2023

Facilitating Staff Education to Improve Effective Styles of Nursing Leadership in an Orientation Setting

Tammy MeLinda Finney
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Tammy MeLinda Finney

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. Robert McWhirt, Committee Chairperson, Nursing Faculty
Dr. Allison Terry, Committee Member, Nursing Faculty
Dr. Jonas Nguh, University Reviewer, Nursing Faculty

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

Walden University
2023

Abstract

Facilitating Staff Education to Improve Effective Styles of

Nursing Leadership in an Orientation Setting

by

Tammy MeLinda Finney

MS, Walden University, 2009

BS, Siena Heights University, 1998

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

January 2023

Abstract

Nursing leadership is the cornerstone of the ever-changing landscape of healthcare. Minimal courses are included in nursing curriculums to prepare nurses to become proficient and develop knowledge of nursing leadership styles. There is a direct correlation of evidence-based leadership styles that impact effective communication, improved patient outcomes, succession planning, nursing retention, and relationship management. In an effort to bridge the gap of knowledge, an educational face-to-face training was developed and presented to new nursing staff in an orientation setting. The project practice question focused on commitment from nursing staff to implement increased knowledge of nursing leadership styles into their practice. Pre- and post-surveys were given to 23 participants to complete anonymously, enabling them to self-report the influence of implementing new knowledge into practice. The Kirkpatrick model was used for training evaluation of the participants. Participants provided rich conversation, sharing their prior professional experiences of nursing leadership styles and the effect on their careers. The data results provided descriptive statistics of increased knowledge for participants. The findings of this project support positive social change based on the high percentage of nursing staff who through self-introspection identified their chosen nursing leadership style while developing skillsets as leaders.

Facilitating Staff Education to Improve Effective Styles of

Nursing Leadership in an Orientation Setting

by

Tammy MeLinda Finney

MS, Walden University, 2009

BS, Siena Heights University, 1998

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

January 2023

Dedication

This project is dedicated to my husband Ernest and my children Réchard, Arielle, and Daniel. Your encouragement, support, love, and prayers illuminated my path to complete this journey.

Acknowledgments

I would like to give honor to God for His grace and mercy; despite all that life threw my way, He let me know with Him all things are possible. There aren't enough words in the English language to thank to Dr. Robert McWhirt, my committee chair, a beacon of light and dynamic motivator who ensured I completed this project. I would also like to thank Dr. Joan Hahn, academic research coordinator, for your continued concern and professional brilliance in assigning Dr. McWhirt as my committee chair. A huge shout out to Brigette Malchow, academic advisor, for staying consistently connected and being a great advocate.

Table of Contents

List of Tables

List of Figures

Section 1: Nature of the Project

Introduction

According to the Jackson & Halstead (2016), the percentages of nursing students registered in programs within the United States represent Associate Degree in Nursing (ADN), 28%; Diploma Nursing, 2%; Bachelor of Science in Nursing (BSN), 26%; Bachelor of Science in Registered Nursing, 22%; Master of Science in Nursing (MSN), 15%; and Doctorate in Nursing, 4%. Most baccalaureate nursing programs only offer one leadership/management course within the curriculum which inadequately prepare registered nurses to understand and become proficient with their leadership skillset. Enormous responsibilities are placed on novice to experienced nurses as they become leaders, managers, advocates, preceptors, and mentors. In most professional settings these skills and knowledge are usually acquired through on-the-job training. Leadership style competencies are primarily taught in depth in BSN and MSN programs. Many students who matriculate to ADN and diploma programs have a greater concentration on clinical versus evidence-based practice (EBP).

Nursing leadership style training is not a component of the nurse orientation for newly hired registered nurses at a local medical center administered by the Department of Veterans Affairs (VA). The VA is the largest health care system in the nation, serving greater than 9 million veterans and employing more than 80,000 nurses who provide a continuum of care in a variety of positions (VA, 2021). Nurses provide direct care to veterans in outpatient and inpatient settings, research, education, consulting, clinical nurse leader, advance practice and executive roles. With the rigorous demands of caring

for the nation's veterans, removing the gap in nursing knowledge as it relates to the lack

of contextual EBP on effective styles of nursing leadership will also educate nurses on

leadership styles impact on retention, improved patient outcomes, and safe environments.

According to Carrara et al. (2018), "it is important that nurses understand the leadership

process and develop the necessary competences, among which communication,

interpersonal relationship, and decision-making and clinical skills, to succeed in their

assistance" (p. 2). This DNP project will serve as an educational tool for newly hired

registered nurses during nursing orientation.

Problem Statement

The DNP educational journey establishes a scholarly foundation for candidates to

become change agents within the health care community by developing leadership skills.

The Veterans Health Administration (VHA) is presently establishing a national nursing

leadership culture transformation. To support the change, I addressed the gap in nursing

leadership and translated EBP by teaching effective styles of nursing leadership to newly

employed nurses in an orientation setting. Currently, the facility has an established

leadership training for all newly appointed nursing supervisors with no distinction of

specialized evidence-based leadership training for nurses who serve in leadership roles.

Currently, the bimonthly orientation does not provide foundational nursing

leadership styles to nurses who are in nonsupervisory roles. However, as a professional

responsibility, all nurses are leaders in some capacity. Nurses lead in multiple roles to

include charge nurse, preceptor, and mentoring; therefore, preparing nurses to recognize

and become proficient with their leadership style is essential in succession planning. This scholarly project addresses the gap in educating nurses on evidence-based styles of nursing leadership. Studies have identified ineffective nursing leadership styles that can negatively influence staff nurses' job satisfaction, produce high turnover, low morale, lateral violence, and nurse fatigue. Conversely, effective nursing leadership styles can increase morale, build a cohesive team, encourage civility in the workplace, strengthen retention, and produce optimal patient outcome.

