member, Dr. Andrea Laura Tatkon-Coker, and my university research reviewer, Dr. Margaret Faye Harvey, for dedication to the advancement of nursing education. Next, I would like to thank Dr. John Raffoul. As the president of Adventist Health White Memorial, John served as my preceptor throughout my doctoral journey. More than that, John has been a mentor and friend for years and I am grateful for his guidance and support.

Finally, there are a cadre of nurses who have been my support network throughout my professional career. All have mentored and supported me at various times. Although I cannot possibly name all of them, I must name Leah, Tricia, Pat, LuWanda, Cindy, and Randy. They represent an amazing group of nurses who I have been blessed to call friends. Thank you for your encouragement and support!

Table of Contents

List of Tables

Section 1: Nature of the Project

Introduction

Authentic leadership, a relational interaction style developed within the spectrum of positive psychology, is a pivotal management approach that results in positive organizational and patient outcomes (Raso, 2019). The fundamental concepts underpinning authentic leadership include self-awareness, balanced processing, relational transparency, and internalized moral perspective. Moreover, authentic leaders are open to and capable of hearing various points of view prior to deciding and will seek out alternate thought processes to assure they have a more complete picture prior to choosing a path for the team. Finally, the authentic leader has explored their value system and is internalizing their moral compass, demonstrating integrity in their daily life (George, 2015). Given these attributes, authentic leadership has received increasing attention from researchers over the last two decades and has proven to result in positive clinical outcomes in addition to fostering a healthy work environment (HWE) within the leader's area (Doherty & Hunter-Revell, 2020).

The quality of the authentic leader's relationships with their staff encourages an HWE and often results in promoting staff empowerment and engagement (Alilyyani, 2018). Authentic leaders exhibit self-awareness and ethical values, which drive their actions and create a climate of trust that drives staff to higher performance levels. Boamah et al. (2018) demonstrated these leaders' positive impact on the environment leading to increased job satisfaction and reduced adverse patient outcomes. Kiwanuka et al. (2020) validated that relational leaders' styles have a positive correlation to patient

outcomes and encouraged the need to support the development of leaders to expand this approach through leader education.

Leadership in the registered nurses' role is so important that Doherty and Hunter-Revell (2020) posited all nurses are called to be authentic leaders and studied how best to develop authentic leadership traits within nurses. The attribute of caring as an aspect of authentic leadership was identified as a valued trait within nursing, which also correlated to an HWE (Raso et al., 2020). Moreover, Morsiani et al. (2017) found a correlation between the relational leadership style and staff satisfaction; this is such an important aspect of dealing with healthcare's complex issues that organizations should consider this a strategic priority. Sanford and Janney (2019) advised that authentic leaders will be a necessity to sustain organizational goals: "tough-minded optimism during turbulent times will be essential" (p. 171).

The constant turmoil of clinical oversight has frequently pushed leadership development into the background at most healthcare organizations. The result of this failure to prepare nursing leaders has been unhealthy work environments (Giordano-Mulligan & Eckardt, 2019). As a result, many researchers have explored whether individuals can be trained to be authentic leaders. While there are those with a more natural capacity for relational interactions, researchers agree that authentic leadership can be taught, given appropriate development opportunities, such as educational interventions, seminars, and other opportunities to reflect on the tenets of authentic leadership within the context of the individual's life story (Doherty & Hunter-Revell, 2020). Through trigger events, experiential learning opportunities prompt contemplation

and allow learners to connect events to their own life and adapt their responses based on reflection.

Further, researchers have demonstrated that leadership training enhances the essential authentic leadership skills necessary for positive work environments (Corriveau, 2020). Within nursing, authentic leaders are unafraid to share thoughts and concerns as part of developing processes for improvement of patient care and unit culture. These leaders will involve staff in the investigation and resolution of identified problems. Alternate points of view are not seen as challenges to the authentic leader's authority, but as information to be factored into the decision-making process. Given the complexities of healthcare today, with the challenges of providing fiscal sustainability, clinical outcome excellence, and patient experience superiority, exceptional nursing leaders are vital. Demonstrating the authentic leadership attributes of self-awareness, relational transparency, balanced processing, and internalized moral perspective, these leaders are authentically caring and have the moral courage to provide stability and hope in the most pressured situations (Giordano-Mulligan & Eckardt, 2019).

The project hospital, which is located on the west coast of the United States, has specific challenges that may be ameliorated with authentic leadership competencies. This hospital is in an area of the inner city where the average income per capita is below the federal poverty level. In addition, the hospital serves many people experiencing homelessness or who live in tent dwelling. As a result, the hospital is 90% government funded. Gang activity is prevalent in the neighborhood surrounding the hospital, making the general location unattractive to potential nurse recruits. As part of an overarching

mechanism to reduce costs, the leadership of the hospital continuously seeks to retain staff and minimize turnover; mechanisms to improve retention are seen as strategic objectives. One such objective is to develop and retain nurse leaders who create and sustain healthy environments where nurses feel empowered and engaged. As a result, authentic leadership training has been embraced by the executive leadership as a concept that will attract nurses to serve in this inner-city hospital due to the exceptionally HWE, resulting in engaged staff and positive organizational and clinical outcomes for the population served.

Problem Statement

The recent global pandemic has exacerbated the previously identified fragility in healthcare organizations (Veazie, 2020). Further, the next decade is predicted to bring additional challenges, such as a significant scarcity in the number of available registered nurses (RNs). This burden is due to a combination of senior nurses retiring while fewer new nurses join the ranks because of stressful work environments (Boston-Fleischhauer, 2020), the ability to provide quality patient care among diverse populations (Kiwanuka et al., 2021), low morale in nursing staff (Drake, 2021), and the dissolution of traditional organizational boundaries (Sanford & Janney, 2019). This concern is particularly challenging for the project hospital, serving an inner-city, poor, immigrant population. In an increasingly complex environment, the need for leadership among healthcare providers has never been greater.

The current research on organizational development has shown that relational leadership styles, such as transformational, servant, and authentic leadership, can produce

improvements in staff engagement and patient outcomes (Boamah et al., 2018) and address some of the challenges faced in healthcare organizations. The American Association of Critical-Care Nurses (AACN, 2005) considers authentic leadership so crucial it made this leadership approach one of six essential standards to the development of an HWE. Authentic leadership has four major components: (a) self-awareness, (b) relational transparency, (c) balanced processing, and (d) internalized moral perspective (Corriveau, 2020).

Given the challenges healthcare organizations face, nurse leaders with authentic leadership competencies are needed more than ever. Unfortunately, leadership development is often given little to no attention, and frontline nurse leaders are left to learn on the job with little guidance (Robbins & Davidhizar, 2020). In multiple studies, researchers have identified that relational leadership styles enhance nurses' job satisfaction, reduce turnover, and improve care quality (Doherty & Hunter-Revell, 2020; Regan et al., 2016); therefore, educating nurse managers on these competencies is one plausible strategy in addressing current challenges. Thus, the purpose of this doctor of nursing practice (DNP) project was to determine if an educational intervention focused on the relational influence style of authentic leadership increases knowledge and awareness among nurse managers working in a faith-based, medium-sized, nonprofit teaching hospital.

