

2018

# Development of a Clinical Nurse Leadership Orientation Program

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*Walden University*

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# Walden University

College of Health Sciences

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Sunita Waddell

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Walden University  
2018

Abstract

Development of a Clinical Nurse Leadership Orientation Program

by

Sunita A. Waddell

MS, Walden University, 2009

AS, Prince George's Community College, 1993

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2018

## Abstract

Nurses are often promoted or hired into leadership positions without the benefit of a formal orientation to their new leadership positions. The challenge of navigating the various expectations of the role of clinical nurse leader (CNL) such as fiscal ownership, staffing patterns, payroll, and disciplinary action process can be overwhelming. The lack of a formalized orientation process and an identified nurse leader to function as a mentor can contribute to the novice CNL feeling unsupported and overwhelmed. The purpose of this project was to identify, develop, and evaluate a CNL orientation manual, outline, and program for newly appointed CNLs. The desired outcome for this doctor of nursing practice project was the education and preparation of CNLs who will navigate the various facets of the role and retain their positions longterm. The Association of Nurse Executives nurse leader model was used to guide the project. A panel of 5 CNL experts evaluated the manual outline and content using a 5-question Likert scale survey. Findings indicated 100% of the participants agreed or strongly agreed with the importance of the topics covered and 80% agreed with the content covered in the manual outline. The project is expected to promote positive social change by preparing new CNLs to meet the requirements of leadership positions.

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## Dedication

To my son, Brantly. You were such a precious gift and you will forever be in our hearts. You believed in my ability to complete this journey and you looked forward to the day you would call me Dr. Mom. I know you're looking down on us and I hope I have made your proud. Love, Mom.

## Acknowledgments

To my husband, John, the journey has not been without its challenges but you have always been there to offer your love and support. Thank you for your unwavering belief in me.

To our son Breon, thank you for being the wonderful son that you are and the support you have given me during this journey

To Janice, thank you for your words of encouragement at just the right time.

To Dr. Veronica Amos, thank you for your belief in me.

To Charlene Rohulich, thank you for supporting my doctoral studies by agreeing to perform the role of my practicum preceptor.

To Dr. Dana Leach and Dr. Cheryl McGinnis, thank you for your guidance, patience, and support.

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## Section 1: Overview of the Evidence-Based Project

### **Introduction**

The Institute of Medicine's (IOM) seventh recommendation speaks to the preparation of nurses for the challenge of leading change that will advance health (Institute of Medicine, 2010). Although the need for further educational resources and training for nurse leaders has been acknowledged by health care organizations, the approach does not necessarily meet the needs of the clinical nursing leader (CNL) for leadership growth and professional development. Often, the response of the health care facility is to encourage or require further academic education without the benefit of addressing how the CNL will implement the academic knowledge into practice (DeCampi, Kirby, & Baldwin, 2010). The purpose of this DNP project was to develop a CNL orientation program for newly appointed CNLs. The targeted CNL audience for this project was CNLs who have achieved the position of assistant nurse manager and above in the nursing leadership hierarchy within the health care facility.

### **Problem Statement**

Organizations often promote or hire CNLs without an initial orientation, training, or mentoring program (American Academy of Ambulatory Care Nursing [AAACN], 2011). As a result, CNLs are placed into leadership roles without the necessary tools and resources required to effectively and efficiently perform their duties. Although health care facilities have developed organizational and departmental level training for the bedside health care practitioner, the same importance or value has not been placed on developing CNLs, midlevel nurse leaders, or nurse executives (AAACN, 2011). "CNLs

are critical to the success of any health care facility and are the key interface between patients, nursing staff, medical staff, ancillary staff and hospital administration”

(DeCampli et al., 2010, p. 132).

Health care facilities, which have employed me, have varied in the approach and resources with regard the CNL orientation. I have personally experienced a lack of a CNL orientation and resources to assist in the development of the CNL role within a health care facility. This lack in CNL orientation included being delivered a book inclusive of policies and CNL structure only, the assignment of a CNL mentor without a formal structured mentoring program, or simply being presented the keys to the manager’s or director’s office with nothing else. I have heard similar accounts expressed by other CNLs among several other health care facilities. The lack of a CNL orientation has resulted in the failure to adequately prepare new CNLs with the appropriate navigational resources to be able to collaborate with the health care facility’s key stakeholders and understand what the CNL roles and responsibilities are within the health care facility.

### **Purpose and Objectives**

Although CNLs are expected to be able to excel in many different areas such as financial acumen, managing people, quality patient care, scheduling, and innovation, the literature revealed that the resources and tools to prepare the CNL for success in a health care facility is almost nonexistent. Although the CNL’s role is complex and challenging, it is common practice to promote the CNL into the position and expect them to “hit the ground running,” without being adequately prepared to assume the role” (DeCampli et

al., 2010, p. 132). The lack of a CNL orientation program for CNL roles causes barriers in the successful development of CNL skills on a professional and personal level (Kelly, Wicker, Gerkin, 2014). The question posed for this DNP project was: Will the development and evaluation of a CNL orientation program facilitate the growth and development of CNLs and ultimately contribute to an increase in CNL retention in a health care facility? In addition, what will be the response of the current CNLs to the development and evaluation of a CNL orientation program within a health care facility?

Demand exists for health care facilities to conduct training sessions for those in leadership positions that will result in improved performance in management skills and leadership development (Terzic-Supic et al., 2015). The purpose of this DNP project was to develop a CNL orientation program manual outline. The CNL program will the develop a standardized CNL orientation program and improve the knowledge base and development of CNLs in a health care facility. I used the knowledge acquired during the literature review on the topic to determine the recommended and required CNL leadership elements that would be instrumental in the development of a CNL orientation program that would assist the new CNLS in developing their role and would facilitate growth that would in turn create CNLS, who are prepared to successfully navigate their roles.

For this DNP project, I worked with the health care facility to anonymously acquire five CNL experts within the health care facility. These five experts reviewed and evaluated the newly developed CNL orientation program manual outline for this DNP project. I asked the CNLs to provide feedback by completing a Likert scale survey that I

developed. Once the CNL experts completed and anonymously submitted the surveys, I analyzed the data using descriptive analysis.