Purpose Statement

The purpose of this DNP project is to increase the participants' knowledge of nursing leadership styles, improve their confidence with implementing their chosen style, and evaluate their satisfaction of receiving EBP during their new employee nursing orientation. For this project, as a scholarly change agent I addressed a knowledge deficit at a local facility level and challenged staff within the nursing profession to expand their skill set. Implementation of the acquired knowledge will demonstrate their nursing leadership skills and move them from novice to competent. The project's aim is educating nurses on styles of nursing leadership such as autocratic, democratic, laissez-faire, servant, transactional, and transformational. This project will help nurses better prepare as leaders, build upon their newly acquired knowledge, enhance patient outcomes, and advance with their careers. The shared styles of nursing leadership will standardize a new component of the nursing orientation; how the nurses choose to utilize the knowledge will be on an individual professional basis. Incorporating EBP nursing leadership styles regardless of education could become the vision for nursing practice

across the VA. Removing this gap in knowledge should help to improve patient outcomes, increase retention, ensure effective communication, build relationship management, and support succession planning.

Nature of the Doctoral Project

This DNP project contributed to the nurses' education and understanding of nursing leadership styles as well as increased confidence in implementing their chosen leadership style. Developing and evaluating a component of the facility's nursing orientation with evidence-based literature demonstrated to the staff the VA's commitment to provide all educational tools for success to empower staff and enhanced patient care. "Therefore, environments where leadership behavior is constrained by outdated management concepts may limit critical organizational culture dynamics that facilitate the achievement of positive team motivation" (Rahbi et al., 2017, p. 2). An acceptable method for evaluating this doctoral project consisted of using descriptive statistics to analyze and synthesize program quality evaluation of data with an analysis of pre and post knowledge assessments via tests. A DNP project team supported by nursing leadership and nursing education assisted with evaluating the training program. The Kirkpatrick model served as the source of evidence for the evaluation of this doctoral project.

Significance

The DNP project will impact several stakeholders within the VA healthcare setting. This includes nursing educators, nurses, ancillary staff, health care professionals,

patients, and their family members. The focus is on the development and evaluation of nursing leadership styles in an orientation setting to determine the knowledge and provide educational tools to impact patient care provided to Veterans. With the complexity of care for veterans, it is imperative that all registered nurses are prepared at all levels of their education to excel at their roles as leaders and advance nursing practice.

Summary

In this section, I described the problem statement, purpose, nature, and significance for this DNP project. To better prepare registered nurses' understanding of leadership styles, an added component of the already established facility's nursing orientation was developed to further enhance their education. This added component allows nurses to enhance their nursing practice across the continuum within the health care facility and successfully acquire skillsets and knowledge to meet if not exceed the requirements of their role as leaders. If registered nurses are to be successful with leading staff, it is imperative for them to understand their leadership styles and the impact on staff retention, succession planning, relationship management, effective communication, improve patient outcomes.

Section 2: Background and Context

Introduction

The DNP educational project establishes a foundation for nurses to become change agents within the health care community by understanding and developing their chosen leadership style. The VHA has established a national nursing leadership cultural transformation. To support the change, I sought to address the gap in knowledge of nursing leadership styles and translate EBP with a training program to teach newly employed nurses in an orientation setting. The current orientation does not address leadership styles for newly hired nurses. The only leadership training offers no distinction of specialized EBP leadership training for nurses who were not managerial roles and did not afford staff nurses the opportunity to enhance their careers. According to Ramseur et al. (2018), "preparing future nursing leaders is critical to the success of healthcare organizations as pending retirement of nurse leaders creates a strong impetus for the development of nursing leadership development programs" (p. 29). Upon learning that the leadership training is offered to nurse managers only and conferring with the Associate Nurse Executive for Education, I developed the concept to offer leadership training to staff nurses in the orientation setting.

Currently, the bimonthly nursing orientation does not provide nursing leadership foundational styles to nurses in non-supervisory roles. However, as a professional responsibility, all nurses are leaders in some capacity; therefore, it is essential to prepare nurses to become proficient with their leadership style to enhance the nursing practice. Studies have identified ineffective nursing leadership styles can negatively influence staff

nurses' job satisfaction, produce high turnover, low morale, lateral violence, and nurse fatigue. Conversely, effective nursing leadership styles can improve communication, patient outcomes, effective communication, relationship management, and succession planning. As stated by Lorber et al. (2016), "Leaders must also use behavior to positively influence organizational outcomes and must appreciate the interconnectedness among developing nursing practice, improving quality of care, and optimizing patient outcomes" (p. 33).

Health care organizations jeopardize patients' care if educational training programs are voided to enhance their nursing staff's decision-making and leadership skills. Lorber et al. (2016) argued that "health care organizations need nursing leaders who can improve nursing care, are an advocate for the nursing profession, and have a positive effect on health care" (p. 33). Newly employed VA nursing professionals are provided two weeks of nursing orientation that include academic and innovative instruction with the noted deficit of EBP styles of nursing leadership.