Purpose Statement

The purpose of this study was to determine if an educational intervention focused on the relational influence style of authentic leadership increases knowledge and

awareness among nurse managers working in a faith-based, medium-sized, nonprofit teaching hospital. For this DNP project, authentic leadership was defined as a leader who is aware of their own strengths and weaknesses; one who is genuine and transparent, who does not fear revealing their faults and is willing to recognize that they are not all-knowing but progressing on their own journey to self-awareness (George, 2015). In this project, I aimed to educate frontline nursing leaders about authentic leadership to improve staff engagement and patient outcomes. The gap in practice addressed by this doctoral project was the lack of relational leadership education provided to nurse managers. At the project hospital, there has been a long history of promoting clinical leaders from the charge nurse position to the manager roles with little education or training regarding leadership approaches. This enhanced education may be fundamental in developing nursing leaders who will create a sustainable RN workforce that will successfully address current healthcare system challenges (Fallatah et al., 2017).

Nature of the Doctoral Project

Research has demonstrated a positive correlation between authentic leadership and staff engagement with quality patient outcomes (Alilyyani et al., 2018). Additionally, evidence has shown that authentic leadership can be taught and that providing nurse leaders with specific training opportunities will help them develop their own individual authentic leadership competency (Doherty & Hunter-Revell, 2020). Most nurse leaders are promoted due to their clinical excellence rather than their leadership competency (Frasier, 2019). Formal leadership training for nurse managers is required to enable them

to provide an empowering environment where patients and staff will be satisfied (Robbins & Davidhizar, 2020).

Following Walden University Institutional Review Board (IRB) approval, I worked with the preceptor to identify three to five specific stakeholders to be part of the DNP stakeholder team and collaborated with them to gain support and further insight into the organization's identified problem. I conducted a thorough review of the literature to understand the current state of the science regarding authentic leadership. With the stakeholders' input and the current literature, an educational intervention was developed, modified, and created to specifically address the proposed project question. Along with the educational program, I created a pretest and posttest to match the educational intervention.

Once the materials were developed, stakeholders reviewed them and established the Individual-Content Validity Index (I-CVI) and Scale-Content Validity Index (S-CVI) of the educational program, pretest, and posttest (Polit & Beck, 2006). Once content validity was established, nurse managers across the organization were invited to attend an educational intervention. Before the educational intervention, the nurse managers completed a pretest, and following the educational intervention, the nurse managers completed a posttest to determine if there was an increase in knowledge and awareness of authentic leadership. Research has demonstrated that nurse leaders who are provided with formal leadership training are better equipped to develop unit cultures conducive to staff engagement and enhanced patient outcomes (McGarity et al., 2020).

Significance

The initial stakeholders for this DNP project were frontline nursing leaders. These managers bear the burden of myriad organizational priorities, not the least of which is developing and sustaining an engaged and empowered workforce. By providing frontline nursing leaders with education on authentic leadership and allowing their development in this relational interaction approach, the goal was to improve staff engagement and empowerment (Hughes, 2019; Maziero et al., 2020). Further, I hoped these leaders would demonstrate relational transparency, caring, and develop the moral courage to address the complex issues consistently faced in the healthcare environment (Doherty & Hunter-Revell, 2020; Raso, 2019). Alexander (2018) posited that authentic leadership could be replicated in the practice environment; while all leadership is a lifelong journey of self-reflection and learning, providing nurse managers with the tools to begin their journey is key to their development (Raso, 2019).

Researchers concluded that patients cared for in nursing units led by authentic leaders have better clinical outcomes and care experiences (Alilyyani et al., 2018), thus demonstrating the positive effect that authentic leadership and other relational leadership styles have on staff empowerment and patient outcomes (Boamah et al., 2018). Gillet et al. (2017) showed that supportive leadership styles result in a satisfied workforce, which can reduce staff turnover and increase the care quality provided. Nurse leaders with the internalized moral perspective to address predictably challenging problems at the local hospital level and foster an empowering environment will positively impact society (Martinez et al., 2020). In this doctoral project, I sought to provide an opportunity to

advance staff education for frontline nursing leaders, which may be transferable to any frontline clinical leaders interprofessionally. This educational intervention may be foundational to developing a nurse manager authentic leadership program to facilitate this pivotal role in health care. This project directly addresses Walden University's (2017) goals for developing social change agents and promoting positive social change. Additionally, developing authentic leaders is consistent with Walden University's mission, in that these leaders will transform society through their positive social change, ethical leadership, and moral courage.

Summary

Authentic leaders inspire and stimulate the staff they lead (Shaughnessy et al., 2018). To mitigate current healthcare challenges, improve the quality and satisfaction of the care provided, and restore staff members' hope and confidence, authentic leadership at the nurse manager level is a vital training need (Denier et al., 2019). There are few moments for nurse managers to explore relational leadership styles, such as authentic leadership (Doherty & Hunter Revell, 2020). Providing frontline nurse managers opportunities to examine their leadership approach and learn ways to be more self-aware, transparent, balanced in processing, and morally courageous is indispensable to developing positive leadership approaches that will instill confidence in their constituency (Boamah et al., 2018).

Authentic leadership and the benefits this leadership approach provide for the frontline nurse manager was reviewed in this section. Additionally, the specific constraints the project hospital faces and how providing the nurse managers at this

facility with authentic leadership education may alleviate these concerns was addressed. I focused on the nature and significance of this doctoral project. In the next section, I provide an in-depth review of the theories and framework this project was built on, its relevance to nursing practice, the local background, and the role of the DNP student and project team.

Section 2: Background and Context

Introduction

Frontline nursing leaders are tasked with countless responsibilities, including developing and sustaining a work environment that will foster an engaged and empowered staff. The nursing staff are called on to make critical decisions 24 hours a day to ensure quality patient care in a caring way for patients and families undergoing significant stress. The current tumult in healthcare is expected to increase as many older nurses retire with fewer replacements recruited because of the stressful environment nurses work in (Boston-Fleischhauer, 2020). Nursing leaders continuously comply with myriad regulations, adapt to changing policies and processes, implement new evidence-based practices to improve patient outcomes, and consistently invigorate and inspire their staff to work collaboratively to provide exceptional care. Researchers have demonstrated that relational leadership styles, such as authentic leadership, result in a more empowered and engaged staff who provide higher quality patient care (Boamah et al., 2018).

Authentic leadership has four major components: (a) self-awareness, (b) relational transparency, (c) balanced processing, and (d) internalized moral perspective. Self-awareness relates to an awareness of one's strengths and weaknesses and the impact one has on others. Relational transparency is described as the leader's ability to be open and honest with others. Balanced processing involves the leader listening to opposing opinions as well as their own thoughts when making decisions. Internalized moral perspective is defined as being driven by internal values, which may be described as integrity or moral courage (Corriveau, 2020). Researchers have shown that these

authentic leadership traits result in empowered and engaged nursing staff, reduced nurse turnover, and improved care quality (Doherty & Hunter-Revell, 2020; Regan et al., 2016); thus, educating nurse managers on these competencies is one plausible strategy in addressing current challenges. However, nurse leader development is given little to no attention, and nurse leaders learn on the job with little guidance (Robbins & Davidhizar, 2020). Nurse managers are frequently too busy meeting the clinical management and regulatory requirements of their role to focus on professional development to create a culture conducive to successful leadership (Giordano-Mulligan & Eckhardt, 2019).

