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Registered Nurses' Assessment of Clinical Leadership Knowledge and Competence

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Walden University

College of Health Sciences

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Valerie D. Wright

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Walden University

2020

Abstract

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by

Valerie D. Wright

MS, Walden University, 2012

BS, University of Maryland, 2008

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

Walden University

February 2020

Abstract

As a prevalent component of the health care workforce, clinical nurse leaders play a vital role in reducing costs and promoting quality patient outcomes. The purpose of his project was to assess clinical leadership skill of nurses at a 160-bed rehabilitation hospital in a metropolitan city in the southeast United States. Guided by the Academy of Medical-Surgical Nurses model (AMSN), the practice-focused question explored the extent to which nurses perceived that they held clinical leadership knowledge and leadership competencies which impact positively on the nurse workforce and patient care. Thirty clinical registered nurses (RN) participated. According to the clinical leadership knowledge survey, 50% or more of nurses believed that they were knowledgeable in identified components of clinical leadership. Perceptions of their leadership competency skills ranged from 3-6% of participants who indicated that they were not at all competent to 33-57% of participants who indicated that they felt very competent; 76% of the respondents reported feeling positive about their emotional intelligence, a key component of clinical leadership. Recommendations to nursing leadership included workshops for clinical staff RNs based on the AMSN model of clinical leadership: clinical practice, environment practice, emotional intelligence, and leadership competencies with a clinical ladder to support clinical leadership advancement for all nurses. Competent clinical leaders have the opportunity to guide staff nurses in improving patient outcomes and supporting positive social change in their organizations.

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Dedication

This project is dedicated to N'dea, Tyrell, and Jaylon. You have compromised and supported me along this journey. You will be able to fulfill your dreams. Much love. To my nursing colleagues, we need to lead this significant profession. I pass the torch. Good luck.

Acknowledgments

I must acknowledge Dr. Diane Whitehead, who believed in the project as it unfolded. To my mom and my sisters; you all kept me grounded.

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Section 1: Nature of the Project

Introduction

As a prevalent component of the health care workforce, clinical nurses play a vital role in reducing costs and promoting quality patient outcomes (Spell Out the Full Name on First Use [HRSA], 2010). Clinical nurse leaders can provide the necessary leadership at the point of care to enhance safe, quality care throughout the healthcare experience. Clinical nurse leaders are experts who help facilitate care that supports not only the patients but the staff as well (Grindel, 2016; Rankin, 2015). Having clinical leadership at the bedside allows for effective communication among healthcare providers and consistent care outcomes (Institute of Medicine [IOM], 2010). Clinical leadership can be defined as putting clinicians at the soul of running healthcare clinical services, in order to deliver exceptional outcomes for patients and populations (Abraham, 2011).

The IOM (2010) report, *The Future of Nursing: Leading Change, Advancing Health*, emphasizes that strong nursing leadership is necessary to improve patient safety outcomes and that the nursing profession must enhance its leadership role in health care redesign. These frontline emergent leaders can influence other members of the healthcare team; they can be active daily in nursing when committees are used to gather data or resolve issues (Chavez & Yoder, 2015).

Problem Statement

According to recent literature, nurses are hesitant to assume leadership roles in their practice environment because they feel a lack of knowledge, too busy, or disempowered (Grindel, 2016). However, implementation of professional leadership

programs for RNs at the bedside have demonstrated an increase in the leadership skills, communication skills, and interdisciplinary collaboration of clinical staff RNs (Abraham, 2011; Abraham, Burnette, Wannarka, & Weerheim, 2013; Fardelloone, Musil, Smith, & Click, 2014; Leigh, Wild, Hynes, Wells, Kurien, Rutherford, Rosen, Ashcroft, & Hartley, 2014; Bender, Williams, Su, & Hites, 2016).