Concepts, Models, and Theories

Local sources consulted for this project included the chief nurse executive, associate nurse executive of nursing education, and preceptor—all doctorally prepared—who served as panel evaluators. The Kirkpatrick model served as the source of evidence for the evaluation of this doctoral project. In preparing this project, I conducted a scholarly review with the four sections of the evaluation model: reaction, learning, behavior, and results. To formulate a process for learning, I incorporated Knowles's

model for teaching the adult learner. Knowles identified four foundations for adult

learning: need, create, implement, and evaluate (Knowles et al., 2020).

According to Yang & Chen (2022) nursing leadership styles, are summarized in

Figure 1, include the following:

- *Autocratic leadership*: This is one of the strictest types. Autocratic leaders

  tend to have complete control over the decision-making process. This

  leadership style can be effective when decision-making is urgent, or

  workmanship is routine.

- *Democratic leadership*: Unlike autocratic or bureaucratic leaders, a

  democratic leader often welcomes subordinate participation in decision-

  making. This leadership style is often admired and can be effective in creative

  work environments that don't require quick decisions.

- *Laissez-faire leadership*: Laissez-faire leaders have a hands-off approach and

  let their employees assume responsibility in the decision-making process,

  although they must still set employee expectations and monitor performance.

  This leadership style can be effective when working with highly experienced

  and confident employees.

- *Servant leadership*: Servant leaders share power and decision-making with

  their subordinates and often direct the organization based on the interests of

  the team. This leadership style can be effective for humanitarian

organizations, nonprofits, and teams that need to create diversity, inclusion, and morale.

- *Transactional leadership*: A transactional leader uses a reward/consequence system to motivate employees to achieve success and discourage them from failure. This leadership style can be effective for teams who are motivated by rewards.

- *Transformational leadership*: Similar to charismatic leaders, transformational leaders use their inspiring energy and personality to create an infectious workplace. This type is often more effective than charismatic leadership, as it also motivates teams to build confidence and accountability. It can be effective in organizations that have intellectual team members who thrive in interactive environments.

Figure 1

Nursing Leadership Styles

As shown in Figure 2, there is a direct correlation between nursing leadership styles and the concepts of effective communication, relationship management, improved patient outcomes, retention, and succession planning, which Ramseur et al. (2018) defined as follows:

- *Effective communication*: Open dialogue to express clarity of thoughts, evidence-based best practices, and knowledge for the express purpose quality delivery of care

- *Improved patient outcomes*: Working as a team providing patient-centered coordinated care addressing all needs, providing emotional support, and respect

- *Relationship management*: An essential tool to develop mutual understanding and focus on the delivery of exceptional patient care between health-care professionals

- *Retention*: A strategy that helps create a culture for nurses to work in an environment with a focus on training and empowerment

- *Succession planning*: Preparing future nursing leaders is critical to the success of healthcare organizations as pending retirement of nurse leaders creates a strong impetus for the development of nursing leadership development programs.

Figure 2

Impact of Nursing Leadership Styles
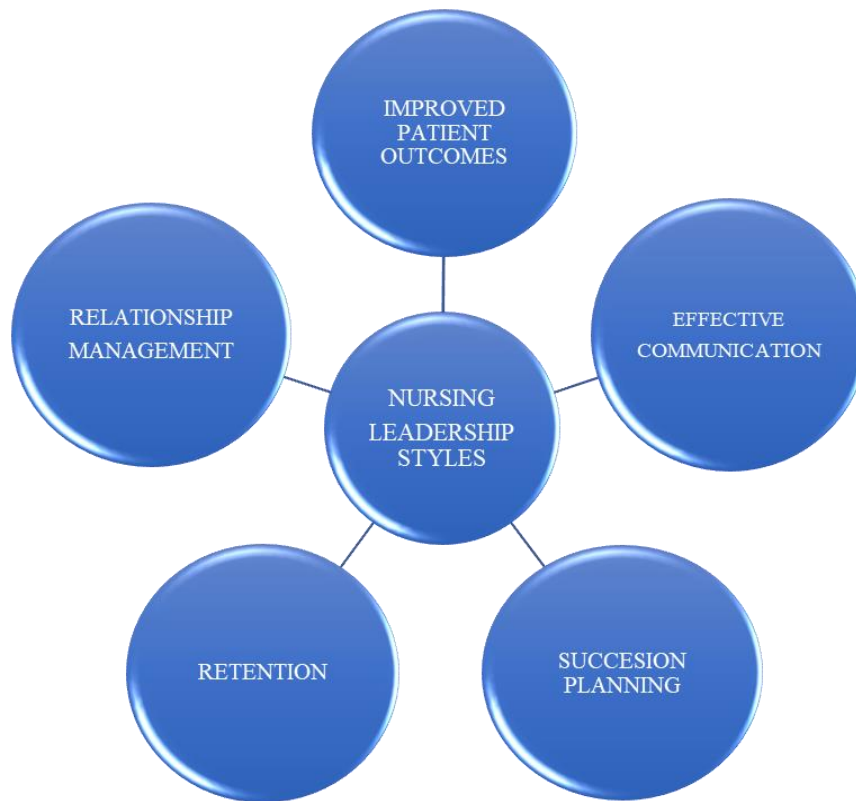
Relevance to Nursing Practice

Nurses represents a significant percentage of the workforce within healthcare; therefore, nursing leadership is a driving force in crossing the aisles of all disciplines. The project will increase the registered nurses' knowledge, enhance their confidence, and understanding for their chosen leadership style. Preparing nurses with the skills and tools needed to deliver exceptional care results in improved patient outcomes. Implementing this project during the nursing orientation will provide an advancement within the

profession of nursing and for professional growth. The profession of nursing promotes continual learning and this EBP project reinforces the importance of expanding skillsets from novice to expert.