The practice-focused question for this DNP project was: "Does an educational intervention focused on the relational influence style of authentic leadership increase knowledge and awareness among nurse managers working in a faith-based, medium-sized, nonprofit teaching hospital? In the project, I aimed to educate frontline nursing leaders about authentic leadership and address the gap in practice related to the lack of leadership education provided to nurse managers. I hoped the education would be translated into practice and the enhanced education would allow for the development of nurse leaders who create a sustainable RN workforce to successfully address current healthcare system challenges (Fallatah et al., 2017).

In this section, I address the theories and framework underpinning the DNP project. Next, I address the project's relevance to nursing practice. Then I explore the local background and context of the DNP project. Finally, I review the role of the DNP student and project team.

Concepts, Models, and Theories

The main theories used in the development of this project include relational leadership theory, authentic leadership theory, structural empowerment theory, and an HWE framework. These theories and framework provided the foundation for the development of authentic leadership education for nurse managers to enhance their role competency and assist them in establishing an HWE to empower and engage staff who can provide quality patient care (Raso, 2019).

Relational Leadership Theory

Relational leadership theory presents a shift from the older leader-centered approach with leaders as centralized thought and organizational direction masters to one in which both leader and follower have equally important roles to fulfill. In this theory, the common goals of the organization are the primary focus and the relationship between leader and follower may have nuanced variations in the effort to best accomplish the common goals (Parr et al., 2020). Researchers have encapsulated the relational leadership theory transitioning leadership from a singular hierarchical approach to a group-centered, common goals approach (Day, 2000; Denis et al., 2012; Lord et al., 2017).

Relational leaders have a higher level of emotional intelligence, and these leaders encourage an environment of safety and empowerment, leading to improved staff and patient outcomes (Parr et al., 2020). Several main concepts fall within the construct of relational leadership: transformational leadership, servant leadership, and authentic leadership. All these leadership styles are focused on the relationship between the leader and those being led. However, the transformational leadership style is based on the leader

being charismatic and visionary and inspiring others to be led. The servant leader is focused on supporting the needs of those being led and providing the most comfortable work environment. The authentic leadership style is founded on specific traits of the leader. These include self-awareness, relational transparency, balanced decision making, and internal moral perspective (Raso, 2019).

Authentic Leadership Theory

Authentic leadership theory has grown from relational leadership theory. Researchers have proposed authentic leadership as a reflection of the core or essence of leadership (Avolio & Gardner, 2005; Porter-O'Grady, 2003; Wong & Cummings, 2009). Authentic leadership is an evolutionary leadership style. As the environment changes and the leader matures, there will be transitions in the leader's understanding and responses. This transition is a vital part of what the leader brings to the relationship. Trigger events that may be simulated or part of professional or personal life events provide for the development of the authentic leader as they integrate these experiences into their values and perspective (Doherty & Hunter-Revell, 2019).

Further, authentic leaders are aware of their strengths and weaknesses; they seek input from others to grow and improve. Relational transparency is the authentic leader's ability and willingness to openly share who they are and what they think and feel without any underlying motivation or agenda. Balanced decision making in the authentic leader is the willingness to seek input from various sources before deciding. Essential here is the eagerness to hear opposing opinions. Finally, the authentic leader has an internalized

moral perspective, a trait that might be described as moral courage. Followers trust the leader will do the right thing given the circumstances (Raso, 2019).

Structural Empowerment Theory

Structural empowerment theory (SET), first proposed by Kanter in the 1970s, is another theory underpinning this doctoral project. This middle-range theory is not specific to nursing but can be applied across professions. The underlying premise of SET is that the leader must present an environment in which the staff are provided with the information, knowledge, and tools to do their job and the opportunity to learn and grow. Further, structural empowerment acknowledges that external and intrinsic factors affect the individual's empowerment. These include gender, age, race, position, and influence and formal versus informal leadership roles (Doherty & Hunter-Revell, 2020).

Healthy Work Environment Framework

HWE is another construct developed by the AACN (2005) to define the aspects of the healthcare environment that would provide for exceptional patient outcomes, empowered staff, and excellent staff satisfaction. The six main categories identified are (a) skilled communication, (b) true collaboration, (c) effective decision making, (d) appropriate staffing, (e) meaningful recognition, and (f) authentic leadership (AACN, 2005). The relationships built between the nurse leader and the staff they lead are vital to developing engaged and empowered teams who provide optimum care (Raso, 2019).

Relevance to Nursing Practice

Importance of Nurse Managers

As the most significant single workforce in the United States, nurses provide a pivotal service to an aging society (Doherty & Hunter Revell, 2020). Nurse managers set the tone and establish the working environment for the units they oversee. There is increasing data demonstrating the positive effects of relational leadership styles on nursing staff and patients globally (Raso, 2019). The AACN identified that 90% of its membership single out effective leadership as a critical factor in developing an HWE for nurses. However, these same nurses rate their current leader as positive less than 50% of the time (AACN, 2005).

Excellent clinical nurses are promoted to leadership positions. However, little or no resources are allocated to developing the leadership skills of the nurse manager. Relational leadership styles, such as authentic leadership, have been shown to improve patient safety, enhance staff engagement and intent to stay, and increase staff favorably assessing the leader (Doherty & Hunter Revell, 2020). Thus, by educating nurse managers in relational leadership styles, the education may be translated into practice, which in turn, could promote positive patient and organizational outcomes.

Nursing Turnover

Recent turnover data identified that voluntary separations at the DNP project hospital increased from an average of 10.8% to over 17% between 2018 and 2020. Additionally, the cost of premium pay, defined as overtime of regular staff and contract daily and longer-term RN workers, has risen from a low of 6.4% in the fiscal year 2018

to over 13.5% for 2020. With average RN turnover costs approximated at $92,000 (for medical–surgical RNs) to $145,000 (for specialty-trained RNs), these expenses are unsustainable for a healthcare organization both from a financial and quality perspective (Armmer, 2017). Hughes (2019) demonstrated that relational leadership styles, such as authentic leadership, improve staff engagement, retention, and overall organizational commitment. Maziero et al. (2020) posited that authentic leadership results in improved staff trust in their leader, organizational citizenship, and improved patient outcomes.

The Need for Education

Whether individuals can be trained to be authentic leaders has been explored over the last decade. While there are those individuals with a more natural capacity for relational interactions, Corriveau (2020) demonstrated that leadership training does enhance the essential authentic leadership skills necessary for positive work environments. Authentic leadership and transparency in the leader–follower relationship have been shown to improve patient care quality (Dirik & Intepeler, 2017). Providing frontline nurse leaders, who are typically promoted, secondary to clinical rather than leadership competence, with authentic leadership training opportunities through mentoring and reflection will build relational interaction skills that result in improved patient outcomes (Doherty & Hunter Revell, 2020).

Current Strategies

Multiple researchers have recommended authentic leadership education for nurse leaders. However, there are few documented studies delineating the training. Frasier (2019) demonstrated a positive impact using didactic learning, self-reflection, journaling,

and peer support. Both the nurse leader and staff members noted enhanced authentic leadership behaviors. Doherty and Hunter-Revell (2000) demonstrated that training using trigger events to encourage leader self-reflection, growth through information acquisition, and peer mentoring are valid training mechanisms. In this DNP project, I sought to provide authentic leadership training for nurse managers to address the gap in practice where frontline nursing leaders are clinically competent but have received no leadership training. Authentic leadership training will fill this gap. Given the turbulent nature of the healthcare milieu, there is strong support for the development of authentic leadership training programs to support nurse leaders and to ensure exceptional staff and patient outcomes.