The target facility sought to enhance the leadership behaviors of RNs at the bedside. Leadership in nursing involves an open concept of learning not just tasks and [word missing?] but ways to inform, use, and evaluate nursing practices. Staff nurse clinical leaders are defined as clinical staff RNs who exert significant influence over other individuals although they do not have a leadership title or formal authority (Chavez & Yoder, 2015). For this project, clinical staff RNs were defined as RNs providing direct patient care, who might supervise other members of the healthcare team, such as licensed practical nurses or nursing assistants. Understanding how clinical nurses perceive their leadership knowledge and competencies can provide nurse leaders and executives with a starting point for a clinical leadership education program.

Purpose

Leadership in the clinical setting has been emphasized for the past decade. The purpose of this project was to assess the staff RNs' perceptions of their competence in and knowledge about clinical leadership. The practice question was: What are the perceptions of staff RNs about their clinical leadership knowledge and competencies at this facility?

Nature of the Doctoral Project

The target facility was a 160-bed rehabilitation hospital in a metropolitan city in the southeast United States. Clinical staff RNs were invited to participate in this project at a weekly staff nurse meeting. 30 RNs participated in completing the surveys, which consisted of the AMSN Clinical Leadership Knowledge Assessment Form (Appendix A), the Leadership Competency Skills (Appendix C), and the Emotional Intelligence Questionnaire (Appendix D.) Based the results of the surveys, recommendations for a staff nurse clinical leadership program were identified and shared with nursing administration.

RNs are expected to take on more responsibilities than just direct patient care. These additional roles involve active leadership skills and professional practice that support safe patient care. Many [researchers?] have suggested that the leadership role becomes occupied with daily events and short-term perspectives, ultimately leading to diminished strategic planning for care development, a balance between management and professional competencies seems to contribute to the development of strategies for long-term care development (Johansson, Andersson, Gustafsson, & Sandahl, 2010). Within this facility, a clinical nurse leader would guide nurses with best practices in terms of patient care.

Significance

Becoming leaders in their new roles affords nurses to feel satisfaction that improves performance and makes for a healthier work environment (Orsolini-Hain & Malone, 2007; Patrick, Laschinger Wong & Finegan, 2011). Overall, an informed staff

clinical leader can help sustain the continuity of patient centered care. Leadership competency skills for nurse leaders at the bedside are grounded in clinical proficiency and are actualized by high-level skills in communication, coordination, and collaboration (Grindel, 2016). The availability of affordable insurance coverage and the high costs of care, not physician shortages, most influence whether patients are seeking the care they need.

In-house learning is necessary for staff clinical nurses to meet standard criteria [citation needed] , but with the demands of new healthcare quality indicators [citation needed], nursing needs to go beyond patient care and learn to apply leadership concepts to meet weights of the community and their concerns [citation needed]. As nursing staff and nursing? leaders face more complex demands and roles, the IOM (2010) suggests that nursing take on full leadership roles, remove barriers, seek learning, and improve infrastructure in the workforce. The advance practice registered nurse meets the demands of the complex global healthcare system. Expanding knowledge, addressing quality of care concerns, nursing shortages, and the increased demands on nursing staff support the need for a change in practice. Institutions are meeting the demands to train nurses who can help transition the best prepared nurses within the profession.

This project had the potential to promote positive social change within the institution by identifying the concerns of nursing staff in developing their clinical nurse leader competencies. The advancement of these nurses into leadership roles at the bedside will promote positive patient outcomes as well as staff morale.

Summary

Section 1 described the gap in practice at this urban facility and the project to address it. The purpose of this project was to examine staff nurse perceptions of clinical leadership and their assessment of their clinical nurse leadership competencies.

Incorporating an assessment of current clinical nurses' leadership skills can help guide what is necessary to provide ongoing leadership practices. The practice question was:

What are the perceptions of staff RNs' clinical leadership knowledge and competencies at this facility? Based on the this information recommendations for developing clinical leaders were made to nursing administration. Section 2 describes the background and context for this project.

