

2023

New Leader Mentorship Program Preparing Frontline Nurse Leaders for Success

Melanie S. Smith-Fortney
Walden University

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Walden University

College of Nursing

This is to certify that the doctoral study by

Melanie Smith-Fortney

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.

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Walden University
2022

Abstract

New Leader Mentorship Program Preparing Frontline Nurse Leaders for Success

by

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MSN, Waynesburg University, 2006

BSN, Waynesburg University, 2005

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

November 2022

Abstract

A new nurse leader often enters their role with minimal training. The absence of a structured orientation leaves new leaders without the advanced knowledge and skills needed to succeed in this complex role, increasing the risk of stress and burnout. This staff education project addressed whether providing the educational framework found within the American Organization for Nurse Leaders (AONL) nurse manager competencies would improve nurses' knowledge to lead departmental operations and personnel for the new nurse leader. Duchscher's stages of transition theory focused on the emotional aspects of transitioning into a new role. The AONL Nurse Leader Competency Assessment Tool: Self-Assessment provided leaders with a platform to assess their level of expertise by utilizing Patricia Benner's novice-to-expert framework to capture the skills, knowledge, and abilities that guide the nurse leaders' practice to success. Nine nurse leader participants with fewer than 24 months of leadership experience attended the 2-day program. Descriptive statistics were used to describe the participant ratings on the program evaluation ($N = 9$) and to compare the difference between ratings on the pre- and post-self-assessment ($N = 8$). All nine participants strongly agreed that the program should be offered to future new nurse leaders. An increase in the overall self-assessment rating was noted from pre ($M = 3.07$) to post ($M = 3.60$) with a shift toward Benner's level of skill from *competent* to *proficient*. Findings may be used to enhance new leaders' confidence while shifting the mindset of the participants from bedside nurses to organizational leaders improving social conditions through enriched professional relationships and a supportive work environment.

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Dedication

This project is dedicated to the nursing leaders who motivate me each day to lead with humility and authenticity and remain lifelong learners of our nursing profession.

Your dedication to nursing practice inspires novice nurses to consider nursing leadership as a specialty and shape our profession for years to come.

Acknowledgments

The Walden University Doctor of Nursing Practice (DNP) program has prompted personal and professional growth in me. It has been a great pleasure partnering with my DNP project committee as you guided me through every aspect of the process. I would like to express my most sincere gratitude to my Chair, Dr. Melissa Rouse. You made yourself accessible at every moment along this path. To my committee member, Dr. Robert McWhirt, for your insightful and gregarious spirit, and my university research reviewer member, Dr. Joan Hahn, I thank you both for your thorough review of my work.

I want to express my gratitude to my mentor, Dr. Shelley Watters. Your patience, intellect, and leadership enhanced my development and allowed me to put a personal touch on this project by encouraging me to reflect on my leadership journey. To Dr. Elizabeth George, I am in awe of your passion for research and appreciate your guidance. Dr. Sandra Rader, you have always believed in my capabilities and have been my biggest advocate over the years. Thank you for believing in me and providing opportunities to encourage my growth.

My success in the DNP program would never have come to fruition if it weren't for the endless support I have received from my family and friends. Many sacrifices have allowed me to be successful in fulfilling this goal, but no one has supported me more than my husband, Shawn, and my daughters, Sydni and Kendall. The time that I would have been spending with them was redirected to the DNP program, and they have accommodated my schedule and encouraged me to continue every step of the way. For this, I am eternally grateful.

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Section 1: Nature of the Project

A nurse leader for purposes of this DNP project was a manager who is responsible for managing the business elements of the role, leading people through influence and shared decision making, and creating a leader in which development of personal and professional accountability and career planning is optimized (American Organization for Nurse Leaders [AONL], 2015). Based on the literature, strong clinical nurses are promoted to leadership positions without training or mentoring to help them understand the role and responsibility (Goodyear & Goodyear, 2018). A new nurse leader will often enter this multifaceted role with little to no training to provide them with support, education, and guidance specific to career assistance, psychosocial support, and role modeling (Goodyear & Goodyear, 2018). A new leader needs confidence and experience to build on clinical skills to enhance their success and create opportunities to move up the leadership career path (Dewald & Reddy, 2020). Without the advanced knowledge and skills needed to succeed in this complex role, new nurse leaders experience an elevated level of stress and burnout (Chunta, 2020).

The nursing profession must produce leaders throughout the system from the bedside to the boardroom, ensuring nurses are prepared to assume leadership roles by developing professional education and mentoring programs (Institute of Medicine [IOM], 2011; Hallock, 2019). From 2017 to 2019, the hospital in which I work turned over almost 50% of its nurse managers. Frontline leaders were entering their positions without an effective onboarding process while being expected to manage the unit's operational aspects in addition to staff and customer behaviors. To address the lack of preparedness

these current nurse leaders face, I developed a staff education program to create an onboarding process to guide new nurse leaders through their early years as a manager.

At a 750-bed urban academic medical center in Pennsylvania that sees up to 28,000 patient visits annually, there was not a formalized nurse leadership program for the 36 nurse managers employed there. A comprehensive nurse manager orientation, a mentorship program, and a support group for new managers are critical for nurses transitioning into a nursing leadership role (Loveridge, 2017). The new nurse leader mentorship program that was developed during this doctor of nursing practice (DNP) project was designed to teach operational success strategies for leading their department and personnel. The program was intended to provide a foundation for emerging leaders by using the nurse manager learning domain framework of the AONL nurse manager competencies. This project may positively impact the nurse leader's confidence and satisfaction, staff satisfaction, retention, and patient outcomes. Positively influencing all of those may have a financial impact on the hospital.

This staff education project supported Walden University's mission to promote positive social change by preparing emerging nurse leaders through engagement in strategies that support success and promote the worth of leaders. A new leader will be fostered by offering developmental opportunities, resulting in better human and social conditions through improved communication, enhanced professional relationships, and a supportive work environment that promotes work-life balance for the leader (Walden University, 2020). Nurse managers are crucial to the transformation of organizational success because they are critical to promoting job satisfaction and diminishing the

turnover of nurses working in their area (Tang & Hudson, 2019). Fostering an environment that supports nurses' growth and performance opportunities is a strategy that will result in positive benefits over time, such as increased job performance and satisfaction as well as improved leader retention and patient outcomes (Warshawsky et al., 2016).

Problem Statement

The nurse manager's job can feel overwhelming because it includes duties such as guaranteeing appropriate staffing, managing budgets, collaborating within nursing and other health care disciplines, and ensuring that staff members stay engaged through a positive and healthy work environment (Goodyear & Goodyear, 2018). Burnout is the most cited reason for nurse managers leaving their roles, and burnout results from organizational stress, overwhelming workload, a growing span of control, personnel issues, negative professional relationships, work-life imbalance, technology overload, and lack of administrative and organizational support (McCright et al., 2018). A study conducted in 2014 revealed that 72% of the nurse managers surveyed reported intentions of leaving their positions in the next 5 years and the most common reason for the intent to leave was burnout (Warshawsky et al., 2014, as cited in Loveridge, 2017). Leader turnover can take a massive financial toll on an organization, costing an average of \$132,000 to \$228,000 (McCright et al., 2018).

Half of all employee resignations are a result of wanting to leave their manager (Richey & Waite, 2019). In December 2020, my hospital's nurse turnover rate was 16.61% for the rolling calendar year. Managers play a critical role in employee retention

and engagement, and the relationship developed with staff is vital (Richey & Waite, 2019).