### **Nature of the Doctoral Project**

“It is widely believed that the use of theory and research offers structure and organization to nursing knowledge and provides a systemic means of collecting data to describe, explain, and predict nursing practice” (McEwen & Wills, 2014, p. 25). Research methods are important to the collection and analyzing of data that can be interpreted for evidence-based clinical practice. It was my responsibility to develop and evaluate a newly developed CNL orientation program based on evidence-based literature that will facilitate the growth and professional development of CNLs.

### **Significance**

The American Academy of Nursing has established the charge of preparing nurses to assume clinical leadership roles not only in health care facilities but in other arenas such as politics and policy as one of its 2014-2017 strategic goals. The focus is on conducting research and analysis relevant to the development and evaluation of CNL orientation programs, determining the value of nurses on boards, while determining the current presence of CNLs on local, state, and federal forums (American Academy of Nursing, 2015). It is imperative that CNLs are prepared at all levels to meet the expectation of their role and are prepared for advancement in the nursing profession. In early 2011, American Association of Colleges of Nursing (AACN) Board of Directors met to review and strategically develop a response to the recommendations set forth by the Institute of Medicine in an effort to support the recommendation of the Institute of

Medicine to prepare CNLs to achieve clinical leadership roles. The development and evaluation of a CNL orientation program will contribute to the IOM's recommendation of implementing initiatives that will prepare CNLs to become effective and efficient in their current and future CNL appointments.

### **Summary**

In this section, I have attempted to clearly provide the problem statement of this DNP project, describe the purpose of the DNP project, and state the significance of this DNP project. The nursing discipline must prepare for CNL roles. Preparation will allow CNLs to demand inclusion as key stakeholders and contributors at what must be a collaborative effort. This DNP project is not limited to academic organizations but will include local, state, and federal legislative venues as well (Porter-O'Grady, 2011). If CNLs are to be effective in their leadership roles, appropriate orientation and resources must be provided by the health care facility to assure the CNLs are in a position to successfully navigate and acquire the knowledge base and skillset necessary to meet the expectations of their roles.



## Section 2: Background and Context

### **Introduction**

I developed a CNL orientation program manual outline and a panel of five CNL experts at the health care facility evaluate the CNL orientation program manual outline. The goal for the CNL orientation program was to improve the knowledge base and skillset related to CNL role within health care facility. Health care facilities often promote or hire nurse managers and directors into CNL positions without an initial orientation, training, or mentoring program (AAACN, 2011). The challenge of trying to navigate fiscal ownership, staffing patterns, payroll, disciplinary action process, how to order supplies, and a host of other departmental responsibilities can be overwhelming for new CNLs who have not undergone a CNL orientation within the health care facility.

The health care facility that I selected for this DNP project does not currently have an established CNL orientation program for newly appointed CNLs. Through evidence-based literature search and through discussion with a recently promoted CNL director at the site, the Association of Nurse Executive's (AONE) leadership competency model was selected for use as the framework for the DNP project. The AONE competency framework concentrates on the skills, knowledge, and behaviors that are achieved through education, working on the job in the role, and educational resources (Pharmaceutical Society of Ireland [PSI], 2017). I will discuss the framework in further detail within this section. Finally, in this section, and I address my role as the DNP student in relation to the DNP project.

### **Concepts, Models and Theories**

Providing the necessary tools and resources for CNLs such as a CNL leadership orientation program would prepare the CNLs to be successful in their new roles. The AONE competency model framework was selected for use as the framework for the DNP scholarly project. This framework is centered on the skill, knowledge, and behaviors that are achieved through education, working on the job in the role, and educational resources (PSI, 2017). More specifically, this DNP project was influenced by the guiding principles of an organization dedicated to improving the clinical nurse leadership qualities of members of the nursing profession. The competencies within the AONE competency model framework “detail the skills, knowledge and abilities that guide nurse leaders” regardless of their practice site or defining position (AONE, 2015, p. 2). The organization identified 5 key areas in which achieving competence was imperative for clinical nurse leaders. The elements of leadership competency, as listed by AONE (2014), are “knowledge, leadership, communication, professionalism, and business skills” (p. 2).

A literature search was conducted to obtain evidence-based practice literature relevant to the development of the CNL orientation program. The following search engines were used to obtain literature related to the development of a CNL orientation program. The CINAHL Full Text databases, Ovid Nursing Journals Full Text database, Google Scholar, and Medline Plus Full Text databases were used in the literature search. The phrases *training nurse leaders*, *training nurse leaders and mentoring and orientation*, *developing successful nurse leaders*, *nurse leader competency*, *mentoring nurse leaders*, *developing successful nurse leaders*, and *orientation and mentoring* were

used in the search engines Boolean string. The timeframe that I used for the literature search was January 1, 2009, to December 31, 2017.

Cohen (2013) stated, “The expectation typically revolves around a misperception that nurses with expert clinical skills are prepared to lead effectively” (p. 9). A further review of the existing literature revealed supporting scholarly literature inclusive of interventions that had been implemented in health care facilities in response to the absence of established CNL training and orientation programs for CNLs. Frameworks, to include the leadership practice inventory, the competency model, and coaching, were interventions that were implemented in various facilities to address the determined necessity of leadership training for CNLs. McNally and Luken (2006) concluded that coaching was an effective method in elevating both the level of competence and confidence in nurse leaders, which additionally contributed to a reduction in nurse leader turnover (Karsten, Baggot, Brown, & Cahill, 2010).

“New nurse managers require a solid knowledge base of effective leadership practices” (Cohen, 2013, p. 11). In addition, the development of a CNL orientation program within health care facilities for CNLs in their initial leadership role was encouraged by the AACN (2011). Although the literature search supported the development of the CNL orientation program for CNLs, an identified deficit exists in the number of evidence-based research studies conducted in relation to the development of a structured CNL orientation program. Support of the CNL competency framework was garnered from a study conducted by McCarthy and Fitzpatrick (2009). The researchers concluded, “The use of a competency framework was linked to improved organizational

performance, such as reduced turnover and growth of the industry” (McCarthy & Fitzpatrick, 2009, p. 347). The leadership competency model, in collaboration with the AONE recommended leadership competency areas of achievement, provide the foundation of the CNL orientation program.