Section 2: Background and Context

Introduction

Nursing leadership is essential for best practices and best? outcomes. The clinical nurse leader is invaluable for helping nurses use their skills and practices (Leigh et al, 2014). Leadership is an ever-growing process of learning new ways to demonstrate efficiency. For RNsto learn the expected role and to recognize leadership in its full potential, multidimensional approaches are necessary. To support the need of clinical leaders, competencies are necessary to validate information learned. Section 2 discusses the model for clinical nurse leadership and the literature supporting it.

The purpose of this project was to examine staff nurse perceptions of clinical leadership and for staff nurses to assess their clinical nurse leadership competencies. Incorporating such an assessment into what exactly? can help guide what is necessary to provide ongoing leadership practices. The practice question was: What are the perceptions of staff RNs about their clinical leadership knowledge and competencies at this facility?

Concepts, Models, and Theories

Staff RNs needed a model that could be referred to for leadership competencies and guidance. The AMSN task force of clinical and leadership experts developed a model of the core knowledge for clinical leadership. The model supported the importance of essential knowledge and skills for clinical leaders at the bedside. The model consisted of four components: clinical practice, environment practice, and emotional intelligence and leadership competencies (Table 1).

Table 1

Model for Clinical Leadership

Clinical Practice	Environment Practice
Foundations of Quality Care National Patient Safety Goals Core Measures & Assessment of Systems Reductions of Practice Variations	Environment Systems Cost Reduction for nursing service Healthy Environment Practices
Emotional Intelligence	Leadership Competencies
Self-management Social awareness Relationship management	Communication Collaboration Coordination

From: Grindel, C. (2016). Clinical leadership: A call to action. *MedSurg Nursing*, 25(1).

Staff nurse clinical leaders () are defined as staff RNs who exert significant influence over other individuals although they do not have formal authority or leadership title (Chavez & Yoder, 2015). For this project, clinical staff RNs were defined as RNs providing direct patient care. These RNs might supervise other members of the healthcare team such as licensed practical nurses () or certified? nursing assistants ().

Relevance to Nursing Practice

Staff RNs pursue leadership skills as organizations promote clinical RNs to become leaders in their areas of expertise. Since the initial IOM report (YEAR), which recommended that nurses practice to the full extent of the license (IOM, 1999), the demand has increased for clinical nurses to take the lead in ensuring quality care and patient safety. Nurses who demonstrate strong clinical leadership have reported greater job satisfaction, personal satisfaction, and improved career advancement (Grindel, 2016).

A comprehensive literature review was performed, for the years 20xx–20xx, using the following databases: CINAHL, MEDLINE and ProQuest Nursing and Allied Health. Search terms included *clinical nurse leadership*, *clinical nurse leader*, *staff nurse clinical leadership*, *frontline staff registered nurse*, *transformational leadership*, and *emotional intelligence*.

Leadership Competencies

The Clinical Leadership Survey was derived from Kouzes and Posner's model of transformation leadership. This model consists of five leadership practices that have been proven to be effective in organizations (a) challenge the process, (b) inspire a shared vision, (c) model the way, (d) enable others to act and (e) encourage the heart. Table 2 aligns transformational leadership practices with the attributes described in the model.

Table 2

Alignment of Transformation Leadership Practices and Clinical Nurse Leadership Model

Transformational Leadership	Clinical Nurse Leadership
Challenge the process	Clinical practice Environmental practice Communication Collaboration Coordination
Inspire a shared vision	Effective communication Collaboration Coordination
Enable others to act	Collaboration Effective communication
Model the way	Interpersonal relationships Emotional intelligence Self-management Social awareness
Encourage the heart	Relationship management Communication Emotional intelligence

From: Patrick, A., Lashinger, H., Wong, C., & Finegan, J. (2011). Developing and testing a new measure of staff nurse clinical leadership: the clinical leadership survey. *Journal of Nursing Management*, 18, 449-460.