Due to the absence of a structured orientation at this project site, new leaders lacked the didactic learning and the benefit of a mentor who could share the experience along their career path and provide guidance and emotional support to the mentee. The current health care environment challenges health care providers to ensure quality and safety for optimal patient outcomes, but regulations can feel burdensome, and there are financial uncertainties (Goodyear & Goodyear, 2018). Managers are expected to navigate this environment while ensuring department operational success. These challenges place considerable stress on the nurse manager, and it is the most demanding position in the health care system (Goodyear & Goodyear, 2018).

From 2017 to 2019, the hospital in which I work as chief nursing officer turned over almost 50% of its nurse managers. Frontline leaders were entering their positions without an effective onboarding process while being expected to manage the unit's operational aspects in addition to staff and customer behaviors. To address the lack of preparedness these current nurse leaders face, I developed a staff education program to create an onboarding process to guide new nurse leaders through their early years as a manager. The new leader mentorship program will teach strategies for operational success in leading the department and personnel. This program's target audience was new nurse managers with 24 or fewer months of leadership experience overseeing a clinical nursing department operations and personnel. The new leader mentorship program

provides a foundation for emerging leaders by using the nurse manager learning domain framework of the AONL nurse manager competencies for the course curriculum.

Purpose Statement

The practice-focused question for this staff education project was the following: Does providing the educational framework found within the AONL nurse manager competencies among nurse-leader participants with fewer than 24 months of leadership experience increase ratings on the competencies of the AONL Nurse Leader Competency Assessment Tool: Self-Assessment? The purpose of this project was to address the lack of preparedness of current nurse leaders by the development and implementation of a staff education program to create an onboarding process to guide new nurse leaders through their early years as a manager. A leadership development program would provide the nurse leader with the knowledge, skills, and tools to create a supportive environment where staff feel valued. Nurse leaders manage multiple complex and competing priorities such as workforce engagement, clinical outcomes, and fiscal productivity. As the risk of burnout increases, decision-making effectiveness and emotional intelligence may decrease, making leadership effectiveness a more significant challenge (Kelly et al., 2019). Through the new leader mentorship program, managers would gain knowledge and insight into the challenges inherent in their job and improve their self-awareness through preparation and didactic learning, thereby developing more effective leadership skills to address staff's needs. Preparing the new leader would also improve communication and emotional intelligence, leading to improved care at the front line and better patient outcomes (see Le Comte & McClelland, 2017).

Nature of the Doctoral Project

A literature review was conducted using the Walden Library electronic databases CINAHL & MEDLINE Combined Search, CINAHL Plus with Full Text, and MEDLINE Plus with Full Text. The main search terms included *nurse manager, supervisor, director, leader, develop, leadership development, growth, progression, mentor, mentorship, and mentorship program*. Reference lists were reviewed for current journals, and publishing dates were limited to the last 5 years. The literature supported the need for this program. The average nurse manager has fewer than 5 years of experience in one position (Warshawsky & Havens, 2014). This is a concern because nurse manager competency is a multifaceted process requiring time and experience to perfect (Baxter & Warshawsky, 2014; Warshawsky et al., 2020). Losing a nurse manager before they have time to develop will leave a considerable gap in the knowledge and experience level of the hospital's leadership structure (Keith et al., 2021). Supporting organizations that foster their nurse managers' well-being and cultivate a healthy practice environment with adequate resources and limited barriers to success strongly influence nurse manager satisfaction (Keith et al., 2020). For this reason, the new leader mentorship program was critical to support the success of new nurse leaders at the project site.

A staff education program was designed following the analysis, design, development, implementation, and evaluation model. An expert panel of three doctorally prepared nurse leaders reviewed the education content and the pre- and posteducation survey to establish content validity (see Polit & Beck, 2008). Program participants with

24 or fewer months of leadership experience were identified to attend the program. The dates for implementation through the conclusion of the course were determined in advance. A preassessment of participants, using the AONL Nurse Manager Self-Assessment Tool, was conducted before the program implementation to evaluate the new leader's understanding and knowledge of nurse manager competencies and to collect demographic information. Two 6-hour sessions addressed the AONL Nurse Manager Learning Domain Framework to cover the developed curriculum. A post-assessment of the cohort participants, using the AONL Nurse Manager Self-Assessment Tool, occurred at the program's conclusion to evaluate participants program knowledge. A certificate of completion was provided to the participants for attending the program. The education took place in a classroom setting. Didactic education and group discussion were the primary teaching strategies. No identifying information was collected from the participants. Descriptive statistics were used to describe the sample and were presented in the aggregate. Descriptive statistics were used to determine whether there was a difference in pre- and post assessment results.

Significance

The new leader mentorship program may positively impact the hospital administration, the new manager, frontline staff, and patients. Hospital administration may realize the opportunity for consistent processes that drive outcomes with increased longevity of frontline leaders. There may be cost savings as the retention of new managers and their staff increases. New managers may feel increased satisfaction and balance in their work by acquiring enhanced leadership skills and confidence in

performing their job requirements. The frontline staff's gain may be having a manager who can address the operational and personnel issues at an enhanced level and remain in their role, allowing for long-term consistency in leadership and nursing practice. A better prepared new leader may improve the overall work environment and staff satisfaction and retention. The benefit to patients may be having caregivers who are satisfied with their work delivering competent care and sound communication, thereby improving the overall patient experience. The new nurse mentorship program may contribute to nursing practice by helping leaders to navigate the territory between where they are and where they envision they should be (see Hallock, 2019). Committing the time and resources to new leaders demonstrates support, builds confidence, increases global thinking, and improves their contribution to the organization through professional empowerment (Goodyear & Goodyear, 2018).

Implementing the AONL nurse manager competencies enhances the new leader's ability to influence a professional work environment and foster a culture that contributes to optimal patient outcomes (AONL, 2015). These skills address the science and art of leading people while creating the leader within. These skills transfer to other practice settings within the hospital where interdisciplinary leaders can grow professionally and deliver care for the best possible patient outcomes. Transferrable skills are described as relevant and helpful across different work environments and are essential for professional competence and different areas of life (Nagele & Stadler, 2017).

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strategies that support the success and promote the worth of leaders. A new leader will be fostered by offering developmental opportunities, resulting in better human and social conditions through improved communication, enhanced professional relationships, and a supportive work environment that promotes work–life balance for the leader (Walden University, 2020). Nurse managers are crucial to the transformation of organizational success because they are critical to promoting job satisfaction and diminishing the turnover of nurses working in their area (Tang & Hudson, 2019). Fostering an environment that supports nurses’ growth and performance opportunities is a strategy that will result in positive benefits over time, such as increased job performance and satisfaction as well as improved leader retention and patient outcomes (Warshawsky et al., 2016).

Summary

This section addressed the background, problem, purpose, and significance of this project. This project aligned with the Walden staff education manual and the intent to impact positive social change. The project may increase knowledge for the new nurse leader in leading departmental operations and personnel, in addition to improving patient satisfaction and quality of care. The project may improve competency, job satisfaction, work–life balance, and retention of the new nurse manager and staff while developing the leader within the manager to optimize skills and enhance performance.

Section 2: Background and Context

A nurse leader for purposes of this DNP project was a manager who is responsible for managing the business elements of the role, leading people through influence and shared decision making, and creating a leader in which development of personal and professional accountability and career planning is optimized (AONL, 2015). Based on the literature, strong clinical nurses are promoted into leadership positions without training or mentoring to help them understand the role and responsibility (Goodyear & Goodyear, 2018). A new nurse leader will often enter this multifaceted role with little to no training to provide them with support, education, and guidance specific to career assistance, psychosocial support, and role modeling (Goodyear & Goodyear, 2018). A new leader needs confidence and experience to build on clinical skills to enhance their success and create opportunities to move up in the leadership career path (Dewald & Reddy, 2020). Without the advanced knowledge and skills needed to succeed in this complex role, new nurse leaders experience an elevated level of stress and burnout (Chunta, 2020).