McCarthy and Fitzpatrick (2009) stated, “Competencies have been considered the single biggest contributor to the difference between effective and ineffective managers” (p. 347). The necessary CNL orientation and training must be provided by the healthcare facility to assure CNLs are in a position to successfully navigate and acquire the knowledge base and skillset necessary to meet the expectations of their role. In addition, McCarthy and Fitzpatrick (2009) were in support of facilities implementing a competency model in an effort to fully tap into the strengths of nurse leaders in the organization with the result of not only preparing nurse leaders for their roles but also improving recruitment and retention.

Weber, Ward, and Walsh (2015) wrote, “The most significant investment an organization can make in the delivery of quality patient care is the investment in the future of current and future nurse leaders” (p. 49).

### **Relevance to Nursing Practice**

As a CNL, it is imperative that full engagement exists in venues such as policy making, patient advocacy, nursing advocacy, nurse mentoring, and professional growth. The development and evaluation of the CNL orientation program will facilitate new CNLs in receiving a comprehensive orientation that will elevate their knowledge of the

leadership attributes to include business skills, effective communication, quality nursing care and clinical practice, and how to establish policies related clinical practice.

In 2013, the reported nurse manager turnover rate was at a level of 8.3% nationally (Cohen, 2013). The health care organization's current CNL turnover rate was not provided for the purpose of the DNP project. Achieving the accomplishment of producing and retaining effective CNLs occurs when CNLs are afforded the opportunity to receive the appropriate CNL orientation for their newly appointed role. CNLs often depend on the actions they observe from other CNLs, who in many cases have not been appropriately oriented to their roles, leading to inconsistencies in practice and pose a potential gateway to conflict in CNL practice (Kelly et al., 2014). Will the development and evaluation of a CNL orientation program increase CNL retention, resulting in a reduction in CNL turnover? I attempted to address the identified gap in CNL orientation, which prevents the CNLs from effectively and efficiently performing their leadership roles and thus may play a role in the CNL retention rate.

### **Local Background and Context**

CNLs must be afforded the necessary orientation that will allow them to achieve the necessary knowledge, skillset, and professional work-related judgment. Properly oriented CNLs will be competently prepared to accomplish their roles and responsibilities that is expected in their positions (Gulzar, Mistry, & Upvall, 2011). The knowledge that will be acquired as a result of this DNP project will promote success for those members of the nursing profession who have been promoted to CNL positions within a health care facility.

The health care facility site for this DNP project is a not-for-profit, acute care hospital located local in a rural southern Maryland community, which is also inclusive of an Amish community. The facility was originally established in the mid-1900s. In 2008, the health care facility became part of a larger health care system. Although the facility now functions as a member of a larger network, the hospital has been able to remain congruent with the small community-based health care organization while being able to provide technological advances that could only be afforded as a result of the newly established relationship with a larger health care system

CNLs at the selected site for this DNP project primarily maintain a minimum of a bachelor's degree in manager roles and a master's degree in director roles. Although the CNLs are academically prepared for their CNL roles, no CNL orientation program exists within the health care organization that would provide a consistent process for orientating CNLs to the CNL role.

### **Role of the DNP Student**

If a CNL is to be effective, the CNL must possess the ability to demonstrate the characteristic of being able to influence others toward achieving positive outcomes (Hyrkas & Henry, 2010). In addition, advanced practice nurses who possess the doctorate of nursing practice degree are considered experts in their field and are encouraged to engage and provide a CNL foundation that will promote evidence-based practice (Tymkow, 2011). I have a long-standing relationship with the health care facility. Several years ago, I worked in the facility's emergency department as an emergency room agency nurse. In addition, I worked at the facility as a part-time patient care supervisor. Although

I am not a current employee of the facility, I have a direct relationship with the facility as the facility's health care system is a client of my current employer. I recognized a willingness of the current practicum site to collaborate with me in planning, developing, and evaluating the DNP project, whose primary purpose was to develop a CNL orientation program.

It was my responsibility to plan, develop, and evaluate a new CNL orientation program that would provide the CNLs with the knowledge that would promote the navigation of fiscal ownership, staffing patterns, payroll, disciplinary action process, ordering supplies, and other departmental responsibilities. The CNL orientation program manual outline was inclusive of the founding CNL leadership principles described as requirements for CNL competency. The elements of CNL leadership competency, described as necessary areas for achievement, as listed by AONE (2015), were “knowledge, leadership, communication, professionalism, and business skills” (p. 2). My responsibility was to use the American AONE recommended competencies for success to develop a CNL orientation manual outline. Although it is noted that with any DNP project that the potential exists for individual biases to arise, I did not anticipate any forthcoming biases in relation to this DNP project because the project's development was based on AONE's guiding leadership competency principles.

### **Summary**

The purpose of this DNP project was to create an argument for the necessary development and evaluation of a CNL orientation program within the identified health care facility. For CNLs to be effective in their leadership roles, proper orientation and

resources must be provided by health care facilities. The development of a CNL orientation manual and program would assure CNLs are in a position to successfully navigate the role by acquiring the knowledge base and skillset that would allow them to meet the expectations of their role.

In this section, I developed an evidence-based CNL orientation program based on research obtained from the literature search. In addition, I provided the rationale for this DNP project, a description of the health care facility, and my affiliation with the health care facility.