Local Background and Context

The project site, a VHA facility in the Southeast United States, served as the optimal venue to conduct this DNP project. It is a 206-bed facility with 2850 employees, and approximately one fourth is nursing staff. Currently, newly hired nurses must attend a 1-week facility orientation, subsequently a 2-week nursing orientation. On average, six to eight nurses attend the biweekly orientation. Incorporating the nursing leadership styles within the existing curriculum will improve a scholarly connection between theory and leadership performance. This project will enhance the nursing leadership styles during new hire nursing orientation. Once I received approval to conduct the medical facility project, leadership pledged the support of nursing education and agreed to serve on the DNP project evaluation team.

Role of the DNP Student

As the DNP student my role was to develop an educational component for the established nursing orientation at the VA medical center to present to nurses to enhance their foundational learning of nursing leadership styles. As noted by Root et al. (2018), "The DNP student is equipped to provide and execute an evidence-based intervention, identify and measure value-based outcomes, and provide a plan for sustainability" (p. 235). My employment at the VA spans over 18 years in a variety of leadership roles.

During that time, I have witnessed fellow colleagues accept promotions to or assume

acting leadership roles only to flounder due to the uncertainty of a chosen style of

leadership. It became a source of frustration for them and confusion for the staff. I have

had the professional honor of mentoring many nurses and helped them develop their

leadership style and understand the impact of their choice. These mentoring opportunities

further identified a gap in knowledge, and I felt it was my responsibility as a scholarly

change agent to give back to my profession through the education of nurses and

providing a tool for their success. During the educational orientation sessions developed

for this project, I provided a pre and post survey, collected and analyzed the data to

determine if the training was effective. According to Kirkpatrick (2016), when providing

an evaluation of a training program, if the information was well received and learned, it is

effective training. As a DNP student, it was my responsibility to ensure that the training I

provided followed EBP from scholarly sources; therefore, this project meets the criteria

of the DNP Essential II Organizational and Systems Leadership for Quality

Improvement, DNP Essential II Clinical Scholarship and Analytical Methods for

Evidence-Based Practice, and ENP Essential VIII Advanced Nursing Practice.

Role of the Project Team

As the leader of this project, I conducted a pre- and post-training knowledge

assessments for the newly hired nurses during orientation. I educated participants on the

nursing leadership styles and filled the gap of knowledge as it relates to a better

understanding of the different nursing leadership styles. The esteemed project team

consisting of three doctorally prepared nurses specializing in leadership, academia, and

research received the descriptive statistics to analyze and evaluate the quality of this

educational project. As the previous nurse recruiter/retention officer, I have firsthand

experience on the negative impact of poor leadership staffing which led to resignations.

There is a saying that nurses do not leave their jobs or patients; they leave their leaders. I

consider it a privilege to serve as a scholarly change agent and to have this opportunity to

make a significant impact at a local level in hopes of sharing nationally for a best practice

within the VA Health Care System.

Summary

In Section 2, I presented an introduction of local background, relevant concepts,

Kirkpatrick's model of evaluation, and Knowles's model to teach adult learners, as well

as an explanation of my role as the DNP student and the role of the project team to

deliver EBP in a scholarly orientation setting. In Section 3, I explicate the planning,

implementation, and evaluation for approval of this educational project.

Section 3: Collection and Analysis of Evidence

Introduction

Many responsibilities are delegated to nurses, with the assumption that all nurses can handle leadership responsibilities. Just because a nurse does an excellent job at carrying out assignments or providing care for patients does not automatically elevate them to serving as charge nurse or even being hired as a nurse manager. This is where effectiveness and knowledge must be assessed and not guessed. Assessment is the responsibility of the nurses and facility leadership to include nursing education. Collaborative efforts to ensure clear communication, tools, training, and resources are imperative for a successful leader. Knowing what works best for the individual as well as learning personalities of the staff, culture, and patient populations being served are all elements to empower a good leader. Within the VA, nurses serve a special population of patients that require strong knowledge in leadership skills, because for a portion or all of the veterans' careers, they have served in a leadership capacity. The current nursing orientation provides a foundational education of federal directives, veteran experiences, holistic care, and organizational structure, but for nurses who are not hired in a leadership role there is nothing to begin their competency journey to understand nursing leadership. Such training on specific knowledge for nursing leadership styles needs to be provided to facilitate a cohesive team to improve staff satisfaction, patient outcomes, and perception of care received by the nation's veterans.

Practice-Focused Question

The question developed for this project is: Within a nursing orientation setting, can staff develop a working knowledge of nursing leadership styles and commit to implementing into practice? My goal was to utilize this DNP project to enhance and improve the staff's knowledge of nursing leadership styles for real-time application that they can build upon within their healthcare practice. The pandemic has produced an increased nursing shortage which is reaching critical levels in many areas; this orientation project could help VA facilities with preparation for their succession planning.

Sources of Evidence

I conducted a literature review to align with and support the DNP project. Literature used in this review included textbooks, academic nursing professional journals, and websites, including those of the American Academy of Nursing, American Nurses Association, American Association of Colleges of Nursing, The Organization of Nurse Leaders, American Organization for Nursing Leadership, and Veteran Affairs Workforce Learning Office of Nursing. All sources were published within the recommended 5 years from my anticipated graduation date to ensure that shared knowledge is current for the orientation program training. Search engines such as CINAHL, Google Scholar, Ovid Nursing Journals, and Joanna Briggs Institute EBP database were utilized to support the project. Phrases used for literature search included *nursing orientation*, *nursing leadership styles*, *nurse leaders*, *training nurse leaders*, and *nursing leadership impact*.