Challenge the Process

Clinical staff RNs are in a unique position to impact individual and organizational goals are approached every day. Quality care/safety outcomes-is an approach designed to change safety-related behaviors directly through the application of behavioral principles and multiple strategies, such as peer observations of safe behaviors, goal setting, performance feedback, and celebrations or incentives for reaching safety goals. (Bender,

2016). Although most of studies have been conducted examining leadership behaviors of managers, evidence has shown that leadership training for clinical staff increases the clinical nurses' leadership skills and professionalism (Abraham, 2011; Fardellone, Musil, Smith, & Click, 2014; Bender, Williams, Su, & Hites, 2016).

Since 2002, the Joint Commission () has developed annual patient safety goals that accredited hospitals must meet to maintain accreditation and federal funding. National Patient Safety Goals are evidence-based standards of care to improve the safety and quality of care provided to patients in the United States. The National Patient Safety Goals are safety standards that directly impact the way RNs practice, both at the bedside and within their organizations. Measuring the quality of care delivered by individuals and teams can be a challenge, clinical staff RNs deliver practices allows facilities to succeed in optimal patient care. Applying core measures and quality is meeting the public's expectations in the delivery of clinically effective, efficient, and affordable health care services by ensuring the right care is provided in a timely manner. Clinical staff RNs take the lead on introducing and informing patients with care (Joint Commission, 2017).

Frontline staff RNs encounter environmental hazards daily while providing and guiding care to patients. A continued challenge is the need to educate and raise awareness for the importance of environmental practices and empowering nurses with information to support practice (Kirk, 2002). Unhealthy work environment characteristics were found to be poor communication, abusive behavior, disrespect, resistance to change, lack of vision or leadership, no trust, conflicts, and loss of organizational mission (Ritter, 2011).

The push for improved care coordination continues to resonate in the literature with a variety of models explored. Regardless of the approach, the Agency for Healthcare Research and Quality defines care coordination as a deliberate organization of patient care activities with sharing of information with all participants, leading to improved and more efficient patient care (, 2018). RNs as transformational leaders are responsible for collaborating with other members of the healthcare team and managing the care coordination of patients. This future role of this staff nurse is necessary to the continued optimization of the professional nursing role and the safety and quality of patient care (Steahan, 2016).

Inspire a Shared Vision

Transformational leadership behaviors have been shown to impact organizational commitment and work engagement by creating positive work environments. These leaders influence their followers by creating an interesting and meaningful vision of the future and modeling behaviors that encourage others to follow them. Inspiring a shared vision also fosters the acceptance of group goals and encourages high performance expectations. Transformational leadership research has also supported improved job functioning as measured by psychological health, job attitude, and job performance (Fernet, Trepanier, Austin, Gagne, & Forest, 2015; Brewer, Kovner, Djukie, Fatehi, Greene, Chacko, & Yag, 2016; Enwereuzor, Ugwu, & Eze, 2018).

Enable Others to Act

The concept of citizenship behaviors of nurses and the relationship to transformational leadership behaviors was discussed by Young (2017). Citizenship

behaviors were defined as behaviors towards helping and sharing information and promoting feelings of commitment to the organization. There was a significant relationship between nurses exhibiting transformation leadership behaviors and the commitment of the survey participants towards citizenship behaviors. A similar relationship was identified between mentors demonstrating transformational leadership behaviors and new staff RNs (Huang, Weng, & Chen, 2016)

Model the Way

Transformation leaders have been associated with successful organization change initiatives. During times of change, many employees question the lack of justice and become unproductive, often seeing new employment. The 2016 work of Deschamps, Solvay, Rinfret, Lagace, and Prive (2016), explored the perceptions of 257 healthcare workers in a variety of public healthcare organizations. Transformational leadership behaviors of the participant's immediate supervisor were highly correlated with all aspects of organizational justice. Transformational leader role models have also demonstrated a positive relationship between employee exhaustion, cynicism, and staff motivation (Kranabetter & Niessen, 2016; Qarani, 2017).