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developed a staff education program to create an onboarding process to guide new nurse leaders through their early years as a manager.

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environment that supports their growth and performance opportunities is a strategy that will result in positive benefits over time, such as increased job performance and satisfaction as well as improved leader retention and patient outcomes (Warshawsky et al., 2016).

Concepts, Models, and Theories

Benner's novice-to-expert theory explored beginning nurses' developmental stages through the evolution into an expert (Oshvandi et al., 2016). An individual develops by spending time in an environment that allows them to adjust to social conditions and adapt skills before progressing to the next stage (Oshvandi et al., 2016). Benner's theory was applied to the phase of transition experienced by a new nurse leader as they navigate through their first leadership role and grow into a leader who is a subject matter expert (see Graf et al., 2020).

Duchscher's stages of transition theory focuses on the emotional aspects of transitioning into a new role through a process known as *becoming*. During the *doing* stage, new nurses are learning new tasks and job requirements (Duchscher & Windey, 2018). Entering the role as a beginner can leave a new leader with feelings of inadequacy (Graf et al., 2020). Trying to adjust to the physical and emotional demands coupled with intimidating levels of new responsibility and professional associations challenges the nurse leader's ability to sustain an adequate work-life balance (Duchscher & Windey, 2018). This imbalance can further impact the risk of burnout and new leader turnover.

During the second stage, *being*, feelings of disenchantment linger, but confidence slowly builds as new tasks begin to feel more comfortable. This stage aligns with

Benner's advanced beginners stage of skill acquisition (Graf et al., 2020). Last is the *knowing* stage in which an individual is no longer considered new in their role. During this final stage of transition, the new leader no longer feels inadequate and understands the work environment better. This stage marks the end of the process of becoming (Graf et al., 2020).

The AONL framework was applied to this project to capture the skills, knowledge, and abilities that guide the nurse leaders' practice to success. The nurse manager competencies have three domains: the science, the art, and the leader within. These competencies were reviewed and applied to the new leader's current practice. The competencies were used as a curriculum guideline for leaders' educational preparation to improve executive practice expertise and knowledge (AONL, 2021).

Relevance to Nursing Practice

The AONL (formerly called the American Organization of Nurse Executives) reported vacancy rates for nurse managers averaging as high as 8.3% nationwide (AONL, 2015). Many of these nurse managers are expected to retire by 2020 (Stamps et al., 2019). Learning how to more effectively recruit, transition, and retain emerging nurse leaders will be critical to organizations and the future of nursing (Stamps et al., 2019). Nurse manager turnover rates vary worldwide, ranging from 5% to 25%, with the United States coming in at 12.8%. Available literature suggested that 6 of 10 nurse managers intend to leave their position in the next 5 years (Warshawsky & Havens, 2014). Out of these individuals planning to quit their jobs, 30% plan to change their careers entirely (Warshawsky & Havens, 2014).

For this project it was essential to develop a structured transition program (e.g., nurse manager orientation, coaching, mentorship, and peer support) that was empirically based to support young and new nurse managers in successfully transitioning into their role. An evidence-based formal mentorship program in a group of new nurse managers, for example, was found to be effective in increasing job satisfaction, transformational leadership, and intent to stay (Roth & Whitehead, 2019). An intensive leadership training seminar built on the core competencies for nurse managers and developed by the AONL was seen as a potential tool to improve managerial competencies in nurse managers, particularly those who had just started their nurse management careers (Seabold et al., 2020).

Richey and Waite (2019) identified a need for leadership development. Frontline managers at Richey and Waite's Children's Hospital verbalized a desire for leadership development strategies to navigate their jobs better. Frontline managers found it challenging to engage their staff among the competing demands, projects, and priorities of their work. Richey and Waite established a goal to develop a program for nurse managers to navigate continuous change and improve nurse engagement and retention. The program was tailored to multiple learning styles, various styles and levels of leadership, and leadership competencies aligning the curriculum with the organization's priorities. The framework was developed based on the top three priorities identified in an annual engagement survey to develop the manager's influential leadership skills. This doctoral project may advance the nursing practice by enhancing the frontline leaders' skills early in their role and providing them with tools that are supported by the AONL

nurse manager competencies around managing the business (the science), leading the people (the art), and creating the leader in yourself (the leader within; see AONL, 2015).

Local Background and Context

The practice environment for this project was a 750-bed urban academic medical center in Pennsylvania that sees up to 28,000 patient visits annually. The academic hospital center is renowned for organ transplantation and is a recognized leader in cardiology and cardiothoracic surgery, critical care medicine, and neurosurgery services. It is designated as a Level I Regional Resource Trauma Center. The health center's mission is to serve the community by providing outstanding patient care and to shape tomorrow's health system through clinical and technological innovation, research, and education. The institution's vision is to lead the transformation of health care and be nationally recognized for redefining health care by putting patients, health plan members, employees, and the community at the center of everything they do and creating a model that ensures that every patient gets the right care, in the right way, at the right time, every time.

Role of the DNP Student

I am the chief nursing officer for this practice setting. My relationship to this doctoral project was to improve the preparedness for new nurse leaders through the design and development of the new leader mentorship program. My role in this project was to identify the participants, introduce the project expectations, engage participants in a preassessment, and facilitate each session of the program. I was motivated to improve

the nurse leaders' success and job satisfaction by positively influencing the work environment and reducing staff turnover.

Role of the Project Team

A staff education program will be designed following the analysis, design, development, implementation, and evaluation model. An expert panel of three doctorally prepared nurse leaders were presented with the project background and had the opportunity to review the educational content and the pre- and posteducation survey to establish content validity (see Polit & Beck, 2008).

Summary

This section addressed the concepts, models, and theories of the project while connecting its relevance to nursing practice and the role of the DNP student and project team. The project aligned with the Walden staff education manual and the intent to impact positive social change. The project would increase knowledge for the new nurse leader in leading departmental operations and personnel. The project was expected to improve competency, job satisfaction, work–life balance, and retention of the new nurse manager and staff that report to them. The project may also improve the quality of care and patient satisfaction.

Section 3: Collection and Analysis of Evidence

The practice-focused question for this staff education project was the following: Does providing the educational framework found within the AONL nurse manager competencies among nurse-leader participants with fewer than 24 months of leadership experience increase ratings on the competencies of the AONL Nurse Leader Competency Assessment Tool: Self-Assessment to lead departmental operations and personnel for the new nurse leader? A nurse leader for purposes of this DNP project was a manager who is responsible for managing the business elements of the role, leading people through influence and shared decision making, and creating a leader in which development of personal and professional accountability and career planning is optimized (see AONL, 2015). The literature indicated that strong clinical nurses are promoted into leadership positions without training or mentoring to help them understand the role and responsibility (Goodyear & Goodyear, 2018). A new nurse leader will often enter into this multifaceted role with little to no training to provide them with support, education, and guidance specific to career assistance, psychosocial support, and role modeling (Goodyear & Goodyear, 2018). A new leader needs confidence and experience to build on clinical skills to enhance their success and create opportunities to move up in the leadership career path (Dewald & Reddy, 2020). Without the advanced knowledge and skills needed to succeed in this complex role, new nurse leaders experience an elevated level of stress and burnout (Chunta, 2020).

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Practice-Focused Question

The nurse manager’s job can feel overwhelming because it includes duties such as guaranteeing appropriate staffing, managing budgets, collaborating within nursing and other health care disciplines, and ensuring that staff members stay engaged through a positive and healthy work environment (Goodyear & Goodyear, 2018). Burnout is the most cited reason for nurse managers leaving their roles and results from organizational stress, overwhelming workload, a growing span of control, personnel issues, negative professional relationships, work–life imbalance, technology overload, and lack of administrative and organizational support (McCright et al., 2018). A study conducted in 2014 revealed that 72% of the nurse managers surveyed reported intentions of leaving their positions in the next 5 years. The most common reason for the intent to leave is burnout (Warshawsky et al., 2014, as cited in Loveridge, 2017). Leader turnover can

take a massive financial toll on an organization, costing an average of \$132,000 to \$228,000 (McCright et al., 2018).