Local Background and Context

This project's setting was a faith-based, medium-sized, nonprofit teaching hospital in East Los Angeles, California. The community served by this inner-city hospital is 98% Hispanics living below the federal poverty line in multigenerational, multi-family housing or experiencing homelessness. Having served an impoverished community for many years, this project hospital site is highly responsive to strategic approaches to provide exceptional care while using resources frugally. Due to the geographic location and poverty surrounding the hospital, it is difficult to recruit and retain staff. The commute in and around the hospital locale is time consuming and nurses must pass multiple hospitals, closer to their homes, to report to work at this facility. Fiscal constraints do not allow for increased salaries that might draw nurses to work at the hospital. Therefore, developing an exceptional work environment that will attract and

retain nurses is both fiscally and culturally needed. Providing frontline nurse managers with authentic leadership education has been shown to improve staff engagement, retention, and empowerment (Raso, 2019), which in turn, may promote positive patient outcomes and improve patient care quality (Doherty & Hunter-Revell, 2020).

Twenty-three nurse managers were invited to participate in the authentic leadership educational intervention. The educational intervention was offered multiple times and days to maximize the number of participants attending the intervention. The strategic goal to train frontline nurse managers to improve staff engagement and patient outcomes had widespread executive support.

Role of the DNP Student

As a seasoned nurse executive, it is apparent to me that nurse managers, or frontline nurse leaders, have heavy burdens to meet the numerous priorities of the healthcare organization. Throughout my career I have provided support and mentoring to assist in the authentic leadership development of managers. Recently, I retired from my executive position with this organization. While I am no longer professionally associated with the institution, I remain committed to developing nurse leaders. The project hospital and the frontline nurse managers working within this facility have requested leadership training for many years. Due to fiscal constraints, there was never an ability to provide a resource to meet this need. At this stage of my career, my professional goal is to find ways that help nurse leaders develop professionally to maintain an empowering environment for nurses to provide the highest quality of care. This DNP project allowed

me to provide the nurse managers with desired and necessary leadership education, while filling a current gap in practice within the project hospital.

Whether due to bias or lived experience, I believe that frontline nursing managers are afforded less education and support in leadership development for the magnitude of responsibilities with which they are laden. Additionally, having researched the current literature on the various relational leadership approaches, it is evident authentic leadership captures the essences of the organization. Thus, the context of the educational intervention was geared towards the development of the relational leadership skills of the nurse manager that is indicative of authentic leadership.

Role of the Project Team

The project team was composed of two groups. The first group included the hospital President, Chief Nursing Officer, and Director of Nursing. This team provided executive support for the project. The second group consisted of various master's or doctoral prepared stakeholders, such as the Administrative Director of Adult Care, Administrative Director of Emergency and Critical Care, and Administrative Director of Education, who provided guidance and approval for the educational intervention, pretest, and posttest. Once completed, the stakeholders reviewed and established the educational program's content validity, pretest, and posttest using the Item Content Validity Index (I-CVI) and Scale Content Validity Index (S-CVI) (Polit and Beck, 2006).

Summary

This section reviewed the theories and framework which guided this DNP project. Additionally, section two addressed the relevance to nursing practice with specific

emphasis on meeting the gap in practice generally as well as at the project hospital specifically. Finally, this section addressed the role of the DNP student and project team.

The complexity of overseeing patient care is a tremendous responsibility. Developing the nurse manager's competency in authentic leadership will enhance the health of the work environment and lead to an engaged staff who provide exceptional patient care. The following section will provide additional insight into the collection and analysis of the evidence.

Section 3: Collection and Analysis of Evidence

Introduction

Healthcare organizations have been in a state of turmoil and the recent global pandemic served to further undermine its fragile balance (Veazie, 2020). The next decade will further challenge the healthcare system with a significant decline in available RNs. The factors that will influence this concern include the number of nurses who will retire while fewer nurses are added to the ranks (Boston-Fleischauer, 2020), decreasing morale among the nurse workforce (Drake, 2021), and significant challenges in providing quality care for patients (Kiwanuka et al., 2021). In this increasingly demanding environment, the need for exceptional nurse leaders has never been more pressing.

While the need for excellent nursing leadership is great, little attention has been provided to nurse managers to grow their leadership competence (Robbins & Davidhizar, 2020). However, research has demonstrated that relational leadership styles, such as authentic leadership, enhance nurses' job satisfaction, reduce turnover, and improve care quality (Doherty & Hunter-Revell, 2020), (Regan et al., 2016), (Robbins & Davidhizar, 2020). Therefore, the purpose of this study was to determine if an educational intervention on authentic leadership would increase knowledge and awareness among nurse managers. This project's hospital setting was a faith-based, medium-sized, nonprofit teaching hospital in East Los Angeles, California. The community this inner-city hospital serves is a 98% Hispanic immigrant population living at or below the poverty level in multigenerational, multifamily housing or experiencing homelessness or living in tent dwellings.

In Section 3, I focus on the practice-focused question and the importance to nursing and the project hospital. Next, I review sources of evidence from the literature and evidence generated supporting the DNP project. The participants will be identified, and protections discussed. Finally, the analysis and synthesis plan will be identified.

Practice-Focused Question

During a time of healthcare crisis, with fewer available nursing staff and myriad regulatory, quality, and financial concerns, an inner-city hospital serving the poor and homeless people has extreme challenges attracting and maintaining an engaged nursing workforce. The DNP project hospital has faced turnover of nursing staff increasing from an average of 10.8% to over 17% between 2018 and 2020. Additionally, the cost of premium pay, defined as overtime of regular staff and contract daily and longer-term RN workers, has risen from a low of 6.4% in fiscal year 2018 to over 13.5% for 2020. With average RN turnover costs approximated from $92,000 (for medical–surgical RNs) to $145,000 (for specialty-trained RNs), these expenses are unsustainable for a healthcare organization both from a financial and quality perspective (Armmer, 2017).

Research has demonstrated authentic nurse leaders encourage an HWE that will retain an engaged and empowered staff providing high-quality patient care. In this project, I aimed to educate frontline nursing leaders about authentic leadership to develop their leadership competence and improve staff engagement and patient outcomes. Hopefully, this education will assist in closing the gap in practice in which nurse managers are provided education specific to developing as a leader. The goal was that this enhanced education would be fundamental in developing nursing leaders who will

create a sustainable RN workforce that will successfully address current healthcare system challenges (Fallatah et al., 2017).

Definition of Terms

The following operational definitions will be used for this doctoral project.

Didactic learning: Information provided directly from instructor to learner to define specific concepts and ideas (Frasier, 2019).

Journaling: Used as a mechanism for each learner to record their thoughts and experiences, particularly with the goal of synthesizing the concepts of authentic leadership within the learner (Corriveau, 2020).

Peer support: Opportunities within the training context to share experiences and their relevance with other learners (George, 2015).

Self-reflection: Time allotted to internally process information presented or received, usually with the goal of the learner developing awareness of their own character, personal opinions, or motivations on a topic (Corriveau, 2020).

Trigger events: Life events that stimulate the development of the authentic leader (Doherty & Hunter Revell, 2020).

Sources of Evidence

A review of the literature was conducted through the Walden University online database by exploring academic, full-text, peer-reviewed articles and dissertations published within the last 5 years. The search terms used were *nurse authentic leadership*, *authentic leadership training*, *nurse leader development*, *nurse leadership and retention*, *authentic leadership and nurse satisfaction*, and *authentic leadership and nurse retention*.