Encourage the Heart

Emotional intelligence (EI) has been defined by five attributes: (a) self-awareness, (b) self-regulation or discipline, (c) motivation, (d) social awareness, and (e) relationship management. Emotional intelligence consists of emotions, personal, and social abilities to influence one's ability to cope with demands and emotionally intelligent leaders understand that their staff must be given a chance to own their emotions and work

through their problems; these should not necessarily be ills to be cured, but as important life events to be managed and people to be supported (pressures (Bucknall et al., 2011; Harper & Jones-Schnek, 2012; Saval & Munro, 2016; Spano-Szekely, Griffin, Clavelle, & Fitzpatrick, 2016). The relationship between transformational leadership behaviors and strong emotional intelligence is supported in the literature. Those leaders demonstrating strong EI demonstrate behaviors that support their peers and the organization.

Emotionally intelligent leaders positively impact employee psychological well-being. They are committed, trustworthy and ethical. They articulate a vision for the future and encourage others to be confident in working together to improve the organization. They support new ideas, individual abilities and aspirations (Spano-Szekely, Griffin, Clavelle, & Fitzpatrick, 2016; Arnold, 2017).

Local Background and Context

The United States is engaged in transformation of healthcare delivery. From policymakers to the care providers at the bedside, the entire system is addressing issues of access, quality, and cost (Denker et al., 2015). To meet the demands of emerging leaders, the need to engage and train nurses to develop leadership tools is essential for the profession. Effective succession planning through the identification and development of emerging nurse leaders is an essential business strategy for organizations of all disciplines (Denker, Sherman, Hunter-Woodland, Burnell & Medina, 2015). The facility administration encourages staff RNs learn to step from the normal and learn new concepts and challenges in their role. In order develop clinical nurse leaders at the bedside, this project will explore staff RNs perceptions of their clinical nurse leader

knowledge and competencies using the AMSN Clinical Leadership Knowledge Assessment Form (Appendix A), Leadership Competency Skills (Appendix B), and the Emotional Intelligence Assessment (Appendix C).

Role of the DNP Student

I participated with the chief nursing officer at the staff meeting to introduce the project and invite RNs to participate in completing the surveys after their staff meeting. I shared the results of the surveys with nursing administration and made recommendations for the staff nurse clinical leader development.

Summary

Nursing leadership is essential for best practices and outcomes. The clinical nurse leader is invaluable in providing leadership at the point of care. As described in the current literature, transformation leadership at the point of care includes building trusting relationships, empowering others, contributing to an environment that supports change and knowledge integration, and an ability to manage complex situations (Karimi, Mills, Calvert, & Ryckman, 2017). Section 2 described the model for clinical nurse leadership and the relevance of this project to the institution. The purpose of this project was to examine staff nurse perceptions of clinical leadership and their assessment of their clinical nurse leadership competencies. Incorporating an assessment of current clinical nurses' leadership skills can help guide and direct what is necessary to provide ongoing leadership practices. The practice question was: What are the perceptions of staff RNs clinical leadership knowledge and competencies at this facility? Section 3 outlines the planning, implementation, and evaluation of the project.

Section 3: Collection and Analysis of Evidence

Introduction

The target facility can gain insight from clinical nurse leaders who are involved in change concepts and strategies that will develop skills that help meet patients' needs. It is important to encourage staff RNs to assume leadership roles that will enhance patient care and improve organizational processes. Clinical nurse leaders report improved personal and job satisfaction and often serve as mentors to novice nurses (Grindel, 2016).

The purpose of this project was to examine staff nurse perceptions of clinical leadership and to assess their own clinical nurse leadership competencies. Assessing current clinical nurses' perceptions of their leadership skills and knowledge about leadership will guide the development of a future educational program for clinical staff leaders. In Section 3 explored the sources of evidence supporting clinical nurse leadership. I also explained the implementation of this project and how it was analyzed.

Practice-Focused Question

The practice question was: What are the perceptions of staff RNs about their clinical leadership knowledge and competencies at this facility? A clear description of staff nurse clinical leadership was expected to promote understanding and encourage communication of their expectations in their roles as clinical leaders. Clinical nurses are expected to assume leadership roles to enhance patient care and ensure efficient work processes (Chaves & Yoder, 2014; Grindel, 2016).