### Section 3: Collection and Analysis of Evidence

#### **Introduction**

Health care facilities often promote or hire clinical nurse managers and directors into CNL positions without an initial orientation, training, or mentoring program (AAACN, 2011). As a result, CNLs are placed into leadership roles without the necessary tools and resources required to effectively and efficiently perform their duties. The purpose of this DNP project was to demonstrate the necessity of a CNL orientation program to the success and retention of CNLs. I selected an approximate 103-bed health care facility in Maryland as the setting for the development and evaluation of the DNP project. The health care facility, at the beginning stages of the DNP project development, had recently promoted or hired three new CNL directors, all of whom had received varying information as an introduction to their new CNL roles. I used the practice focused questions, provided relevant evidence-based literature, and the search engines used for the literature search. I also incorporated the AONE nurse leader competencies knowledge, leadership, communication, professionalism, and business skills, as identified by AONE as essential competencies for nurse leaders. In addition, I attempted to provide methods of data analysis and an evaluation plan for the DNP project involving the development of a new CNL orientation program,

#### **Practice-Focused Questions**

The question posed for this DNP project was: Will the development and evaluation of a CNL orientation program facilitate the growth and development of CNLs and ultimately contribute to an increase in CNL retention? In addition, would the

development, planning, and evaluation of this DNP project improve the knowledge base of the CNL which would improve the quality of nursing leadership and would develop and implement policies and processes that would improve patient outcomes? The purpose of the DNP project was to develop and evaluate a CNL orientation program that would facilitate the growth and development of newly appointed CNLs. I worked with the facility to have five local experts within the health care facility anonymously evaluate the newly developed CNL manual outline and provide feedback using the Likert scale survey that I developed. I evaluated the survey data and reported the results using descriptive analysis.

### **Published Outcomes and Research**

A literature search was conducted to obtain literature relevant and in support of the DNP scholarly project. The following search engines were used to obtain literature supportive of the DNP nursing leader orientation and mentoring DNP project: the CINAHL Full Text databases, Ovid Nursing Journals Full Text database, Google Scholar, and Medline Plus Full Text databases. The phrases *training nurse leaders, training nurse leaders and mentoring and orientation, developing successful nurse leaders, nurse leader competency, mentoring nurse leaders, and developing successful nurse leaders and orientation and mentoring* were used in the search engines Boolean string. The original timeframe used for the literature search was January 11, 2012, to April 1, 2017. The initial timeframe did not yield the results that I anticipated and as result, I expanded the search dates to the timeframe of January 1, 2009, to December 31, 2017. The literature search revealed support of developing and implementing CNL orientation programs for

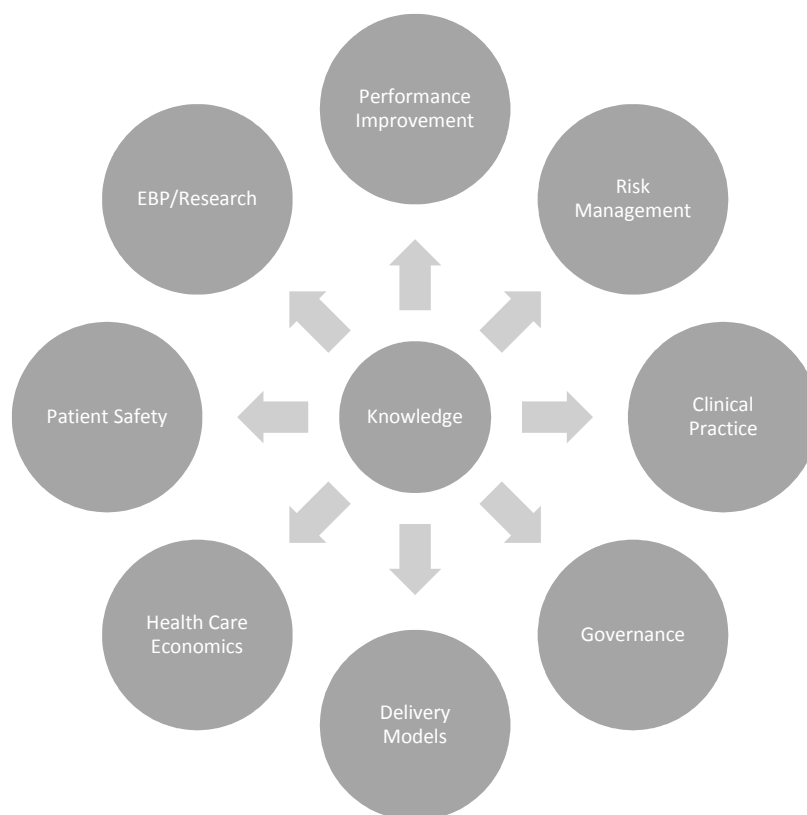
CNLs. In addition, several frameworks, such as leader practice inventory, the competency framework, and value-based and ethical frameworks, and nursing leadership competencies were utilized in the reviewed research articles.

Supportive of health care organizations implementing training and competencies for CNLs, Weber et al. (2015) wrote, “The most significant investment an organization can make in the delivery of quality patient care is the investment in the future of current and future nurse leaders” (p. 49). In addition to providing training and mentoring to newly promoted CNLs, O’Connor (2017) petitioned not only for adequate resources for CNLS but also for visible support from senior nursing leadership, inclusive of the chief nursing officer (CNO). O’Connor (2017) wrote, “New middle managers need a transitional plan that includes support, mentoring, and direction from senior leaders” (p. 360).

### **Evidence Generated for the Doctoral Project**

I developed a clinical nurse leadership orientation program outline for five identified facility experts for review and evaluation. The development of the orientation program outline was based on information acquired through an evidence-based literature review on the subject. Nurse leader competency achievement areas were identified as nurse leader competency recommendations by AONE. “The AONE Nurse Executive Competencies detail the skills knowledge and abilities that guide the practice of nurse leaders in executive practice regardless of their educational level, title or setting” (AONE, 2015, p. 2). The organization identified five key areas in which achieving competence was imperative for nurse leaders. The elements of leadership competency, as listed by

AONE (2015), are “knowledge, leadership, communication, professional, and business skills” (p. 2). I used the leadership competency areas of recommended achievement to develop elements for the outline of the nurse leader orientation manual. See Figures 1.1 through Figure 1.5.