Approximately 871 articles were identified, and after eliminating duplicates and unrelated content, 127 were relevant, and 38 were specific to the practice-focused question.

Various evidence sources from the literature were used to address whether Doherty and Hunter Revell (2020) demonstrated the importance of the nurse manager in developing the tone in the units they oversee. The nursing leader who demonstrates authentic leadership has a positive impact on both nursing staff and patients, enhancing staff engagement and patient safety (Raso, 2019). However, on units where nursing leaders are not competent in relational leadership, the stressful work environment can result in costly RN turnover, between $92,00 and $145,000 per nurse (Armmer, 2017). These replacement expenses are, in themselves, unsustainable. In addition to the cost of replacement, disengaged staff fail to demonstrate the needed focus on quality care and, as a result, patient care quality and satisfaction suffers.

Additional evidence sources were used to explore authentic leadership training. Corriveau (2020) demonstrated that leadership training does enhance the essential authentic leadership skills necessary for positive work environments. Doherty and Hunter-Revell (2020) and Dirik and Intepeler (2017) demonstrated that providing nurse leaders with authentic leadership training builds relational interaction skills that result in improved patient outcomes. However, there are few documented studies delineating the training. Frasier (2019) demonstrated a positive impact using didactic learning, self-reflection, journaling, and peer support. Recently, other researchers have demonstrated that training using trigger events to encourage leader self-reflection, growth through

information acquisition, and peer mentoring are valid training mechanisms (Doherty & Hunter-Revell, 2020). In the current tumultuous healthcare environment, developing authentic leadership training programs is necessary to support nurse leaders and ensure exceptional staff and patient outcomes.

This comprehensive literature review supports the concept that nurse manager authentic leadership has a positive impact on staff engagement and patient care quality. Additionally, the literature reinforces the value of authentic leadership education and the efficacy of such for nurse leaders. Lastly, the review of literature demonstrates the paucity of available training programs for authentic leadership training of nursing leaders.

Evidence Generated for the Doctoral Project

In addition to the literature review, a team of stakeholders were identified to guide the DNP project. The stakeholders included the chief nursing officer, director of nursing, administrative director for education, administrative director of emergency and intensive care services, and administrative director of medical–surgical services. An initial meeting with these stakeholders was held to discuss the importance of this project and to solicit specific ideas and content. Using the current literature and suggestions of the stakeholders, I developed the educational intervention, along with a pretest and posttest. The pretest consisted of five demographic questions to describe the sample (age, gender, education, years as a nurse, years in current position) and 10 true/false questions related to the content of the educational intervention. The posttest consisted of the 10 true/false questions presented on the pretest. The stakeholders were presented with the educational

intervention, the pretest, and the posttest and established the content validity using the I-CVI and S-CVI (Polit & Beck, 2006).

Participants

Every nurse leader with the title *nurse manager* or *program manager–clinical education* was invited to participate in the education intervention. Flyers were posted in common areas and distributed to the nurse managers via email. Participation in the educational intervention was voluntary. Nurse managers who serve as frontline leaders in the project hospital were identified as potential participants for this project resultant from the literature review, which demonstrated the potential positive results authentic leadership training might have at this management level.

Procedures

Following IRB approval, an evidence-based educational intervention, pretest, and posttest were developed using the current literature and comments solicited from the stakeholders. Once created, the DNP stakeholders reviewed and established the I-CVI and S-CVI of the educational intervention, pretest, and posttest (Polit & Beck, 2006). Following establishment of content validity, flyers advertising the educational intervention were posted via email to all potential participants. Participation in the intervention was voluntary, and the participants were not compensated for attending the intervention. There are 23 nurse managers in the organization, and I estimated that 20 of the nurse managers would attend for an estimated response rate of 87%. The educational intervention was offered multiple times and days to maximize attendance. The intervention was expected to take no more than 2 hours of the participants' time.

Prior to the educational intervention, the participants were asked to create a unique identifier that was known only to them. Using their identifier, the participants were asked to complete a pretest. The pretest included five demographic questions to describe the sample (age, gender, education, years in nursing, and years in a management position); 10 true/false questions regarding authentic leadership; and one Likert-scale question asking the participants to rate their awareness of authentic leadership on a scale of 1 to 7 with 1 = *no awareness at all* and 7 = *full awareness*. Following completion, the pretest was collected, and the educational intervention began.

Following the educational intervention, the participants were asked to complete a posttest using their unique identifier. The posttest contained the same 10 true/false questions regarding authentic leadership and the single Likert-scale question asking the participants to rate their awareness of authentic leadership on a scale of 1 to 7 with 1 = *no awareness at all* and 7 = *full awareness*. Once completed, the participants were asked to place their posttest in an identified location. At any time, the participants were able to leave the educational intervention without penalty.

Protections

Unfortunately, few programs have provided nurse managers with training in authentic leadership. The project hospital has not been able to provide frontline nurse managers with leadership training given numerous constraints. Thus, the question for this DNP project was: Does an educational intervention focused on the relational influence style of authentic leadership increase knowledge and awareness among nurse managers working in a faith-based, medium-sized, nonprofit teaching hospital? An educational

intervention focused on the relational influence style of authentic leadership would increase knowledge and awareness among nurse managers. The purpose in reviewing this practice-focused question is to establish a sustainable leadership development process for creating an HWE in healthcare. These engaging environments encourage empowered staff, with increased retention, who will provide quality patient care (Dirik & Intepeler, 2017), (Doherty & Hunter-Revell, 2020), (Raso, 2019).

This project was a minimal risk educational project focused on nurse managers working in a medium-sized hospital. The project protected the human subjects involved. IRB approval was obtained before the project's inception. Participation was voluntary, no identifying information was asked or collected, and all data were reported in the aggregate. At any time, the participants were free to leave the intervention without question or penalty. All questionnaires were identified by a unique identifier known only to the participant and, after completion, were kept in a locked draw in a locked office.

Analysis and Synthesis

Each pretest was matched to its posttest using the participant's unique identifier. Each pretest and posttest were reviewed and the "total number of questions answered correctly" created a pretest score and a posttest score. Demographic data along with the pretest and posttest scores were entered into an Excel spreadsheet and uploaded into SPSS for analysis. Descriptive statistics were used to describe the sample and inferential statistics were used to determine if there was a difference in pretest and posttest scores regarding knowledge and awareness. All statistical data were reported in the aggregate.

Summary

This DNP project aligned with the DNP Essential's focus on education to improve competencies for complicated leadership roles. Using current research of organizational and relational leadership advances the knowledge and awareness of frontline nurse managers which positively impacts care delivery approaches and resultant patient care outcomes (AACN, 2006). Also, translating current research into practice enables the furthering of both the science and practice of nursing. Raso et al. (2020) exhorted that combining research and practice will drive improvements in both patient and organizational outcomes.

Experts have identified that healthcare organizations face increased challenges (Fallatah et al., 2016). However, it has been demonstrated that authentic leaders manifest greater staff engagement and improved patient outcomes (Boamah et al., 2018). A project focused on increasing nurse manager knowledge, and authentic leadership awareness aligns well both globally and with the site organization. The problem is supported by evidence in the literature and with the practice-focused question. The procedural steps are consistent with the overall proposal.

Section 4 will provide the findings and implications from the DNP project. This will include limitations of the project as well as potential opportunities for social change. Recommendations related to the gap in practice will be discussed. Finally, the strengths and limitations of the project will be detailed.