Sources of Evidence

Participants

Full-time and part-time staff clinical RNs at the facility were invited to participate in this project at their weekly staff meeting. Thirty RNs remained after the staff meeting to complete the surveys.

Instruments

This survey packet consisted of the AMSN Clinical Leadership Knowledge Assessment Form (Appendix A), Leadership Competency Skills (Appendix B), and an emotional intelligence self-assessment tool (Appendix C.). The first two surveys were developed by a task force of clinical and leadership experts from the AMSN. Through a series of discussions and rank ordering of topics, the core knowledge and competencies for clinical leadership were identified; the surveys were then developed. Permission to use the surveys was obtained from AMSN (Appendix D). The emotional intelligence survey was adapted from Druskat and Wolff's article (2001) on building the emotional intelligence of groups.

Protections

A letter of cooperation was obtained from the facility and submitted to the Walden Institutional Review Board (IRB). Approval was then requested, and obtained, from the Walden University IRB (Approval No. 10-23-19-0229312). Participants signed a consent to participate prior to completing the surveys (Appendix E).

Procedures

1. The consent to participate letter was signed by the facility.

2. Walden University IRB approval was obtained.
3. The survey packets were prepared in sealed envelopes and included the invitation and consent to participate and surveys. No identifying information other than a survey number was placed on the surveys.
4. I invited clinical RNs to participate in this project at the weekly staff meeting; 30 RNs remained after the meeting to complete the surveys.
5. Upon completion, participants placed the surveys in a secured drop box in the room. I picked up the box immediately when everyone was done.

Analysis and Synthesis

Descriptive statistics using SPSS will be used to analyze the survey results. Based on the results of the surveys, results of the surveys with recommendation for an education program were presented to nursing leadership.

Summary

Clinical staff RNs are an important component of staff leadership and they support organizational and patient outcomes. The model for clinical leadership shares key elements that broadens clinical practice, practice environment, emotional intelligence, and leadership competencies. Section 3 outlined the procedures for administering the survey to all RNs at the facility and described plans for analysis and synthesis of the data. Section 4 describes the findings and recommendations of the project.

Section 4: Findings and Recommendations

Introduction

Empowering staff clinicians to take increase their leadership roles is important to nursing. The nursing profession is known to facilitate, support, and assist patients and families in maintaining health and reducing illness. Patient outcomes will improve when clinical nurses develop leadership competencies (Fardellone & Click, 2013). The purpose of this project was to explore the perceptions of staff RNs about their clinical leadership knowledge and competencies at this facility. Understanding how clinical nurses perceive their leadership knowledge and competencies will provide nurse leaders and executives with a starting point for developing a clinical leadership education program. [Flow: Transition sentence needed to show the relationship between the previous and the following sentence.] This project promoted positive social change by identifying the concerns of nursing staff in developing their clinical competencies. The advancement of these nurses into leadership roles at the bedside will improve both patient outcomes and staff morale. Staff clinicians who not only understand their performance role but develop leadership understanding become competent in managing patient-centered and organizational responsibilities. Although the future is difficult to predict, history teaches that it is crucial to prepare nurses for key roles in the health care delivery system, both for present jobs and for potential future jobs (Joseph & Huber, 2015). A clear delineation of staff nurse clinical leadership will promote understanding, and encourage communication, of their expectations in their role as clinical leaders. Clinical nurses are

expected to assume leadership roles in order to enhance patient care and assure efficient work processes (Chaves & Yoder, 2014; Grindel, 2016).

Section 4 describes the findings from the project implementation.

Findings and Implications

Table 3 displays the results from the 8-question clinical leadership knowledge survey. Fifty percent or more of clinical nurses claimed that they were knowledgeable in the identified components of clinical leadership.