Analysis and Synthesis

I developed a multifactor leadership questionnaire (MLQ) to collect the data to be reviewed by three nursing leadership experts: nurse executive (DNP), associate nurse executive for education and research (PhD), nurse educator (MSN), and a professor of nursing (PhD) to evaluate the data and effectiveness of the orientation program. The MLQ it is important that nurses understand the leadership process and develop the necessary competences, among which communication, interpersonal relationship, and decision-making and clinical skills, to succeed in their assistance was administered before and after the orientation period. Data to be analyzed included nursing staff's methods of communication, judgement process, personality traits, and knowledge of various styles of leadership. The analyzed data provided through a post training questionnaire provided educational tools for staff to also self-evaluate their chosen style of nursing leadership that would be best suited to positively impact patient care. Incorporating Kirkpatrick's four levels of evaluating data collection also served to ensure the success of the project. According to Kirkpatrick (2016), "examples of items to evaluate in a written post-program survey include overall satisfaction with the program. Engagement in the program based on how the trainer taught it, relevance of the program material to the participant's job, and general view on the program quality" (p. 40).

Collection and Analysis of Evidence

The project took place during the second week of the new employee nursing orientation. Prior to the PowerPoint learning session, I provided a survey to the participants to assess their empirical knowledge of nursing leadership styles. Upon

collection of the pretraining survey, the PowerPoint was discussed to enhance the participants' knowledge during the orientation learning session. At the conclusion of the session, a post-training survey will be administered to reassess the participants' knowledge level of nursing leadership styles and evaluate their intent to incorporate information into their nursing practice.

The data were collected and managed using REDCap (Research Electronic Data Capture) electronic data capture tools. REDCap is a secure, web-based application designed to support data capture for research studies, providing (a) an intuitive interface for validated data entry, (b) audit trails for tracking data manipulation and export procedures, (c) automated export procedures for seamless data downloads to common statistical packages, and (d) procedures for importing data from external sources (Shillam et al., 2018).

The process of using REDCap require me to create the main project settings, design the data collection instrument, customize anonymous surveys, and provide the project to the participants during the nursing orientation learning session. The survey included the following demographic information and questions:

- Sex: male or female

- Age: baby boomer (1946–1964), Generation X (1965–1980), millennials (1981–1996), or Gen Z (after 1997)

- Nursing experience (years): 0–5, 6–10, 11–15, 16 or >

- Ethnicity: African American, Caucasian, Hispanic, Native American, Asian/Pacific Islander, Other, or Decline

- Highest level of education: ADN, BSN, MA/MS/MSN, DNP

- Questions to assess pre- and post-training knowledge

Obtaining the data occurred over 3 months during the biweekly nursing orientations. After I complete my assessment of the results, the members of the study team, comprised of three doctorally prepared nurses, will assess the results. At the conclusion of the project and collection of the data, I completed Section 4: Findings and Recommendations.

Summary

The project was restated based on the identified knowledge deficit for styles of leadership. EBP is the cornerstone of education within the nursing profession and provides an educational foundation to build skillsets that enhance the patient experiences. This section details the process and steps needed to produce a structured component to the new nursing orientation. Further explanation on the outline of the orientation, targeted population, expert evaluation, and questionnaire process was included. Section 4 will further expound on the previous introduction, findings and implications, recommendation, strength, and limitation of the project.

Section 4: Findings and Recommendations

Introduction

The nature of the project was to address the gap of knowledge of nursing

leadership styles and its impact on nursing staff through educational training. This project

was guided by the practice question: Within a nursing orientation setting, can staff

develop a working knowledge of nursing leadership styles and commit to implementing

into practice? The educational training included evidenced-based nursing leadership

styles with a focus on the positive impact on effective communication, improved patient

outcomes, relationship management, staff retention, and succession planning. Prior to

initiating the training, consultation sessions were organized with the nurse executive,

nurse educator, and associate nurse executive for education and research. The pre- and

post-surveys and PowerPoint presentation were reviewed by the nurse educator and the

associate nurse executive for education and research prior to disseminating to participants

during the orientation training session. The surveys were developed and managed by

REDCap application for the collection of captured data. In this section, I describe the

setting, findings, recommendations, strengths, and limitations.

Setting

The educational training was conducted for a 3-month period at a local VA during

new nursing orientation in the Nursing Education classroom. The nurses voluntarily

participated with the training and pre/post surveys. The purpose of the surveys was to

obtain demographic information and assess the participants' knowledge before and after

receiving the training. The total training time was 60 minutes, which included ample

response time for the surveys. The consent form for anonymous questionnaires was given to each participant. I made all participants aware of the questionnaire procedures, voluntary nature of the project, risks and benefits of the project, privacy, and contacts if there were any questions. The participants also received the Walden University's ethics approval number 03-18-22-0065157 for this project. The training was divided into three phases:

- Phase 1: Introduction of the project, consent form, and administration of the pre-survey

- Phase 2: Educational training with PowerPoint via face-to-face presentation in a classroom setting with encouraged discussion from participants

- Phase 3: Administered post-survey to participants

According to Kirkpatrick (2016), "confidence and commitment to perform new skills on the job are built in part through a good training program that provides ample opportunity to practice, ask questions, and discuss expectations" (p. 46). The pre- and post-surveys were collected by the nurse educator to ensure that participants did not feel pressured and to ensure anonymity.