Half of all employee resignations are a result of wanting to leave their manager (Richey & Waite, 2019). In December 2020, my hospital's staff nurse turnover rate was 16.61% for the rolling calendar year. Managers play a critical role in employee retention and engagement; therefore, the relationship developed with staff is vital (Richey & Waite, 2019).

Due to the absence of a structured orientation, new leaders lacked didactic learning and the benefit of a mentor who could share the experience along their career path and provide guidance and emotional support to the mentee. A comprehensive manager orientation, a mentorship program, and a support group for new managers are critical for nurses transitioning into a nursing leadership role (Loveridge, 2017). The current health care environment challenges health care providers to ensure quality and safety for optimal patient outcomes, but regulations can feel burdensome, and there are financial uncertainties. Managers are expected to navigate this environment while ensuring department operational success. These challenges place a nurse manager under considerable stress, and it is the most demanding position in the health care system (Goodyear & Goodyear, 2018).

The new leader mentorship program taught nurses strategies for operational success in leading a department and personnel. This program's target audience was new nurse managers with 24 or fewer months of leadership experience overseeing a clinical nursing department's operations and personnel. The new leader mentorship program

provided a foundation for emerging leaders by using the nurse manager learning domain framework of the AONL nurse manager competencies.

A leadership development program would provide the nurse leader with the knowledge, skills, and tools to create a supportive environment where staff feel valued. Nurse leaders manage multiple complex and competing priorities such as workforce engagement, clinical outcomes, and fiscal productivity. As the risk of burnout increases, decision-making effectiveness and emotional intelligence may decrease, making leadership effectiveness a more significant challenge (Kelly et al., 2019). Through the new leader mentorship program, managers would gain knowledge and insight into the challenges inherent in their job and improve their self-awareness through preparation and didactic learning, thereby developing more effective leadership skills to better address staff's needs. Preparing the new leader would also improve communication and emotional intelligence, leading to improved care at the front line and better patient outcomes (see Le Comte & McClelland, 2017).

Sources of Evidence

Approval from the Walden Institutional Review Board (10-21-21-10289390) was achieved. The AONL nurse manager competencies were used to address the knowledge gap new nurse leaders have when leading their departmental operations. A preassessment, utilizing the AONL Nurse Manager Self-Assessment, was completed by each participant prior to the program beginning (see Appendix B). Results were analyzed to determine hidden strengths, blind spots, and areas for growth (see AONL, 2021). The standard course curriculum was used to build in customization to address key areas

identified during the presurvey data analysis. The course content was based on the AONL nurse manager competencies. A post assessment using the AONL Nurse Manager Self-Assessment was conducted to measure improvement in knowledge to lead departmental operations and personnel for the new nurse leader. Additionally, there was a course evaluation (see Appendix C) completed by the participants to provide feedback on the AONL nurse manager competency framework and the course curriculum (see Appendix D).

Analysis and Synthesis

Participants completed a demographic questionnaire (see Appendix A). They were also asked to complete the preassessment (see Appendix B). Following the 12-hour leadership mentorship program, the participants completed the post assessment (see Appendix B). Descriptive statistics were used to describe the participants of the new leader mentorship program. Descriptive statistics were used to compare the difference between the leaders pre and post self-assessment ratings and determine whether participating in the program improved perception of their competence to lead departmental operations and personnel.

Summary

Strong clinical nurses are promoted into leadership positions without training or mentoring to help them understand the role and responsibility (Goodyear & Goodyear, 2018). Due to the absence of a structured orientation, new leaders lacked the didactic learning and the benefit of a mentor who could share the experience along their career path and provide guidance and emotional support to the mentee. The new nurse leader

mentorship program taught operational success strategies for leading the new leader's department and personnel. The program provided a foundation for emerging leaders by using the nurse manager learning domain framework of the AONL nurse manager competencies. The process for analysis and synthesis was discussed in this section. Section 4 includes the findings and implications of this staff education program.

Section 4: Findings and Recommendations

Burnout is the most cited reason for nurse managers leaving their roles resulting from organizational stress, overwhelming workloads, a growing span of control, personnel issues, negative professional relationships, work–life imbalance, advancing and ever-changing technology, and lack of administrative and organizational support (McCright et al., 2018). From 2017 to 2019, the hospital in which I work as chief nursing officer turned over almost 50% of nurse managers. Frontline leaders were entering their positions without an effective onboarding process while being expected to manage the unit’s operational aspects in addition to staff and customer behaviors.

Due to the absence of a structured orientation, new leaders lacked the didactic learning and the benefit of a mentor who could share the experience along their career path and provide guidance and emotional support to the mentee. A comprehensive manager orientation, a mentorship program, and a support group for new managers are critical for nurses transitioning into a nursing leadership role (Loveridge, 2017). To address the lack of preparedness current nurse leaders face, I developed a staff education program to create an onboarding process to guide new nurse leaders through their early years as a manager. The new leader mentorship program taught strategies for operational success in leading a department and personnel. This program’s target audience was new nurse managers with 24 or fewer months of leadership experience overseeing a clinical nursing department’s operations and personnel. The new leader mentorship program provided a foundation for emerging leaders by using the nurse manager learning domain framework of the AONL nurse manager competencies for the course curriculum. The

practice-focused question for this staff education project was the following: Does providing the educational framework found within the AONL nurse manager competencies among nurse leaders with 24 or fewer months of leadership experience increase ratings on the competencies of the AONL Nurse Leader Competency Assessment Tool: Self-Assessment to lead departmental operations and personnel for the new nurse leader? The purpose of this project was to address the lack of preparedness the current nurse leaders face by developing and implementing a staff education program to create an onboarding process to guide new nurse leaders through their early years as a manager.

The AONL nurse manager competencies were used to address the knowledge gap new nurse leaders have when leading their departmental operations. Participants were asked to complete a demographic questionnaire (see Appendix A). In addition, a preassessment using the AONL Nurse Manager Self-Assessment was offered to each participant prior to the program beginning (see Appendix B). Results were analyzed to determine hidden strengths, blind spots, and areas for growth (see AONL, 2021). Results were used to build customization into the standard course curriculum to address key areas identified during the presurvey data analysis. The course content was based on the AONL nurse manager competencies. A post assessment using the AONL Nurse Manager Self-Assessment was conducted to measure improvement in knowledge to lead departmental operations and personnel for the new nurse leader. Additionally, there was a course evaluation (see Appendix C) completed by the participants to provide feedback on the AONL nurse manager competency framework and course curriculum (see Appendix D).

Descriptive statistics were used to describe the participants of the new leader mentorship program.

Findings and Implications

Demographic Characteristics

Though nine participants were invited and completed the program, only seven participants completed and returned the demographic survey. Demographics available for seven participants showed that most (five) were 25–34 years of age with one in each of the 35–44 and 45–54 groups. All were the same ethnicity (White), seven were female, and one was male. Four participants reported master’s and three report a bachelor’s degree as their highest level of education. Time in role ranged from fewer than 6 months to 24 months.