*Figure 1.1. Knowledge.*

The Oxford Learner Dictionary (2018) defined *knowledge* as “the facts, information, and skills acquired through experience or education; the theoretical or practical understanding of a subject.” Knowledge of the health care environment, per the AONE nurse executive guides, is inclusive of the nurse leader’s ability to understand and demonstrate competence in the eight previously noted areas: performance improvement,

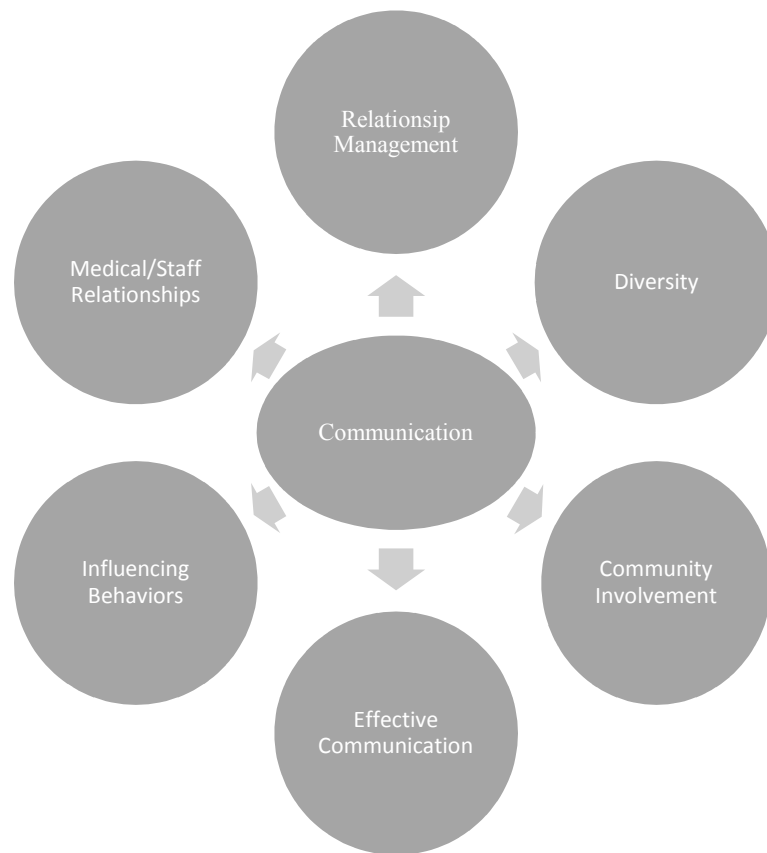
evidence-based practice and research, patient safety, health care economics, health care delivery modes, governance, clinical management, and risk management (AONE, 2015).



*Figure 1.2. Leadership.*

The Oxford Learner Dictionary (2018) defined *leadership* as “the action of leading a group of people or an organization.” The mastery of demonstrating leadership per AONE (2015) is inclusive of demonstrating competence foundational thinking skills or the ability to perform self-analysis critical thinking, and continuous learning; systems

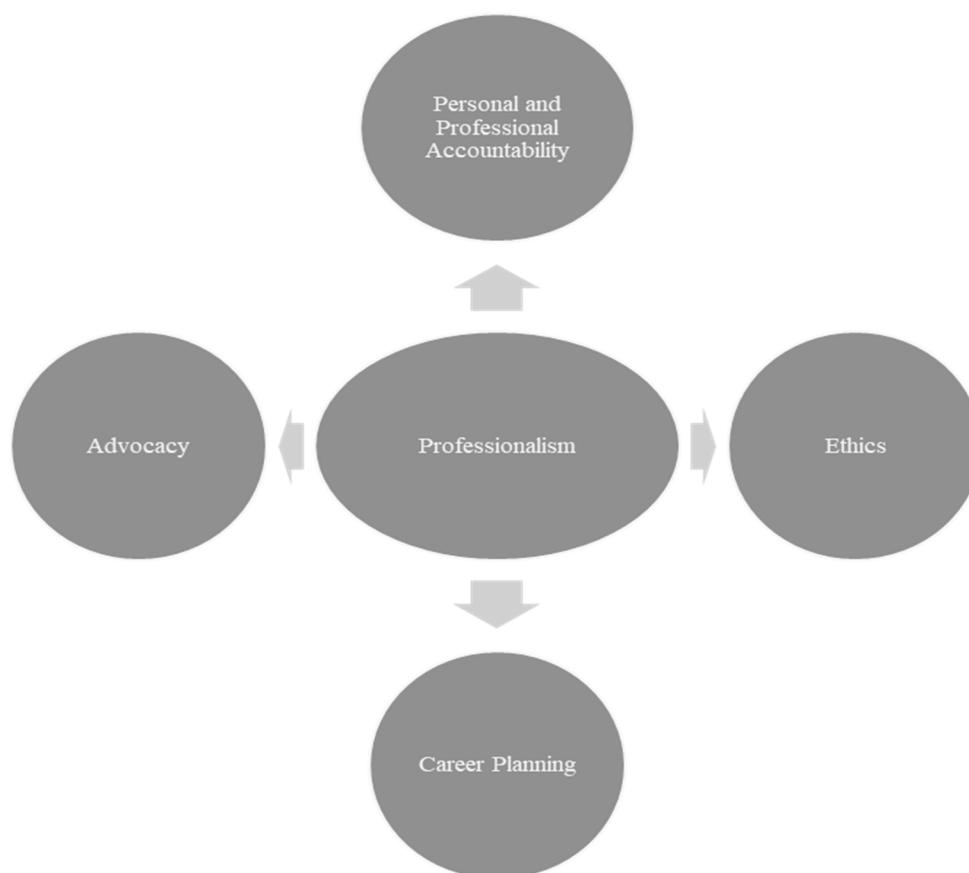
thinking and the ability to problem solve and make decisions; personal journey disciplines or the ability to use past experiences, failures or successes, as learning experiences for future success; and the ability for the nurse leader to be a change agent in the health care organization.