Findings and Implications

A total of 23 nurses participated during the 3-month period of data collection. My goal for this project was to provide educational training to nurses, bridge the gap of knowledge, assess the effectiveness of the training, and the commitment from the

participants to implement leadership styles into their practice. The training and evaluation were guided by Kirkpatrick's four models with an emphasis on Levels 1 and 2. In Phase 1, demographic information and baseline knowledge was assessed with the pre-survey (see Appendix A). In Phase 2, invaluable feedback was received during face-to-face training and revealed the majority of the nurses were satisfied with training and would recommend it to their colleagues. The participants provided enthusiastic and relatable experiences that correlated with outlined nursing leadership styles during the PowerPoint presentation. In Phase 3, the pre- and post-survey results (see Appendix B) revealed that the majority of the participants self-reported confidence, commitment, and increased knowledge, which successfully aligned with Kirkpatrick's Level 2. The pre- and post-survey data summary in Table 1 shows the results of the strongly agree responses. The selected survey questions best aligned with the practice-focused question with an increased percentage of participants strongly agreeing with the goal of the project to implement acquired knowledge into their practice. Participants were vocal during the conclusion of the presentation and completion of the surveys explaining there were some reservations about the training meeting their educational needs, but they were impressed with the content and increase of knowledge obtained. Participants with terminal degrees expressed the presentation was more of a refresher.

Table 1

Pre and Post Survey Data Summary

Pre/post-course survey questions	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Leadership creates a conducive work environment.	0.0	0.0	0.0	0.0	0.0	0.0	52.2	4.3	47.8	95.7
Leadership is important for retention.	0.0	0.0	0.0	0.0	0.0	0.0	39.1	0.0	60.9	100.0
I am knowledgeable about evidence-based leadership.	0.0	0.0	4.3	0.0	30.4	0.0	56.5	11.5	8.7	88.5
Leadership style impacts effective communication.	0.0	0.0	0.0	0.0	0.0	0.0	34.8	0.0	65.2	100.0
There is a difference between leadership and management.	0.0	0.0	0.0	0.0	0.0	0.0	34.8	0.0	65.2	100.0
Do you have a chosen style of leadership?	0.0	0.0	4.3	0.0	26.1	4.3	52.2	8.7	17.4	87.0
Leadership styles training is imperative for future of nursing.	0.0	0.0	0.0	0.0	8.7	0.0	47.8	4.3	43.5	95.7
Content of the training is relevant and applicable.	0.0	0.0	0.0	0.0	17.4	0.0	52.2	0.0	30.4	100.0

The training will develop leadership styles that I can implement.	0.0	0.0	0.0	0.0	8.7	0.0	56.5	0.0	34.8	100.0
I understand underlying concepts of leadership.	0.0	0.0	0.0	0.0	0.0	0.0	56.5	8.7	43.5	91.3
Leadership styles set the tone for success.	0.0	0.0	0.0	0.0	8.7	0.0	73.9	4.3	17.4	95.7
I understand how my leadership impacts my life.	0.0	0.0	0.0	0.0	4.3	0.0	39.1	0.0	56.5	100.0
Training material will be helpful for my job.	0.0	0.0	0.0	0.0	4.3	0.0	52.2	4.3	43.5	95.7
I will be able to apply knowledge/skills to my job.	0.0	0.0	0.0	0.0	8.7	0.0	52.2	4.3	39.1	95.7

Recommendations

Through educational training, this project bridged the knowledge gap for nurses to learn nursing leadership styles. The post-surveys identified through self-reporting plans to implement evidence-based nursing leadership styles into practice. As a result of the positive feedback from the participants and nurse educator, a recommendation was received to continue the educational training during new nursing orientations, and develop a method to deliver training to tenured nursing staff. Kirkpatrick (2016) argued that "impact and value are achieved only when the training actually gets used to improve or sustain job performance" (p. 128). Additional recommendations to offer the training will consist of presentations during staff meetings, virtual training, and nursing lunch and learn sessions as well as promote social change.

Strengths and Limitations of the Project

Strengths

Recognizing that leadership is the cornerstone of one's nursing practice, I used this project to bridge the gap of knowledge with new nursing staff with a variety of educational levels and work experience. This educational training helped nurses to develop self-awareness as they learned about the multiple nursing leadership styles to implement their practice as nurse leaders. Incorporating Kirkpatrick's training and evaluating for the adult learner proved very successful. The discussion enhanced the training with examples from the participants describing how nursing leadership styles impacted their practice. This helped to further demonstrate the need for this project and training.

Limitations

  The pandemic brought tumultuous times for all, especially those within the health care setting, whether caring for patients or onboarding to provide care for patients. Covid-19 significantly impacted the number of new hires allowed to attend the new employee nursing orientation. The sample size was smaller than desired due to the mandated Covid-19 protocols and provided minimal participation in comparison to previous new employee nursing orientations. Though the sample size was relatively small, the project was successful with 100% participation and bridging the gap of knowledge for the participants.

Section 5: Dissemination Plan

The DNP project results for educational training on nursing leadership styles was very positive and encouraged to share beyond the orientation setting. As the Covid-19 pandemic approaches the endemic stage, my goal is to expand this educational training. I will continue to work with Nursing Education and nurse leaders to provide training at the medical center and community outpatient clinics. As staff continue to elevate their knowledge and skillset from novice to expert, this evidence-based best practice will be presented to the Office of Nursing Service to share across the Veterans Health Administration enterprise nationwide.