Table 1

Demographics (N = 7)

Demographic	Category	Number	Percentage
Age	25–34 years	5	71%
	35–44 years	1	14%
	45–54 years	1	14%
	55–64 years	0	0%
Gender	Female	6	86%
	Male	1	14%
Ethnic origin	White	7	100%
Highest level of education	Bachelor’s	3	43%
	Master’s	4	57%
	Doctorate	0	
Time in current leadership role	< 6 months	1	14%
	6–12 months	4	57%
	13–18 months	0	0%
	19–24 months	2	29%

Nurse Manager Competencies Self-Assessment

The aggregate ratings ($N = 8$) for the AONL Nurse Leader Competency Assessment Tool: Self-Assessment administered pre and post course completion increased in all items across the 12 domains except for two items that showed no change (see Appendix B). The two items with no change were in the human resource and foundational thinking skills domains. The overall pretest aggregate mean rating was 3.07 and the post was 3.60, both in the competent range. For all domains, the mean item difference from pre to post self-assessment was 0.53 with a range of 0 to 1.50 on the 5-point Likert scale (*novice to expert*). Seven assessment items had 1.0 or greater change from pre to post, and three of the seven were in the financial domain. For the 105 assessment items, the mode of change from pre to post was 0.375.

For the 10 assessment items in the financial management domain (see Table 2), all aggregate ratings increased pre to post with a range of 0.375 to 1.5. The greatest change was on the capital budget justification item with rating increasing from 1.75 to 3.25. Monitoring a budget had the highest pre rating in this domain of 3.12 and had a small 0.375 change from pre to post assessment.

Table 2*Financial Management Domain*

Item	Aggregate pre (N = 8)	Aggregate post (N = 8)	Difference	Direction
Recognize the impact of reimbursement on revenue	2.125	3.125	1.00	Up
Anticipate the effects of changes on reimbursement programs for patient care	1.875	2.875	1	Up
Maximize care efficiency and throughput	2.75	3.25	0.5	Up
Understand the relationship between value-based purchasing and quality outcomes with revenue and reimbursement	2.125	3.5	0.375	Up
Create a budget	1.875	2.75	0.875	Up
Monitor a budget	3.125	3.5	0.375	Up
Analyze a budget and explain variance	2.875	3.25	0.375	Up
Conduct ongoing evaluation of productivity	2.5	3.25	0.75	Up
Forecast future revenue and expenses	1.875	2.75	0.875	Up
Capital budgeting: Justification	1.75	3.25	1.5	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

In the human resource domain (see Table 3), the 13 assessment items varied in pre to post change from 0 to 1.125. For the 13 assessments, one item had no change and 12 (92%) had no change or change < 1.0. The one item with no change was in the human resource domain: “Develop role definitions for staff consistent with scope of practice.” Capital budgeting was the lowest rated pre course item and had the highest change of 1.125 (pre to post). Twelve (92%) of the preprogram assessments were 3 or greater

indicating being at Benner's level of nurse executive competency at the competent to proficient levels.

Table 3

Human Resources Domain

Item	Aggregate pre (<i>N</i> = 8)	Aggregate post (<i>N</i> = 8)	Difference	Direction
Capital budgeting: Cost Benefit Analysis	1.625	2.75	1.125	Up
Staffing needs: Evaluate staffing patterns/needs	3.75	4.25	0.5	Up
Staffing needs: Match staff competency with patient acuity	3.875	4.25	0.375	Up
Manage human resources within the scope of labor laws	3	3.375	0.375	Up
Apply recruitment techniques	3.25	3.375	0.125	Up
Staff selection: Apply individual interview techniques	3.5	3.75	0.25	Up
Staff selection: Apply team interview techniques	3.25	3.875	0.625	Up
Staff selection: Select and hire qualified applicants	3.5	3.875	0.375	Up
Scope of practice: Develop role definitions for staff consistent with scope of practice	3.5	3.5	0	Flat
Scope of practice: Implement changes in role consistent with scope of practice	3.375	3.5	0.125	Up
Scope of practice: Orientation	3.625	3.875	0.25	Up
Scope of practice: Develop orientation program	3.25	3.625	0.375	Up
Scope of practice: Oversee orientation process	3.625	4	0.375	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

One hundred percent of the post aggregate ratings in the performance management domain (see Table 4) increased from pre but the changes were all less than 1 with a range of 0.25 to 0.625. For the 14 items in this domain, preprogram aggregate assessment ratings ranged from 2.75 to 3.62.

Table 4*Performance Management Domain*

Item	Aggregate pre (<i>N</i> = 8)	Aggregate post (<i>N</i> = 8)	Difference	Direction
Scope of practice: Evaluate effectiveness of orientation	3.625	3.875	0.25	Up
Performance improvement: Identify key performance indicators	2.875	3.25	0.375	Up
Performance improvement: Establish data collection methodology	2.75	3.25	0.5	Up
Performance improvement: Evaluate performance data	2.875	3.5	0.625	Up
Performance improvement: Respond to outcome measurement	3	3.75	0.75	Up
Performance improvement: Comply with documentation requirements	3.25	3.875	0.75	Up
Customer and patient engagement: Assess customer and patient satisfaction	3.625	3.875	0.25	Up
Customer and patient engagement: Develop strategies to address satisfaction issues	3.625	3.75	0.125	Up
Patient safety: Monitor and report sentinel events	3.5	3.875	0.375	Up
Patient safety: Participate in root cause analysis	3	3.625	0.625	Up
Patient safety: Promote evidence-based practices	3.5	3.75	0.25	Up
Patient safety: Manage incident reporting	3.5	3.875	0.375	Up
Maintain survey and regulatory readiness	3.125	3.625	0.5	Up
Monitor and promote workplace safety requirements	3.625	3.75	0.125	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

For the two items in the foundational thinking skills domain (see Table 5), one showed no change from pre to post (promoting communication), and one (“apply systems thinking knowledge as an approach to analysis and decision-making”) had a change of 0.625.

Table 5

Functional Thinking Skills Domain

Item	Aggregate pre (<i>N</i> = 8)	Aggregate post (<i>N</i> = 8)	Difference	Direction
Promote intra/interdepartmental communication	3.75	3.75	0	Flat
Apply systems thinking knowledge as an approach to analysis and decision making	2.375	3	0.625	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

The two items in the technology domain (see Table 6) increased from pre to post assessment.

Table 6

Technology Domain

Item	Aggregate pre (<i>N</i> = 8)	Aggregate post (<i>N</i> = 8)	Difference	Direction
Understand complex adaptive systems definitions and applications	2.286	3	0.714	Up
Information technology (understand the effect of IT on patient care and delivery systems to reduce workload); ability to integrate technology into patient care processes	3	3.375	0.375	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

All 20 items in the strategic management domain (see Table 7) increased from pre to post (0.25 to 1.0). “Influence the practice of nursing through participation in professional organizations” had the lowest change of 0.25 but was high at 3.5 pre assessment. The biggest change in this domain was for the assessment of shared decision making and processes (2.75 to 3.75).

Table 7*Strategic Management Domain*

Item	Aggregate pre (N = 8)	Aggregate post (N = 8)	Difference	Direction
Information technology (Understand the effect of IT on patient care and delivery systems to reduce work load): Use information systems to support business decisions	2.625	3.125	0.5	Up
Facilitate change: Assess readiness for change	3	3.875	0.875	Up
Facilitate change: Involve staff in change processes	3.125	3.875	0.75	Up
Facilitate change: Communicate changes	3.25	3.875	0.625	Up
Facilitate change: Evaluate outcomes	3.25	3.75	0.5	Up
Project management: Identify roles	3.125	3.875	0.75	Up
Project management: Establish timelines and milestones	3	3.5	0.5	Up
Project management: Allocate resources	3	3.5	0.5	Up
Project management: Manage project plans	2.875	3.25	0.375	Up
Contingency plans: Manage internal disaster or emergency planning and execution	2.25	2.857	0.607	Up
Contingency plans: Manage external disaster or emergency planning and execution	2.25	2.857	0.607	Up
Demonstrate written and oral presentation skills	3.25	3.625	0.375	Up
Manage meetings effectively	3.5	3.75	0.25	Up
Demonstrate negotiation skills	3.125	3.75	0.625	Up
Influence the practice of nursing through participation in professional organizations	2.875	3.125	0.25	Up
Collaborate with other service lines	3.375	4	0.625	Up
Shared decision-making: Establish vision statement	2.625	3.5	0.875	Up
Shared decision-making: Facilitate a structure of shared governance	2.875	3.75	0.875	Up
Shared decision-making: Implement structures and processes	2.75	3.75	1	Up
Shared decision-making: Support a just culture	3.125	3.875	0.75	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

Human resource leadership domain (see Table 8) pre to post assessments were positive changes for all 15 items. The changes from pre to post assessment were 0.375 to 0.875. Staff retention increased from 2.87 to 3.75 moving from advanced beginner to competent.