*Figure 1.3. Communication.*

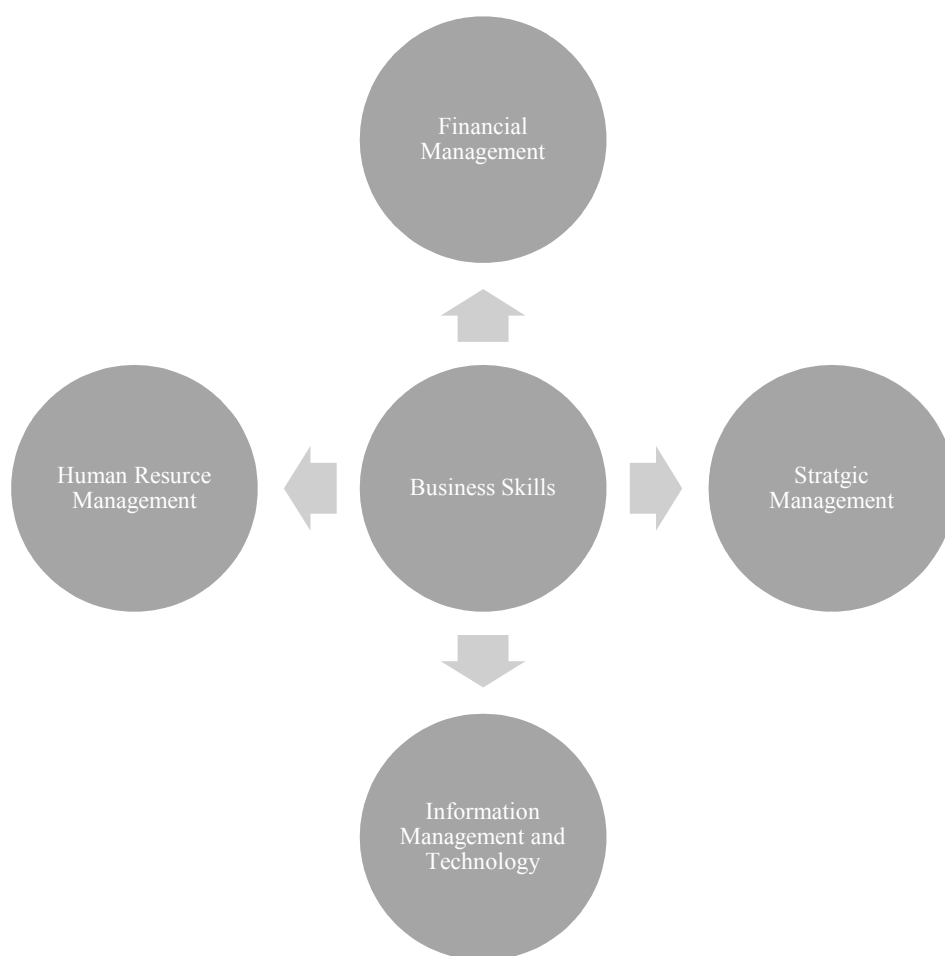
The Oxford Learner Dictionary (2018) defined *communication* as “the imparting of information by speaking, writing, or using some other medium means of receiving information.” The CLN will demonstrate competence in communication by demonstrating the ability to establish trusting professional and community relationships

along with the ability to deliver oral presentations in reference to nursing, organizational, community, and organizational issues (AONE 2015).



*Figure 1.4.* Professionalism.

According to the Oxford Learner Dictionary (2018), *professionalism* is “the high standard that you expect from a person who is well trained in a particular job.” The CNL will competently demonstrate the ability to perform with the highest ethical and moral standards, assist others with career growth by offering coaching and mentoring skills, and holding self-accountable, as well as others (AONE, 2015).



*Figure 1.5.* Business skills.

The Oxford Learner Dictionary (2018) defined *skill* as “the ability to do something well; expertise.” The AONE nurse executive guidelines recommend nurse leaders acquire competency in business skills by the ability to successfully manage fiscal resources, engage in contract negotiations, manage persons, through recognition or disciplinary processes, recruit and retain staff, incorporate technology, and establish processes that are in alignment with meeting organizational strategic goals (AONE, 2015).



### **Protections**

As previously stated, to facilitate full disclosure, the identity of the 5 local experts evaluating this DNP project will remain anonymous with regard to provided responses in Likert scale evaluation surveys (See Appendix B) used for data collection. The surveys attempt to acquire relevant data for the purpose of the evaluation of the newly developed CNL orientation program at the proposed health care facility. All collected data will remain in my ownership and I will use them only for the purpose of the DNP project.

The DNP project application was submitted to Walden University's institutional review board (IRB) for review and approval. Upon approval of my project by Walden's IRB, I submitted the site agreement for to the health care facility for approval and signature. Data collection relevant to the DNP project did not begin until I was in possession of documentation reflecting approval of the DNP project by Walden's IRB board and receipt of the signed site agreement by the health care facility.

### **Analysis and Synthesis**

A five-question Likert scale survey (See Appendix B) that I developed was used to collect evaluation data provided by the five locally identified CNL experts chosen to review the newly developed CNL orientation program. The Likert scale was created based on the specific data desired to be obtained by me in reference to the AONE (2015) competency guidelines recommendations in the areas of "knowledge, leadership, communication, professionalism, and business skills" (p. 2). I analyzed the data from the completed surveys and I reported the results using descriptive analysis.

The five-person anonymous CNL expert panel was asked to review the orientation program for relevance of the content and content recommendations, which included material inclusion and exclusion recommendations (See Appendix B). The CNL local experts selected for the evaluation were an unidentified combination of CNLs, assistant nurse managers, nurse managers, and nurse directors in inpatient and outpatient clinical settings, who have 1 to 2 years in their positions and CNLs with 3 or more years of current leadership positions at the health care facility site. The surveys were submitted anonymously. Nurse leader academic education level was not captured because this may have potentially been a nurse leader identifier due to the small size of the facility. The newly developed CNL orientation program was revised based on the recommendations received from these CNL experts. Results of the surveys were analyzed and reported using descriptive analysis.

### **Summary**

In Section 3, I restated the identified practice problem and reemphasized the practice-focused questions pertinent to the DNP project of the development of a CNL orientation program. In addition, I described the targeted population for the DNP project, developed the outline for the newly developed CNL orientation program, and described the local CNL expert inclusion criteria and the completion of their evaluation of the CNL orientation program. I also discussed how I analyzed the data from the evaluation.

## Section 4: Findings and Recommendations

### **Introduction**

Health care organizations have promoted or hired clinical nurse managers and directors into leadership positions without an initial orientation, training, or mentoring (AAACN, 2011). The practice of CNLs not receiving an orientation but rather being placed in a position to assume their leadership role immediately on hire is in stark contrast to the orientation phase that is traditionally afforded for nurses in the clinical bedside role. The purpose of this DNP project was to develop a CNL orientation program manual outline. The AONE's competencies, "knowledge, leadership, communication, professionalism, and business skills" (p. 2), were the framework for the orientation manual outline development. An anonymous five-question Likert scale survey was completed by five CNLs after review of the CNL orientation manual outline. I will present the results of the anonymous Likert surveys in Section 4, along with any revisions that were made based on recommendations noted in the Likert survey.