Section 4: Findings and Recommendations

Introduction

The current and anticipated shortage of RNs in the acute care environment, as well as increasingly complicated patient care requirements and expectations, compels a style of leadership that engages and empowers staff to provide exceptional care (Boston-Fleischauer, 2020). At the DNP project hospital, concern about staff shortages has recently increased. There was an increase in nursing turnover from an average of 10.8% to over 17% between 2018 and 2020. As a hospital serving a population of lower socioeconomic status, the financial impact of high nurse turnover rates is unsustainable. The cost of temporary labor is exorbitant, and the quality of care provided by those who are not fully engaged in the organization's mission is not desirable. Authentic leadership is a proven relational approach that has improved staff and patient outcomes (Giordano-Mulligan & Eckardt, 2019). Therefore, this doctoral project was a practical approach to improving staff retention.

While the project hospital has demonstrated a history of promoting excellent clinical leaders from the charge nurse role into manager roles, they have not done well at providing leadership education. This doctoral project addressed the gap in practice of the failure to provide nurse managers with relational leadership education. The purpose of this study was to determine if an educational intervention focused on the relational influence style of authentic leadership would increase knowledge and awareness among nurse managers. The practice-focused question was: Does an educational intervention focused on the relational influence style of authentic leadership increase knowledge and

awareness among nurse managers working in a faith-based, medium-sized, nonprofit teaching hospital? The project aimed to educate frontline nursing leaders about authentic leadership to improve staff engagement and patient outcomes. This enhanced education would be fundamental in developing nursing leaders who will create a sustainable RN workforce that will successfully address current healthcare system challenges (Fallatah et al., 2017).

Sources of evidence for this project were obtained through a comprehensive review of the current scholarly literature. A literature search was conducted through the Walden University library online database by exploring academic, full-text, peer-reviewed articles and dissertations published within the last 5 years. This review included a thorough analysis of 38 articles specific to the practice-focused question. This evidence provided insight into the significance of the need for frontline leadership to receive education in relational-based leadership and potential strategies for intervention. Descriptive statistics were used to describe the sample, and inferential statistics were used to determine if there was a difference in pretest and posttest scores regarding knowledge and awareness.

Findings and Implications

The DNP project stakeholder team established I-CVI and S-CVI of the educational intervention content. Using a 4-point scale with a score of 1 identified as *content not relevant*, a score of 2 identified as *content slightly relevant*, a score of 3 identified as *content relevant*, and a score of 4 identified as *content highly relevant*, all stakeholders identified every item as either a 3 or a 4. Utilizing the S-CVI/Universal

Agreement (UA) approach proposed by Polit and Beck (2006), all DNP project team stakeholders rated every item as relevant (either a 3 or a 4 on the 4-point scale). Therefore, the I-CVI and S-CVI/UA both were rated at 0.96, meeting an acceptable content validity rating for both item level and scale level content validity (Polit & Beck, 2006).

An invitational email was sent to 23 nurse managers. The nurse managers were asked to complete both demographic and pretest questionnaires via email. The educational intervention was conducted via webinar, rather than in person, due to the COVID-19 pandemic. Four educational sessions were provided to allow multiple opportunities to accommodate participants' schedules. Once a participant attended the educational intervention, they were sent the posttest via email. Using a unique identifier, known only to the participant, for each section of information (demographic, pretest, posttest), the participants were asked to return the information to a specific area, providing continued anonymity throughout the process.

Findings

A total of 20 individuals (N = 20) participated in the educational intervention for an 87% response rate. Most of the participants (n = 18) were female (90%) and mean age of the participants was 49.2 years (SD = 10.35) with a range from 33 to 66 years. From an educational perspective, 70% of the participants (n = 14) had a master's degree and 30% (n = 6) had a bachelor's degree. On average, the participants had 20.25 years (SD = 10.53) of nursing experience and had been in their current position for 12.35 years (SD = 9.51).

The mean pretest score for knowledge was 7.45 (SD = 1.76) with a range of scores between 3 and 10. Participants were also asked to assess their awareness of authentic leadership using a Likert scale between 1 to 7 with 1 = *no awareness at all* and 7 = *full awareness*. The mean pretest self-assessment of awareness was 3.65 (SD = 1.50) with a range of responses between 1 and 6. Following the educational intervention, the participants completed the posttest. The mean posttest score for knowledge was 8.75 (SD = 1.29) and the range was between 6 and 10. The participants' postintervention assessment of their awareness of authentic leadership demonstrated a mean of 5.85 (SD = 1.09) with a range between 3 and 7.

Upon completion of the educational intervention, the pretest and posttest were reviewed and scored for number of correct answers. Using a Wilcoxon signed rank test to estimate the data, there was a statistically significant difference in pretest and posttest scores ($z = -3.14$, $p < 0.01$), indicating an increase in knowledge. Additionally, prior to the educational intervention, the participants were asked to rate their awareness of authentic leadership. Using a Wilcoxon signed rank test to estimate the data, there was a statistically significant difference in pretest awareness and posttest awareness ($z = -3.78$, $p < 0.001$), indicating an increase in awareness.

Table 1

Descriptive and Inferential Statistics, N = 20

	Frequency	(%)	Mean (SD)	Range
Gender				
Male	2	10%		
Female	18	90%		
Age	20		49.2 (10.35)	33 to 66
Years in nursing	20		20.25 (10.53)	5 to 42
Years in leadership	20		12.35 (9.51)	1 to 29
Highest education				
Diploma	0			
Associate degree	0			
Bachelor's degree	6	30%		
Master's degree	14	70%		
Doctoral degree	0			
Pretest scores	20		7.45 (1.76)	3 to 10
Posttest scores	20		8.75 (1.29)	6 to 10
Pretest awareness	20		3.65 (1.50)	1 to 6
Posttest awareness	20		5.85 (1.09)	3 to 7

Implications

Based on the project findings, the educational intervention increased the nurse managers' knowledge and awareness of authentic leadership among those who participated in the project. This increase is consistent with the current literature that demonstrates that leadership training enhances authentic leadership skills necessary for positive work environments (Corriveau, 2020). Additionally, the findings in this study corroborated research showing that authentic leadership can be taught and that providing nurse leaders with specific training opportunities will help them develop their own authentic leadership competency (Doherty & Hunter-Revell, 2020).

This DNP project has implications for nurse manager education. These leaders are laden with the responsibility to develop and sustain an engaged and empowered

workforce. Providing frontline nursing leaders with education on authentic leadership and allowing their development in this relational interaction approach will improve staff engagement and empowerment (Hughes, 2019; Maziero et al., 2020). While leadership education is a lifelong journey of self-reflection and learning, providing nurse managers with the tools to begin their journey is key to their development (Raso, 2019). Additionally, patients cared for within nursing units led by authentic leaders have been found to have better clinical outcomes and care experiences (Alilyyani et al., 2018).

Next, authentic leadership education develops leaders with the internalized moral perspective to address challenging problems at the local hospital and societal level. These authentic leaders foster an empowering environment within their nursing staff which results in positive patient outcomes (Boamah et al., 2018). Finally, this DNP project meets the Walden University vision of developing social change agents who promote positive social change (Walden University, 2017). Through authentic leadership development, frontline nurse leaders will develop a culture of transparency and responsiveness in addressing access to care, equity in care, as well as clinical care quality for an underserved community. These authentic leaders will, as a result, positively impact society (Martinez et al., 2020).