Table 8*Human Resources Leadership Domain*

Item	Aggregate pre (N = 8)	Aggregate post (N = 8)	Difference	Direction
Support a culture of innovation	3	3.875	0.875	Up
Performance management: Conduct staff evaluations	3.375	3.875	0.5	Up
Performance management: Assist staff with goal setting	3.375	3.75	0.375	Up
Performance management: Implement continual performance development	3.375	3.875	0.5	Up
Performance management: Monitor staff for fitness for duty	2.875	3.25	0.375	Up
Performance management: Initiate corrective actions	3.5	3.875	0.375	Up
Performance management: Terminate staff	2.875	3.429	0.554	Up
Staff development: Facilitate staff education and needs assessment	3.5	3.875	0.375	Up
Staff development: Ensure competency validation	3.5	3.875	0.375	Up
Staff development: Promote professional development of staff	3.375	3.875	0.5	Up
Staff development: Facilitate leadership growth among staff	3.125	3.875	0.75	Up
Staff development: Identify and develop staff as part of a succession planning program	3	3.75	0.75	Up
Staff retention: Assess staff satisfaction	3.25	3.625	0.375	Up
Staff retention: Develop and implement strategies to address satisfaction issues	3	3.625	0.625	Up
Staff retention: Promote retention	2.875	3.75	0.875	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

The 16 assessment items in the relationship management and influencing behavior domain (see Table 9) showed pre to post increases from 0.125 to 0.875. The lowest pre item in this domain's aggregate rating (2.75) for "influence others: apply motivational theory" increased post to 3.625.

Table 9*Relationship Management and Influencing Behavior Domain*

Item	Aggregate pre (N = 8)	Aggregate post (N = 8)	Difference	Direction
Staff retention: Develop methods to reward and recognize staff	3.125	3.75	0.625	Up
Manage conflict Situation	3.375	3.75	0.375	Up
management: Identify issues that require immediate attention	3.625	3.875	0.25	Up
Situation management: Apply principles of crisis management to handle situations as necessary	3.25	3.375	0.125	Up
Relationship management: Promote team dynamics	3.375	3.875	0.5	Up
Relationship management: Mentor and coach staff and colleagues	3.375	3.875	0.5	Up
Relationship management: Apply communication principles	3.375	3.75	0.375	Up
Influence others: Encourage participation in professional action	3.25	3.75	0.5	Up
Influence others: Role model professional behavior	3.5	3.875	0.375	Up
Influence others: Apply motivational theory	2.75	3.625	0.875	Up
Influence others: Act as change agent	3.25	3.75	0.5	Up
Influence others: Assist others in developing problem solving skills	3.125	3.75	0.625	Up
Influence others: Foster a healthy work environment	3.5	4	0.5	Up
Promote professional development: Promote stress management	3.25	3.625	0.375	Up
Promote professional development: Apply principles of self-awareness	3.375	3.625	0.25	Up
Promote professional development: Encourage evidence-based practice	3.25	3.5	0.25	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

The diversity domain (see Table 10) of three items showed positive changes from pre to post assessment, although the range was small (0.25 to 0.50). Pre assessment aggregate ratings for this domain were 3.0 or greater.

Table 10

Diversity Domain

Item	Aggregate pre (<i>N</i> = 8)	Aggregate post (<i>N</i> = 8)	Difference	Direction
Promote professional development: Apply leadership theory to practice	3	3.5	0.5	Up
Cultural competence: Understand the components of cultural competence as they apply to the workforce	3.5	3.75	0.25	Up
Social justice: Maintain an environment of fairness and processes to support it	3.5	3.875	0.375	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

Similarly, the four items in the personal and professional accountability domain (see Table 11) all increased from pre to post assessment with small changes from 0.25 to 0.625.

Table 11*Personal and Professional Accountability Domain*

Item	Aggregate pre (N = 8)	Aggregate post (N = 8)	Difference	Direction
Generational diversity: Capitalize on differences to foster highly effective work groups	3.375	3.75	0.375	Up
Personal growth and development: Manage through education advancement, continuing education, career planning and annual self-assessment and action plans	3.125	3.625	0.5	Up
Practice ethical behavior: Including practice that supports nursing standards and scopes of practice	3.5	3.75	0.25	Up
Involvement in professional associations: Including membership and involvement in an appropriate professional association that facilitates networking and professional development	2.375	3	0.625	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

The career planning domain (see Table 12) assessment of three items showed increases pre to post assessment from 0.375 to 0.875. For this domain, the greatest change was for “planning a career path,” which had an increase of 0.875 from pre to post.

Table 12

Career Planning Domain

Item	Aggregate pre (<i>N</i> = 8)	Aggregate post (<i>N</i> = 8)	Difference	Direction
Achieve certification in an appropriate field/specialty	3.375	3.75	0.375	Up
Know your role: Understand current job description / requirements and compare those to current level of practice	3.125	3.75	0.625	Up
Know your future: Plan a career path	2.75	3.625	0.875	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

The personal journey discipline domain (see Table 13) had three assessment items that were rated higher in the post assessment by 0.876 to 1.0. Two assessment items increased by 1.0 from pre to post. These two items assessed “positioning self to develop a career path” and “applying action learning to problem solve.”

Table 13*Personal Journey Discipline Domain*

Item	Aggregate pre (N = 8)	Aggregate post (N = 8)	Difference	Direction
Position yourself: Develop a of career path/plan that provides direction while offering flexibility and capacity to adapt to future scenarios	2.625	3.625	1	Up
Apply action learning: Apply techniques of "action learning" to problem solve and personally reflect on decisions	2.625	3.625	1	Up
Engage in reflective practice: Includes knowledge of and active practice of reflection as a leadership behavior	2.75	3.625	0.875	Up

Note. 1 = novice, 2 = advance beginner, 3 = competent, 4 = proficient, 5 = expert.

Educational Program Evaluation

Program evaluations were positive. All evaluation statements ($n = 9$) were rated as *strongly agree*. Participants strongly agreed that the objectives of the program were met, the program was organized, and the instructor was knowledgeable and provided feedback. All participants strongly agreed that the program led them to feel their knowledge improved after the sessions to better lead departmental operations and personnel. When asked “What content was most relevant to the work you perform in your role today?” responses included the finance section, human resource management, and emotional intelligence. The participants also commented on the opportunity for self-reflection. All participants replied “yes” when asked if the program should be offered to

future nurse leaders. Comments included “great to connect with other leaders and face time with the CNO” and “offers great insight and coaching, forces you to take time to reflect.” Responses to the question for suggested changes for future programs included “none,” “group work,” and “more unit director engagement and storytelling.”