### **Findings and Implications**

As previously referenced in Section 3, five anonymous CNL experts were asked to review and evaluate the orientation program for relevance of the content and content recommendations, to include material inclusion and exclusion recommendations. Evaluations are designed to provide program developers and stakeholders with such information as how well the program is or is not working, whether key objectives were met, identified program strengths and weaknesses, and cost-effectiveness (Hodges & Videto, 2011) The response to the CNL orientation module outline were overall positive.

All survey responses supported the necessity of a CNL orientation program at the health care facility. The CNL orientation manual's outline content included the newly appointed CNL meeting and receiving training with leadership representatives from human resources, finance, materials management, information technology (IT), risk management, hospital orientation, and other CNLs within the health care organization.

The CNLs were asked to rate content in the orientation manual outline, by responding to a five-question Likert survey. The rating options of the Likert survey were as listed below:

a = strongly agree

b = agree

c = somewhat agree

d = disagree

The initial question posed in the survey was in reference to the importance of the program topics included in the outline. All participants ( $N = 5$ ) responded with a rating of agree or strongly agree, indicating the support of the development of an orientation program and training for newly appointed CNLs. The second question sought to answer the question of whether the reviewing CNLs felt the orientation program would improve their job knowledge base. All respondents ( $N = 5$ ) either agreed or strongly agreed the orientation program would increase their job knowledge. Question 3 asked whether the respondents would recommend the CNL orientation manual outline and program for the health care facility. All participants responded, and all responses were either agree or strongly agree. Question 4 pertained to the topics in the orientation manual outline. CNLs

were asked whether there were enough topics covered in the content. Responses varied with the majority of the CNLs agreeing that not enough topics being covered in the manual outline; however, only one survey provided a suggestion for an additional inclusion. The fifth and final question asked if the CNLs were satisfied with the content included in the manual outline. The majority, or four of five responses, agreed the content was sufficient with one response of disagreement. In addition, the CNLs were asked to free text any outline recommendations in Number 6 of the survey (See Table 1).

Table 1

*Likert Survey Responses*

Question	Strongly agree	Agree	Somewhat agree	Disagree
1.The CNL orientation program topics are important for performing my role.	3	2	0	0
2.The CNL orientation will improve my job knowledge base.	3	2	0	0
3. I would recommend the CNL orientation manual and program use at my facility.	2	3	0	0
4. There are not enough topics covered in the orientation program for success in the CNL role.	0	3	1	1
	0	4	0	1

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5. I am satisfied with the content included in the orientation program.

### **Recommendations**

As previously noted in the previous section one survey provided a suggestion for an additional topic to be included in the manual outline. The request was for a meeting with bio med to receive information on managing equipment contracts. In addition, there was a request to include meeting with other department leaders outside of nursing. The requested additions were made to the orientation manual outline. In reference to CNLs who complete the orientation program, it is recommended that the health care facility that health care facility follow up with the CNL at 6-, 12-, 18-, and 24-month intervals to review the CNL's progress. It is recommended that the CNL complete a self-analysis of their job performance in the five identified AONE nurse leader competencies be completed at each session. Core measures, unit vacancy/turnover, fiscal responsibility, and annual performance evaluations will be used as elements in determining CNL performance.

### **Strengths and Limitations of the Project**

The attempt to develop and implement initiatives that will lead to process changes in an organization will most certainly meet resistance or challenges in the effort to bring about the change (Russell, 2013). A strength of this DNP project was that the surveyed CNLs were in support of the development of a CNL orientation program and manual. In

addition, the interim CNO agreed with the need for the development of an orientation program for CNLs in health care organizations.

Strategies and processes that will evaluate the implemented practice change should be considered at the development and implementation phases of the project (Dudley-Brown, 2012). The data collection for the DNP project was anonymous and therefore did not permit obtaining of information such as previous training, years in a management role, data such as unit vacancy, and performance evaluations which could have been barriers to anonymity. Another limitation was with the project was that project implementation was dependent upon the onboarding of a newly appointed CNL. At the inception of the DNP project premise, the health care organization had recently hired three new CNLs. There remains one vacancy at the present time, which may be filled by the CNL who has been in the interim role long-term.

### **Summary**

In Section 4, I reviewed the data collection tool and analyzed the data that I used for the DNP project. The method that I for reporting the data was a descriptive analysis. In addition, I listed any recommendations that were listed on the Likert surveys, Finally, I acknowledged strengths and limitations of the project.

## Section 5: Dissemination Plan

### **Introduction**

It is imperative that information pertaining to evidence-based projects are disseminated to key stakeholders in a format that will most effectively influence the targeted audience (Forsyth, Wright, Scherb, & Gasper, 2010). In Section 5, I will discuss the plan for disseminating the DNP project to the health care facility, the targeted audience, and the project findings. In addition, I will conduct self-analysis in respect to the DNP project. Finally, I will discuss challenges, solutions, and knowledge acquired as a result of developing and completing the DNP scholarly project.

### **Dissemination**

Determining the most appropriate manner or method for dissemination of any project, that will be most effective for the targeted audience highly depends on the project leader understanding the needs of the involved stakeholders or audience. The main purpose of disseminating research or educational information is to provide the targeted population with relevant findings that will ultimately improve outcomes (NCCMT, 2017).

The format I used for presentation of the CNL nurse leader education manual outline to facility CNL leadership review and evaluation was individual manuals. The same format, along with the addition of a PowerPoint presentation will be used in the dissemination of the DNP project CNL orientation manual outline. Presenting the final document in an outlined manual form will provide a clear and concise details of the content that is inclusive orientation program and manual outline for the onboarding of



new CNLs to the health care organization. This method of delivery will be initially viewed by human resources and leadership from the education department as these departments are currently responsible for new leader onboarding.

### **Analysis of Self**

Oxford Learner Dictionary (2018) defines *self-analysis* as “the study of your own character and behavior, especially for doing things.”