Recommendations

This DNP project increased the knowledge and awareness of frontline nurse leaders regarding the relational leadership style of authentic leadership. This does address the gap in practice related to leadership education, and one may posit that this is a sufficient launching point for the manager's professional growth. However, this student

would postulate a need for further leadership development in the specific authentic leadership concepts of self-awareness, balanced processing, relational transparency, and internalized moral perspective.

Internalizing authentic leadership traits begins with understanding the concepts. The DNP project has accomplished this goal. Next, it would benefit these nurse leaders to participate in a facilitated reflection series incorporating authentic leadership traits. This would allow for greater awareness and depth of understanding of each trait and internalized perspective on their leadership expression of the said trait.

Currently, there are few identified training programs developed. One that is currently in use was developed by Bill George (2015) and utilized by the Harvard Business School to train leaders. This leadership development process utilizes small cohorts of leaders working as individuals and as a team to reflect on facilitated trigger events, journal responses, share their responses, and internalize authentic leadership traits. This program is a future development opportunity.

Contribution of the Doctoral Project Team

The doctoral project team that supported this project included two groups. The first group included the hospital President, Chief Nursing Officer, and Director of Nursing, who provided executive support for the project. The second group consisted of a team of master's or doctoral prepared executive nursing leaders, who provided guidance and approval for the educational intervention created to specifically address the proposed project question. Additionally, these stakeholders reviewed and established the educational program's content validity, pretest, and posttest.

As key stakeholders for this project, the project team provided specific suggestions to address the gap in practice at the project facility. Further, they each have a vested interest in the successful leadership development of the frontline leaders involved in the educational intervention. The nurse manager participants are vital in the development of a sustained engagement and empowered nursing workforce. To that end, the DNP project team was committed to achieving the goal of the project.

Strengths and Limitations of the Project

The primary strength of this project was the enthusiasm of the frontline nurse managers to receive leadership development training. The 87% participation rate demonstrated this eagerness. Addressing this significant gap in practice was essential to both the participants and the executive leadership team. Further, the improvement in knowledge and awareness is a valuable opportunity for individual nurse leader growth and development of healthy work environments that engage staff and improve patient care.

Despite these strengths, there were some limitations to this project. First, the nurse leaders that were targeted for the project were recruited from a convenience sample of nurse managers belonging to a single hospital organization; thus, the results may not be generalizable to other hospital organizations or nursing leaders. Additionally, due to a surge in pandemic cases, this educational intervention was moved from an in-person group approach to an online training approach. This may have impacted the attentiveness of some participants. Finally, the sample size of 20 participants may not adequately represent the general frontline leadership population of the project hospital. It is

recommended that this project be replicated with a larger sample, perhaps across multiple hospital organizations, to validate results.

Summary

This section has reviewed the findings, implications, strengths, limitations, and recommendations for the DNP project. The section demonstrated the validity of the practice-focused question and addressed the gap in practice identified. Further, recommendations for project replication and additional interventions have been identified. Section 5 will address the dissemination plan as well as practitioner self-assessment.

Section 5: Dissemination Plan

Introduction

In Section 4, I demonstrated the efficacy of increasing nurse manager knowledge and awareness of authentic leadership. In this section, I discuss the dissemination plan for the project organization and the greater nursing profession. Additionally, I assess myself as a scholar–practitioner and assess my professional goals.

Dissemination

The process and findings from this project will be shared with the project hospital and the system nursing leaders. Other hospitals within the 22-hospital system may be interested in providing this training to their leaders. This activity may lead to an article to offer for publication through a nursing leadership journal. Additionally, opportunities may be available to present in professional conferences and webinars. Recently, I had the opportunity to share with leaders in the field of authentic nursing leadership during a webinar offered through the Association for Leadership Science in Nursing. There is interest in training programs for nurse leaders in authentic leadership. Therefore, I will pursue the development of an authentic leadership training program.

Analysis of Self

As a Practitioner

As an executive nurse practitioner, my experience with nurse leaders prompted the search for a project that would enhance the skills of frontline nurse managers. The project did demonstrate that authentic leadership concepts can be taught. At the same time, I identified the need for more experiential and reflective training to internalize these

vital traits in nursing leaders. My long-term professional goal is to identify opportunities to facilitate the authentic leadership growth of the next generation of nursing leaders.

As a Scholar

My growth in the nursing scholar role was exponentially improved through the DNP program. The commitment to enhance the development of frontline nurse leaders required extensive review of leadership theories, evaluation of the present state of nursing leadership training, and analysis of current literature. Each of these steps enhanced my scholarly development. This scholarly aptitude will be critical to my success as I continue to facilitate nurse leader development.

As a Project Manager

The DNP project required significant project management and honed my leadership skills. Each step in the project required both planning and flexibility. Organization, determination, and commitment to the goal were critical attributes throughout the project. A final leadership attribute learned through this project was adaptability. There are always adjustments required, and leading this project enhanced my project management proficiency.

Completion of Project

Completing the doctoral project has truly been a synthesizing experience. The scope of the project and its results demonstrated the value of education in increasing knowledge and awareness of authentic leadership. However, it became evident through this experience that knowledge and awareness, while an excellent initial step, are insufficient to the goal of developing an HWE that will improve staff engagement and

empowerment and, ultimately, result in exceptional quality patient care. Therefore, this educational intervention will be used as an introductory education for frontline leaders. The goal of this initial education will be to enhance a yearning in these leaders for further professional development of their own authentic leadership.

Summary

Frontline nurse leaders are pivotal to the engagement of the nursing staff they lead. Through the work environment nurse leaders foster, nurses are empowered to provide the highest quality of care to the patients served. Leadership development of this vital role must be addressed. This DNP project serves to highlight the need and provide an initial step for this development.

References

Alexander, C., & Lopez, R. P. (2018). A thematic analysis of self-described authentic leadership behaviors among experienced nurse executives. *The Journal of Nursing Administration, 48*(1), 38–43. https://doi.org/10.1097/nna.0000000000000568

Alilyyani, B., Wong, C. A., & Cummings, G. (2018). Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. *International Journal of Nursing Studies, 83*, 34–64. https://doi.org/10.1016/j.ijnurstu.2018.04.001

American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice.* http://www.aacn.nche.edu/publications/positions/DNPEssentials.pdf

American Association of Critical Care Nurses. (2005). Creating healthy work environments: an evidence-based toolkit for nurses. https://www.aacn.org/nursing-excellence/healthy-work-environments

Armmer, F. (2017). An inductive discussion of the interrelationships between nursing shortage, horizontal violence, generational diversity, and healthy work environments. *Administrative Sciences, 7*(4), 34. https://doi.org/10.3390/admsci7040034

Avolio, B. J., & Gardner, W. (2005). Authentic leadership development: getting to the root of positive forms of leadership. *The Leadership Quarterly, 16*(3), 315–338. https://doi.org/10.1016/j.leaqua.2005.03.001

Boamah, S. A., Spence Laschinger, H. K., Wong, C., & Clarke, S. (2018). Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nursing Outlook, 66*(2), 180–189. https://doi.org/10.1016/j.outlook.2017.10.004

Boston-Fleishhauer, C. (2020). Next generation staffing models: Are you ready to innovate? *Journal of Nursing Administration, 50*(1), 9–11. https://doi.org/10.1097/nna.0000000000000831