Strengths and Limitations of the Project

In an ever-changing health care environment, hospitals need to recruit and develop new nurse leaders, set them up to achieve organizational goals, and provide them with skills essential to their individual professional development (Khan et al., 2018). Evaluation feedback from the new nurse leader mentorship program demonstrated a need for new leaders to connect with their chief nursing officer and expand their leadership skills to move departmental operations forward while growing as authentic leaders. New collaborative relationships were built among the new leaders in this participant cohort, giving way to a more supportive environment for them moving forward.

Limitations for the program were noted in the challenge of organizing schedules for the new leaders to participate amid a global pandemic and national nursing shortage. These operational barriers hindered the ability for some to participate in the demographic survey (two participants) and pre-self-assessment (one participant) on time, omitting them from the overall results. Another limitation was the duration of the program being limited to 12 hours, not allowing for coverage of some of the topics within a few of the AONL sections. For example, the human resources domain (scope of practice: develop role definition for staff consistent with scope of practice) and the foundational thinking skills domain (promote intra/interdepartmental communication) were not covered in the

course, resulting in no change in knowledge on the post assessment. Lastly, reflecting on the time frame for offering this program, including new leaders in the second year of their role seems too late. Based on evaluation feedback, the program's content will be most relevant and impactful if provided within the first 12 months of the new leader entering their new role. The positive social implications of the program are that it created confidence within the new leader and built trust with the chief nursing officer who was the course instructor. The program aided in shifting the mindset of the participants from a bedside nurse to an organizational leader.

Recommendations

Nursing leadership is as much a specialty as any clinical nursing specialty. The AONL nurse manager competencies reflect the complexity and importance of the nurse leadership role. Allowing for ongoing support and cross-departmental collaboration among leaders through a new nurse leader mentorship program is essential to developing leaders new in their role. Granting time with the chief nursing officer in a setting in which experiences are openly shared builds trust with executive leadership and provides a more supportive environment. Holding this program within the first 12 months of the new leader's role will provide them with skills essential to their job performance.

Summary

In this section, I reflected on the need for enhanced onboarding for the new nurse leaders to alleviate burnout and the plan to implement a program based on the AONL nurse manager competency framework to address the lack of mentoring early in their leadership career. The new leader mentorship program was delivered during a 2-day

session to nine participants. All nine participants responded positively and strongly agreed the program should be offered to future new nurse leaders. The program provided a forum for new nurse leaders to access their chief nursing officer in an environment that promoted open discussion and sharing of experiences. The program also offered the participants the opportunity to network and build relationships and new support systems.

Organizing the program during a pandemic and national nursing shortage posed challenges to scheduling and limited the time allotted to each session. This limitation impacted the ability to include 100% of the domains within the framework resulting in the elimination of two domains from the curriculum. In Section 5, the plan for dissemination and the analysis of self are addressed, and a summary of the essential role of a new leader mentorship program for new nursing leaders is provided.

Section 5: Dissemination Plan

The dissemination plan for the new nurse leader mentorship program includes oral presentations at local forums such as the system chief nursing officer and clinical director meetings because these leaders will be onboarding new department nurse managers in the future. The program will be implemented at the sister hospital of the location where the initial program took place. An abstract will be submitted to a regional conference for a podium or poster presentation. Nurse leaders spanning varying levels of leadership attend the regional conference allowing for broader sharing of scholarly dialogue among colleagues.

Analysis of Self

I have appreciated the opportunity to be a student under the direction of my chair and Walden University. As a scholar, I have expanded my project development and management knowledge. Before entering the DNP program, I had not received formal education on project management. As a project manager, I used the course curriculum and resources to complete the DNP doctoral project. As a practicing chief nursing officer, I had recognized that frontline leaders were ill prepared for many years as they entered their new roles. This project allowed me to use the necessary resources to build a meaningful program for frontline leaders, the institution, and the staff and patients. The connection I developed with the new leaders during the program enhanced our working relationship and established a trusting foundation and more authentic partnership. I am proud of the contribution to growing these leaders. In the current state of health care, leaders need many tools to lead teams and their department operations efficiently. The

development of this program has established a path for future sessions of the new leader mentorship program. I will continue to support this education to effect positive social change for the leaders impacted. The results of this project may also positively impact their staff and the patients they serve.

It has been encouraging as the project comes to completion to realize the positive impact on the participants. Though it was challenging organizing schedules and gaining commitment from participants during the peak of the pandemic and staffing challenges, the cohort was eager to enhance their knowledge and skill set. The insight gained was recognizing the need for this program before the second year of leadership. Upon reflection, future programs will be offered to new leaders within their first year in their role. Another insight was the importance of networking with peers and having dedicated time with the chief nursing officer. This opportunity enhanced professional relationships and provided a forum in which trust was created, and those working relationships were carried beyond the classroom. This scholarly journey has made me a better leader by providing insight into the needs of my team.

Summary

Leadership training is essential to the development of effective and confident leaders. Equipping nurse leaders early in their role with the required tools may establish a nurturing, healthy work environment. The AONL nurse manager competencies provide the vital link between the administrative strategic plan and the point of care (AONL, 2015). The new leader mentorship program served as a reminder of the importance of collegial support, networking, and relationship building as a nurse enters their new

leadership role. Effective leadership is built on the foundation and strength of relationships.

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Appendix A: Demographic Survey

Unit Director Mentorship Program

Demographic Survey

1. What is your age?
 - a. 25-34 years old
 - b. 35-44 years old
 - c. 45-54 years old
 - d. 55-64 years old

2. What is your gender?
 - a. Male
 - b. Female
 - c. Transgender
 - d. Other
 - e. Prefer not to respond

3. Please specify your ethnic origin:
 - a. White
 - b. Hispanic or Latino
 - c. Black or African American
 - d. Native American or American Indian
 - e. Asian/Pacific Islander
 - f. Other

4. What is your highest degree of education?
 - a. Bachelor's degree
 - b. Master's degree
 - c. Doctorate degree

5. How long have you been in your current leadership role?
 - a. Less than 6 months
 - b. 6 – 12 months
 - c. 13-18 months
 - d. 19-24 months

Appendix B: AONL Nurse Leader Competency Assessment Tool: Self-Assessment



Nurse Manager Assessment
Section 1. The Science

	1. Novice	2. Advanced Beginner	3. Competent	4. Proficient	5. Expert	Unable to Rate
Shared decision-making: Facilitate a structure of shared governance						
Shared decision-making: Implement structure and processes						
Shared decision-making: Support a just culture						
Support a culture of innovation						
Understand complex adaptive systems definitions and applications						
Information technology (Understand the effect of IT on patient care and delivery systems to reduce workload): Ability to integrate technology into patient care processes						
Information technology (Understand the effect of IT on patient care and delivery systems to reduce workload): Use of information systems to support business decisions						
Facilitate change: Assess readiness for change						
Facilitate change: Involve staff in change processes						
Facilitate change: Communicate changes						
Facilitate change: Evaluate outcomes						
Project management: Identify roles						



**Nurse Manager Assessment
Section 1: The Science**

	1. Novice	2. Advanced Beginner	3. Competent	4. Proficient	5. Expert	Unable to Rate
Project management: Establish timelines and milestones						
Project management: Allocate resources						
Project management: Manage project plans						
Contingency plans: Manage internal disaster or emergency planning and execution						
Contingency plans: Manage external disaster or emergency planning and execution						
Demonstrate oral and written presentation skills						
Manage meetings effectively						
Demonstrate negotiation skills						
Scope of practice: orientation						
Scope of practice: Develop orientation program						
Scope of practice: Oversee orientation process						
Scope of practice: Evaluate effectiveness of orientation						
Performance improvement: Identify key performance indicators						
Performance improvement: Establish data collection methodology						