- Practitioner: If patient outcomes are going to be improved, it is imperative that health care practitioners implement changes that are derived as a result of conducted research, is relevant and is synthesized (Russwurm & Larrabee, 1999). Although the DNP project is not a direct patient care project, the project does indirectly impact patient care. As a health care practitioner, I have always been a patient advocate. Several years ago, I can recall thinking patient advocacy and excellent clinical skills were enough to ensure positive patient outcomes. I continued academia for career progression. Soon afterward, I realized the importance and necessity of being able to provide evidence based researched data if policy and process changes were going to occur, Completing the DNP program has given me the knowledge base, skillset, and confidence to conduct evidence-based research and the ability to present the findings that will ultimately improve patient outcomes.
- Scholar-Tymkow (2011) wrote, “Scholarship is an evolutionary process that raises the level of the profession through participation in the

generation of new knowledge and through scientific and social change” (p. 64). Although the research courses were not particularly exciting courses, I did and do acknowledge the importance of being properly conducting literature reviews. Data provided must be factual with supporting documentation. It is not enough to state that I have knowledge of something because of my experience. The ability to produce irrefutable data has garnered respect and solidified my credibility when discussing health care issues.

- Project manager: The Project Management Institute (2018) describes *project managers* as “change agents who make project goals their own, work well under pressure, are comfortable with change, and cultivate people skills to develop trust among stakeholders” (p. 1). Prior to the DNP program, I had been part of the team on projects, but I had never had the experience of leading and managing any projects. Almost a year and a half ago, I transitioned from a hospital environment to a health care position in clinical operations. The client whose account I manage has recently begun requesting project developments. The DNP course of study has provided the experience necessary for the development and implementation, and evaluation of projects that have been requested by the client.

Nurses who have achieved the advanced degree of the doctorate of nursing practice are able to obtain positions in a variety of roles inclusive of health care facilities, academic

settings, political venues at community, state, and local levels, and the private sector (Riley, 2011), Currently, my role is in clinical operations, in the private sector. The DNP course of study and the DNP project have provided experience that has contributed to acquired knowledge in building relationships with key stakeholders, presenting data in multiple methods such as PowerPoint presentations, spreadsheets, and conference calls, all simultaneously to capture the attention of each involved stakeholder in the method which is most effective.

When I originally enrolled in the DNP course of study, my pathway was leading to a chief nursing officer role (CNO). In time, that has evolved, and my future plans career plans have changed. My desire is to become involved with social issues that impact our youth such as bullying. My primary focus after the completion of this program will be the start of a nonprofit organization.

The completion of the DNP project is a major accomplishment that has not arrived without challenges. Gaining access to required systems proved to not be an easy task and initially created delays in courses. In addition, navigating systems to ensure the appropriate documents were followed and referenced at times became confusing. Last, the preconception of what writing the scholarly paper would be like could not have been further from the truth. It is important to be more organized with the DNP project and the processes than normal. Sections need to be reviewed more than once to ensure accurate understanding of requirements. I found printing out documents and placing them in a binder with section dividers to be beneficial. Finally, I had to remove from the forefront of my mind what I had formulated as my success for all other writing assignments as I

soon discovered that the completion of the DNP scholarly assignment would not be any comparison to any other writing assignment.

### **Summary**

The intended purpose of the DNP project was to identify a practice problem and to provide a solution to the identified problem that was evidence based (White & Zaccagnini, 2011). The focus of the DNP project was nursing leadership and the development of an orientation manual outline for newly appointed CNL. As previously noted, health care facilities often promote or hire clinical nurse managers and directors into CNL positions without an initial orientation, training, or a mentoring program (AAACN, 2011). The AONE's nursing leadership competencies were used as a guide for developing the content to be covered in the orientation manual outline. Five CNL experts at the health care facility were asked to complete an anonymous five-question Likert survey after review of the orientation manual outline. All respondents were in agreement with the need for an orientation program for newly appointed CNLs and all were in agreement with the content in the manual outline.

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Appendix A: Nurse Leader Orientation Manual Outline



The purpose of this CNL orientation program is to provide a consistent CNL leadership orientation process that will assist in the orientation of newly appointed CNLs in the positions of assistant nurse manager, nurse manager, and nurse director positions. The newly developed CNL orientation program has been developed to address the identified components of CNL competency as stated by the Association of Nurse Executives. It is the recommendation of this author that the below meetings occur prior to the nurse leader assuming the leadership role on the unit of responsibility.

- I. Attend hospital orientation
- II. Meet with director supervisor.
  - A. Establish goals and set expectations
  - B. Review/request required access
  - C. Receive office keys/tour unit of responsibility
- III. Meet with human resources
  - A. Review human resources policies
  - B. Review facility people management system
  - C. Review interviewing, hiring, termination processes and systems
  - D. Review disciplinary process and required documentation
  - E. Receive and review union collective bargaining agreement, if applicable.
- IV. Meet with finance
  - A. Orient to payroll system to include performing payroll

- B. Review department budget to include how to analyze and report variances
- C. Scheduling and how to reconcile with daily payroll system
- V. Meet with materials management representative
  - A. Review unit supply inventory list and PAR levels
  - B. Review how to request unit clinical supplies, to include special order supplies
  - C. Review how to request additions and/or deletions to supply inventory
  - D. Discuss product review committee if applicable
- VI. Meet with IT representative
  - A. Review access
  - B. Review available reports and how to access retrieve relevant data such as core measure compliance, etc.
  - C. Review requesting and terminating employee access.
- VII. Meet with risk management representative
- VIII. Meet with education department leadership
- IX. Meet and greet individual nurse leaders
- X. Shadow facility nurse manager director 2-3 days

## Appendix B: Nurse Leader Orientation Manual Likert Survey

1. The clinical leader orientation program topics are important for performing my role
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Disagree
  
2. The clinical leader orientation program will improve my job knowledge base
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Disagree
  
3. I would recommend the clinical leader orientation manual and program use at my facility
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Disagree
  
4. There are not enough topics covered in the orientation program for success in the clinical nurse leader role
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Disagree
  
5. I am satisfied with the content included in the orientation program
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Disagree
  
6. I would recommend the following changes to the orientation program