Analysis of Self

This DNP project provided me the opportunity to further expand my passion to educate and showcase my ability as a scholarly change agent to make a significant contribution to the profession of nursing. During the pandemic, nurses were revered as heroes with their nursing leadership skills in the forefront as they dealt with shortages of nursing staff, overwhelming patient assignments, loss of patients and colleagues, I am convinced that this project is truly for a time such as this. There were multiple situations that impeded my DNP timeline for completion, including personal and family health challenges, the mental and emotional impact of family members' and friends' death due to Covid-19, and demands from work as a result of staffing shortages. I found myself doubting if I had the fortitude to bring my educational and professional dream to fruition. There were times the emotional, physical, and mental exhaustion became so overwhelming my bandwidth could not endure another word to be typed or literature to

be reviewed. As I was going through major storms in my life, I realized that I was either going to let situations control me or I would have to refocus and pray to take control of the situations. It was at this time, I remembered that my mother said never to give the keys to negative situations or negative people in your life, I realized it was time for me to call a locksmith. It is important for me to have a legacy of promoting social change and being an example to my children demonstrating perseverance. This project and terminal degree helped me find strength deep within myself that I did not know existed. Overall, the experience of this DNP project was humbling and extremely rewarding.

Summary

Nursing leadership styles impact many facets within the health care setting. Through ongoing education to bridge the gap of knowledge, nurses can grow professionally from novice to experts with self-awareness for their chosen nursing leadership style. Education about nursing leadership styles promotes effective communication, retention, succession planning, and improved patient outcomes. Utilizing Kirkpatrick's training and evaluation models for the adult learner aided in successfully measuring the outcome of the educational training and identifying through self-reporting the majority of participants commitment to incorporating the learning into their nursing practice.

References

A Correlational Study of Leadership Styles and Nurses' Morale and Intention to Stay.

(n.d.-b). *Journal of Nursing*, *69*(6), 45–55. https://doi.org/10.6224/JN

Al-Yami, M., Galdas, P., & Watson, R. (2018). Leadership style and organizational

commitment among nursing staff in Saudi Arabia. *Journal of Nursing

Management, 26*(5), 531-539. https://doi.org/10.1111/jonm.12578

Asamani, J. A., Naab, F., & Ofei, A. M. (2016). Leadership styles in nursing

management: Implications for staff outcomes. *Journal of Health Sciences, 6*(1),

23-36. https://doi.org/10.17532/jhsci.2016.266

Baumhover, N. (2020). Integrative leadership in a Bachelor of Science in Nursing–

Integrative Health Program. *Nurse Leader, 18*(3), 259-264.

https://doi.org/10.1016/j.mnl.2020.03.011

Bonczek, M. E., Quinlan-Colwell, A., Tran, S. & Wines, K. (2016). A holistic approach

to improve nursing retention during the first year of employment. *Nursing

Administration Quarterly*, *40*(3), 269–275.

https://doi.org/10.1097/NAQ.0000000000000178

Carrara, G. L. R., Bernardes, A., Balsanelli, A. P., Camelo, S. H. H., Gabriel, C. S., &

Zanetti, A. C. B. (2018). The use of instruments to assess leadership in health and

nursing services. *Revista Gaúcha De Enfermagem*,

38(3). https://doi.org/10.1590/1983-1447.2017.03.2016-0060

Cope, V., & Murray, M. (2017). Leadership styles in nursing. *Nursing Standard, 31*(43),

61-70. https://doi.org/10.7748/ns.2017.e10836

Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies, 85*, 19-60. https://doi.org/10.1016/j.ijnurstu.2018.04.016

Elenbaas, H. A., Kolb, D., Marzolf, T., Melanson-Arnold, M., & Pfrimmer, D. M. (2017). Navigating interim management roles. *Nursing Management (Springhouse), 48*(6), 46-51. https://doi.org/10.1097/01.numa.0000516490.66426.50

Farag, A., Tullai-Mcguinness, S., Anthony, M. K., & Burant, C. (2017). Do leadership style, unit climate, and safety climate contribute to safe medication practices? *JONA: The Journal of Nursing Administration, 47*(1), 8-15. https://doi.org/10.1097/nna.0000000000000430

Jackson, A. & Halstead, J. (2016). National League for Nursing Commission for Nursing Education Accreditation. *Nurse Educator, 41* (6), 303-303. https://doi.org/10.1097/NNE.0000000000000309

Kirkpatrick, J. D., & Kirkpatrick, W. K. (2016). *Kirkpatrick's Four Levels of Training Evaluation* (1st ed.). Association for Talent Development.

Knowles, M. S., Holton, E. F., Swanson, R. A., & Robinson, P. A. (2020). *The adult learner: The definitive classic in adult education and human resource development*.

Lin, W., Ma, J., Zhang, Q., Li, J. C., & Jiang, F. (2016). How is benevolent leadership linked to employee creativity? The mediating role of leader–member exchange and the moderating role of power distance orientation. *Journal of Business Ethics,*

152(4), 1099-1115. https://doi.org/10.1007/s10551-016-3314-4

Lorber, M., Treven, S., & Mumel, D. (2016). The examination of factors relating to the
leadership style of nursing leaders in hospitals. *Naše Gospodarstvo/Our Economy,*
62(1), 27-36. https://doi.org/10.1515/ngoe-2016-0003

Manning, J. (2016). The influence of nurse manager leadership style on staff nurse work
engagement. *JONA: The Journal of Nursing Administration, 46*(9), 438-443.
https://doi.org/10.1097/nna.0000000000000372

Merrill, K. (2015, June). Leadership style and patient safety: Implications for nurse
managers. Retrieved July 15, 2020, from
https://www.ncbi.nlm.nih.gov/pubmed/26010281

Murray, M., Sundin, D., & Cope, V. (2017). The nexus of nursing leadership and a
culture of safer patient care. *Journal of Clinical Nursing, 27*(5-6), 1287-1293.
https://doi.org/10.1111/jocn.13980

Rahbi, D. A., Khalid, K., & Khan, M. (2017). The effects of leadership styles on team
motivation. *Academy of Strategic Management Journal*, *16*(3).