**Nurse Manager Assessment
Section 1: The Science**

	1. Novice	2. Advanced Beginner	3. Competent	4. Proficient	5. Expert	Unable to Rate
Performance improvement: Evaluate performance data						
Performance improvement: Respond to outcome measurement						
Performance improvement: Comply with documentation requirements						
Customer and patient engagement: Assess customer and patient satisfaction						
Customer and patient engagement: Develop strategies to address satisfaction issues						
Patient safety: Monitor and report sentinel events						
Patient safety: Participate in root cause analysis						
Patient safety: Promote evidence-based practices						
Patient safety: Manage incident reporting						
Maintain survey and regulatory readiness						
Monitor and promote workplace safety requirements						
Recognize the impact of reimbursement on revenue						
Anticipate the effects of changes on reimbursement programs for patient care						



Nurse Manager Assessment
Section 1: The Science

	1. Novice	2. Advanced Beginner	3. Competent	4. Proficient	5. Expert	Unable to Rate
Maximize care efficiency and throughput						
Understand the relationship between value-based purchasing and quality outcomes with revenue and reimbursement						
Create a budget						
Monitor a budget						
Analyze a budget and explain variance						
Conduct ongoing evaluation of productivity						
Forecast future revenue and expenses						
Capital budgeting: Justification						
Capital budgeting: Cost Benefit Analysis						
Staffing needs: Evaluate staffing patterns/needs						
Staffing needs: Match staff competency with patient acuity						
Manage human resources within the scope of labor laws						
Apply recruitment techniques						
Staff selection: Apply individual interview techniques						
Staff selection: Apply team interview techniques						



**Nurse Manager Assessment
Section 2: The Art**

	1. Novice	2. Advanced Beginner	3. Competent	4. Proficient	5. Expert	Unable to Rate
Relationship Management: Mentor and coach staff and colleagues						
Relationship management: Apply communication principles						
Influence others: Encourage participation in professional action						
Influence others: Role model professional behavior						
Influence others: Apply motivational theory						
Influence others: Act as change agent						
Influence others: Assist others in developing problem solving skills						
Influence others: Foster a healthy work environment						
Promote professional development: Promote stress management						
Promote professional development: Apply principles of self-awareness						
Promote professional development: Encourage evidence-based practice						
Promote professional development: Apply leadership theory to practice						
Cultural competence: Understand the components of cultural competence as they apply to the workforce						



**Nurse Manager Assessment
Section 2: The Art**

	1. Novice	2. Advanced Beginner	3. Competent	4. Proficient	5. Expert	Unable to Rate
Social justice: Maintain an environment of fairness and processes to support it						
Generational diversity: Capitalize on differences to foster highly effective work groups						
Performance management: Conduct staff evaluations						
Performance management: Assist staff with goal-setting						
Performance management: Implement continual performance development						
Performance management: Monitor staff for fitness for duty						
Performance management: Initiate corrective actions						
Performance management: Terminate staff						
Staff development: Facilitate staff education and needs assessment						
Staff development: Ensure competency validation						
Staff development: Promote professional development of staff						
Staff development: Facilitate leadership growth among staff						
Staff development: Identify and develop staff as part of a succession planning program						



**Nurse Manager Assessment
Section 2: The Art**

	1. Novice	2. Advanced Beginner	3. Competent	4. Proficient	5. Expert	Unable to Rate
Staff retention: Assess staff satisfaction						
Staff retention: Develop and implement strategies to address satisfaction issues						
Staff retention: Promote retention						
Staff retention: Develop methods to reward and recognize staff						
Manage conflict						
Situation management: Identify issues that require immediate attention						



**Nurse Manager Assessment
Section 3: The Leader Within**

	1. Novice	2. Advanced Beginner	3. Competent	4. Proficient	5. Expert	Unable to Rate
Personal growth and development: Manage through education advancement continuing education, career planning, and annual self-assessment and action plans						
Practice ethical behavior: Including practice that supports nursing standards and scopes of practice						
Involvement in professional associations: Including memberships and involvement in an appropriate professional association that facilitates networking and professional development						
Achieve certification in an appropriate field/specialty						
Know your role: Understand current job description/requirements and compare those to the current level of practice						
Know your future: Plan a career path						
Position yourself: Develop a career path/ plan that provides direction while offering flexibility and capacity to adapt to future scenarios						
Apply action learning: Apply techniques of action learning to problem solve and personally reflect on decisions						
Engage in reflective practice: Includes knowledge of and active practice of reflection as a leadership behavior						

Appendix C: Course Evaluation

Appendix C: Course Evaluation

New Leader Mentorship Program: 2021

Course Evaluation

1. The objectives of the course were clearly stated.
Strongly Disagree ___ **Disagree** ___ **Neither Agree nor Disagree** ___ **Agree** ___ **Strongly Agree** ___
2. The requirements of the course were clearly stated.
Strongly Disagree ___ **Disagree** ___ **Neither Agree nor Disagree** ___ **Agree** ___ **Strongly Agree** ___
3. The course material was organized.
Strongly Disagree ___ **Disagree** ___ **Neither Agree nor Disagree** ___ **Agree** ___ **Strongly Agree** ___
4. The instructor demonstrated a thorough knowledge of the subject.
Strongly Disagree ___ **Disagree** ___ **Neither Agree nor Disagree** ___ **Agree** ___ **Strongly Agree** ___
5. The content of the course was clearly presented.
Strongly Disagree ___ **Disagree** ___ **Neither Agree nor Disagree** ___ **Agree** ___ **Strongly Agree** ___
6. Instructor-developed resources-Website and printed materials-were well designed and helpful.
Strongly Disagree ___ **Disagree** ___ **Neither Agree nor Disagree** ___ **Agree** ___ **Strongly Agree** ___
7. The instructor maintained regular contact with me during the course.
Strongly Disagree ___ **Disagree** ___ **Neither Agree nor Disagree** ___ **Agree** ___ **Strongly Agree** ___
8. The instructor provided timely and adequate feedback when I had a question.
Strongly Disagree ___ **Disagree** ___ **Neither Agree nor Disagree** ___ **Agree** ___ **Strongly Agree** ___
9. The instructor provided a good environment for class participation.
Strongly Disagree ___ **Disagree** ___ **Neither Agree nor Disagree** ___ **Agree** ___ **Strongly Agree** ___
10. By participating in the program, I feel my knowledge improved to better lead departmental operations and personnel as compared to prior to the program?
Strongly Disagree ___ **Disagree** ___ **Neither Agree nor Disagree** ___ **Agree** ___ **Strongly Agree** ___

11. Which content was most relevant to the work you perform in your role today?

12. Would you recommend this course continue for future nurse leaders? Why or why not?

13. . If you would recommend this course continuing, what suggested changes do you have for future programs?

Appendix D: Course Curriculum

Appendix D: Course Curriculum
 Nurse Leader Mentorship Program
 2021

Session One	6 hours
	Welcome and Introduction
	Review of AONL Nurse Manager Competencies <ul style="list-style-type: none"> • The Art • The Science • The Leader Within
	Phases of Competency & Change
	Transition Theory <ul style="list-style-type: none"> • Benner's Model and Duchscher's Theory
	The Science: Managing the Business <ul style="list-style-type: none"> • Financial Management • Human Resource Management • Performance Improvement • Foundational Thinking Skills • Technology
Session Two	6 hours
	The Science: Managing the Business (cont'd) <ul style="list-style-type: none"> • Strategic Management • Clinical Practice Knowledge
	The Art: Leading the People <ul style="list-style-type: none"> • Human Resource Leadership Skills • Relationship Management and Influencing Behaviors • Diversity • Shared Decision Making
	The Leader Within: Creating the Leader in Yourself <ul style="list-style-type: none"> • Personal and Professional Accountability • Career Planning • Personal Journey Disciplines • Optimizing the Leader Within
	Closing Discussion