Corriveau, A.-M. (2020). Developing authentic leadership as a starting point to responsible management: A Canadian university case study. *The International Journal of Management Education, 18*(1), 100364. https://doi.org/10.1016/j.ijme.2020.100364

Day, D. V. (2000). Leadership development: A review in context. *Leadership Quarterly, 11*(4), 581–613. https://doi.org/10.1016/S1048-9843(00)00061-8

Denier, Y., Dhaene, L., & Gastmans, C. (2019). 'You can give them wings to fly': A qualitative study on values-based leadership in health care. *BMC Medical Ethics, 20*(1), 1–17. https://doi.org/10.1186/s12910-019-0374-x

Denis, J.-L., Langley, A., & Sergi, V. (2012). Leadership in the plural. *Academy of Management Annals, 6*(1), 211–283. https://doi.org/10.5465/19416520.2012.667612

Dirik, H. F., & Intepeler, S. S. (2017). The influence of authentic leadership on safety

climate in nursing. *Journal of Nursing Management, 25*(5), 392–401. https://doi.org/10.1111/jonm.12480

Doherty, D. P., & Hunter Revell, S. M. (2020). Developing nurse leaders: Towards a theory of authentic leadership empowerment. *Nursing Forum, 55*(3), 416–424. https://doi.org/10.1111/nuf.12446

Drake, K. (2021). The moral of morale. *Nursing Management, 52*(3), 56. https://doi.org/10.1097/01.NUMA.0000733652.27670.8a

Fallatah, F. & Laschinger, H. K. S., & Read, E. A. (2017). The effects of authentic leadership, organizational identification, and occupational coping self-efficacy on new graduate nurses' job turnover intentions in Canada. *Nursing Outlook, 65*(2), 172-183. https://doi.org/10.1016/j.outlook.2016.11.020

Frasier, N. (2019). Preparing nurse managers for authentic leadership. *The Journal of Nursing Administration, 49*(2), 79-85. https://doi.org/10.1097/NNA.0000000000000714

Gillet, N., Fouquereau, E., Coillot, H., Bonnetain, F. Dupont, S., Moret, L., Anota, A., & Colombat, P. (2018). Ethical leadership, professional caregivers' well-being, and patients' perceptions of quality of care in oncology. *European Journal of Oncology Nursing, 33*, 1-7. https://doi.org/10.1016/j.ejon.2018.01.002

Giordano-Mulligan, M. & Eckardt, S. (2019). Authentic nurse leadership conceptual framework: Nurses' perception of authentic nurse leader attributes. *Nursing*

Administration Quarterly, *43*(2), 164-174.

George, B. (2015). Discover Your True North. John Wiley & Sons, Hoboken.

Hughes, V. (2019). Nurse leader impact. *Nursing Management, 50*(4), 42–49. https://doi-org.ezp.waldenulibrary.org/10.1097/01.NUMA.0000554338.47637.23

Kiwanuka, F., Nanyonga, R. C., Sak-Dankosky, N., Muwanquzi, P. A., Kyist, T. (2021). Nursing leadership styles and their impact on intensive care unit quality measures: an integrative review. *Journal of Nursing Management, 29*(2), 133-142. https://doi-org.ezp.waldenulibrary.org/10.1111/jonm.13151

Lord, R., Day, D., Zaccaro, S., Avolio, B., Eagly, A. (2017). Leadership in applied psychology: three waves of theory and research. *Journal of Applied Psychology, 102* (3), 434-451. https://doi-org.ezp.waldenulibrary.org/10.1037/apl0000089

Martinez, N., Sowcik, M. J., & Bunch, J. C. (2020). The impact of leadership education and co-curricular involvement on the development of socially responsible leadership outcomes in undergraduate students: an exploratory study. *Journal of Leadership Education, 19*(3), 32-43. https://doi.org/10.12806/V19/I3/R3

Maziero, V. G., Bernardes, A., Righetti, E. A. V., Spiri, W. C., & Gabriel, C. S. (2020). Positive aspects of authentic leadership in nursing work: Integrative review. Revista Brasileira De Enfermagem, 73(6), 1-8. https://doi-org.ezp.waldenulibrary.org/10.1590/0034-7167-2019-0118

McGarity, T., Reed, C., Monahan, L., & Zhao, M. (2020). Innovative Frontline Nurse

Leader Professional Development Program. *Journal for Nurses in Professional Development, 36*(5), 277-282.

Morsiani, G., Bagnasco, A., & Sasso, L. (2017). How staff nurses perceive the impact of nurse managers' leadership style in terms of job satisfaction: a mixed method study. *Journal of Nursing Management, 25*(2), 119-128.

Polit, D.F. & Beck, C.T. (2006). Essentials of Nursing Research. 6th Edition, Lippincott Williams & Wilkins, Philadelphia.

Polit, D.F. & Beck, C.T. (2006). The content validity index: are you sure you know what's being reported? Critique and recommendations. *Research in Nursing and Health, 29*, 489-497.

Raso, R. 2019. Be you! Authentic leadership. *Nursing Management, 50*(5), 18-25. https://doi.org/10.1097/01.NUMA.0000558693.16472.5b

Raso, R., Fitzpatrick, J. J. & Masick, K. (2020). Clinical nurses' perceptions of authentic nurse leadership and healthy work environment. *The Journal of Nursing Administration, 50*(9), 489–494. https://doi-org.ezp.waldenulibrary.org/10.1097/NNA.0000000000000921

Parr, J. M., Teo, S., & Koziol, M. J. (2021). A quest for quality care: exploration of a model of leadership relationships, work engagement, and patient outcomes. *Journal of Advanced Nursing, 77*(1), 207-220. https://doi-org.ezp.waldenulibrary.org/10.1111/jan.14583

Porter O'Grady, T. (2003). Quantum Leadership: A Textbook of New Leadership. Jones & Bartlett, Sudbury.

Regan, S., Laschinger, H. K. S., & Wong, C. A. (2016). The influence of empowerment, authentic leadership, and professional practice environments on nurses' perceived interprofessional collaboration, *The Journal of Nursing Management, 24*, 54-61. https://doi-org.ezp.waldenulibrary.org/10.1111/jonm.12288

Robbins, B. & Davidhizar, R. (2020). Transformational leadership in healthcare today. *The Healthcare Manager, 39*(3), 117-121.

Sanford, K. & Janney, M. (2019). Preparing the Nurse Executive of the Future. *The Journal of Nursing Administration, 49*(4), 171–173. https://doi-org.ezp.waldenulibrary.org/10.1097/NNA.0000000000000732

Shaughnessy, M.K., Quinn Griffin, M.T., Bhattacharya, A., & Fitzpatrick, J. J. (2018). Transformational Leadership practices and work engagement among nurse leaders. *JONA: The Journal of Nursing Administration, 48*(11), 574-579. https://doi-org.ezp.waldenulibrary.org/10.1097/NNA.0000000000000682

Veazie, J. I. (2020). COVID-19: A perfect storm for health care finance departments. *Receivables Report for America's Health Care Financial Managers, 35*(8), 3-7.

Walden University. (2017). Walden 2020: A vision for social change. Retrieved on 3/30/21 from https://www.waldenu.edu

Wong, C., & Cummings, G. (2009). Authentic leadership: a new theory for nursing or back to basics? *Journal of Health Organization and Management, 23*(5), 522-538. https://doi-org.ezp.waldenulibrary.org/10.1108/14777260910984014