Ramseur, P., Fuchs, M. A., Edwards, P., & Humphreys, J. (2018). The implementation of
a structured nursing leadership development program for succession planning in a
health system. *JONA: The Journal of Nursing Administration, 48*(1), 25-30.
https://doi.org/10.1097/nna.0000000000000566

Root, L., Nuñez, D. E., Velasquez, D., Malloch, K., & Porter-O'Grady, T. (2018).
Advancing the rigor of DNP projects for practice excellence. *Nurse Leader*, *16*(4),

261–265. https://doi.org/10.1016/j.mnl.2018.05.013

Sfantou, D., Laliotis, A., Patelarou, A., Pistolla, D. S., Matalliotakis, M., & Patelarou, E. (2017). Importance of leadership style towards quality of care measures in healthcare settings: A systematic review. *Healthcare, 5*(4), 73. https://doi.org/10.3390/healthcare5040073

Shillam, C. R., Adams, J. M., Bryant, D. C., Deupree, J. P., Miyamoto, S., & Gregas, M. (2018). Development of the Leadership Influence Self-Assessment (LISA©) instrument. *Nursing Outlook*, *66*(2), 130–137. https://doi.org/10.1016/j.outlook.2017.10.009

Taylor-Ford, R. L., & Abell, D. (2015). The leadership practice circle program: An evidence-based approach to leadership development in healthcare. *Nurse Leader, 13*(2), 63-68. https://doi.org/10.1016/j.mnl.2014.07.014

U.S. Department of Veterans Affairs, Office of Nursing Services. (2021). Workforce. Retrieved from www.va.gov/NURSING/Workforce/Workforce.asp

Wisser, K. Z., & Massey, R. L. (2019). Mastering your distinctive strengths as an introverted nurse leader. *Nursing Administration Quarterly, 43*(2), 123-129. https://doi.org/10.1097/naq.0000000000000343

Wong, C. A. (2015). Connecting nursing leadership and patient outcomes: State of the science. *Journal of Nursing Management, 23*(3), 275-278. https://doi.org/10.1111/jonm.12307

Yang, & Chen. (n.d.). A Correlational Study of Leadership Styles and Nurses' Morale and Intention to Stay. *Journal of Nursing*, *69*(6), 45–5. https://doi.org/10.6224/JN

Appendix A: Pre/Post Survey

Please take a few minutes to complete this leadership survey.

Participation is voluntary and all surveys are anonymous.

1. **Gender (circle all that apply)**

   Female   Non-Binary/Third

   Male   Prefer not to say

2. **Education**

   Diploma   ADN   BSN   MSN   DNP   PhD

   Other (please specify) _____

3. **Ethnicity**

   Asian/Pacific Islander   White   African
   American/Black

   American Indian or Alaskan Native   Hispanic Origin   Prefer
   not to answer

4. **Work Experience**

   Less than 1 year   1-3 years   4-6 years   7-9 years   10+ years

5. **Age**

   18-24   25-34   26-34   35-44   45-54   55-64
   65+

6. **Leadership creates a conducive work environment.**

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

7. **Leadership is important for retention.**

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

8. **I am knowledgeable of evidence-based leadership styles.**

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

9. **Leadership style impacts effective communication.**

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

10. **There is a difference between leadership and management.**

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

11. **Do you have a chosen leadership style?**

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

12. **Leadership styles training is imperative for the future of nursing.**

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

13. The content of the training is relevant and applicable to my profession.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

14. This training will help to develop a working knowledge of nursing leadership styles for me to implement into practice.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

15. I understand the underlying concepts of leadership.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

16. Leadership styles set the tone for success.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

17. I understand how my leadership can impact my life and make a difference to others.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

18. The training material will be helpful for my job.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

19. I will be able to apply this knowledge and skills into practice to improve my job performance.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

20. The training is appropriate for my professional learning.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

Appendix B: Data Summary

Leadership creates a conducive work environment

% Responses

100				
80		■ Pre	■ Post	
60				
40				
20				
0				
	0	0	0	0	0

I am knowledgeable about evidence based leadership

% Responses

1				
0.8				
0.6				
0.4				
0.2				
0				
	0	0	0	0	0

■ Pre ■ Post

Leadership is important for retention

Leadership style impacts effective communication

There is a difference between leadership and managment

Do you have a chosen style of leadership

Leadership styles training is imperative for the future of nursing

% Responses

100
80
60
40
20
0

0   0   0   0   0

■ Pre ■ Post

Content of the training is relevant and appropriate

% Responses

100.0
80.0
60.0
40.0
20.0
0.0

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

■ Pre ■ Post

I understand underlying concepts of leadership

■ Pre   ■ Post

20

0

% Responses

0   0   0   0   0

Leadership styles set the tone for success

100

80

60

40

20

0

% Responses

0   0   0   0   0

■ Pre ■ Post

I understand how leadership impacts my life...

I will be able to apply the knowledge/skills to my job