Table 3

Clinical Leadership Knowledge, N = 30

Statement	1 = Not at all knowledgeable	2 = Somewhat knowledgeable	3 = Knowledgeable	4 = Very knowledgeable
1. Quality Initiative	4 (13%)	6 (20%)	12 (40%)	8 (27%)
2. National Patient Safety Goals	1 (3%)	2 (6%)	13(44%)	14(47%)
3. Core Measurement and HCAHPS	3 (10%)	8 (27 %)	10 (33%)	9 (30%)
4. Reduction in Practice Variations	5 (16%)	6 (20%)	13 (44%)	6 (20%)
5. Critical Evaluation of the Literature	5 (16%)	6 (20%)	16 (54%)	3 (10%)
6. Hospital Systems	5 (16%)	7 (24%)	12 (40%)	6 (20%)
7. Cost drivers for Nursing Services	9 (30%)	7 (24%)	9 (30%)	5 (16%)
8. Health Practice Environments	2 (6%)	6 (20%)	13 (44%)	9 (30%)

Responses from the 6-question emotional intelligence assessment survey revealed that at least 76% of the participants responded yes to all the questions with 100% of the respondents indicating that they felt they were able to read other individuals' feelings and behaviors.

Table 4

Emotional Intelligence Assessment N = 30

Question	Yes	No
1. Are you able to read other individuals' feelings and behaviors?	30 (100%)	0 (0%)
2. Are you able to look beyond the behavior to recognize hidden motivations and agendas?	27 (90%)	3 (10%)
3. When you experience strong emotions (fear, anger), do you later reflect on the situation that led to the emotion?	23 (76%)	7 (24%)
4. When you experience strong emotions (fear, anger), do you behave and speak appropriately?	25 (83%)	5 (17%)
5. When you experience strong emotions (fear, anger), do you stay on task?	29 (97%)	1 (3%)
6. When you experience strong emotions (fear, anger), are you able to separate the cause of the emotion (another person) from that emotion?	24 (80%)	6 (20%)

Responses to the 17-question assessment on leadership competency skills

revealed a wide range of self-assessment. In 6 of the 17 items on emotional intelligence assessment, 3-6% of participants that they were not at all competent. For the response, somewhat competent, 3-27% of the participants responded competent. For the response, competent, 23-50% of participants responded feeling competent. For the final selection, very competent, 33-57% of participants responded feeling very competent. Table 5 displays these responses.

Table 5

Leadership Competency Skills N =30

Questions	1= not at all competent	2 = somewhat competent	3 = competent	4 = very competent
1. Using emotional intelligence	0 (0%)	1(4%)	10 (33%)	19 (63%)
2. Coaching/mentoring colleagues	1 (3%)	2 (6%)	11 (37%)	16 (54%)
3. Educating patients, families, and colleagues	0 (0%)	1 (3%)	10 (34%)	19 (63%)
4. Resolving conflict	0 (0%)	3 (10%)	15 (50%)	12 (40%)
5. Defusing lateral violence/bullying in the workplace	0 (0%)	4 (13%)	12 (40%)	14 (47%)
6. Addressing a colleague who was not doing a procedure correctly	2 (6%)	3 (10%)	9(30%)	16(54%)
7. Collaborating with nurses re: patient care issue	0 (0%)	1 (3%)	7 (23%)	22 (74%)
8. Calling together an interprofessional team to discuss a patient care issue	1 (3%)	3 (10%)	8 (27 %)	18 (60%)
9. Calling together an interprofessional team to discuss a workflow issue	1 (3%)	3 (10%)	8 (27 %)	18 (60%)
10. Leading teams/committees	2 (6%)	3 (10%)	8 (27 %)	17 (57%)
11. Leading teams/committee meetings	2 (6%)	8 (27 %)	10 (33%)	10 (33%)
12. Preparing for team/committee meetings	0 (0%)	5 (17%)	15 (50%)	10 (33%)
13. Initiating a change initiative	1 (3%)	5 (17%)	7 (23%)	17 (57%)
14. Leading a change initiative	1 (3%)	6 (20%)	11(37%)	12 (40%)
15. Presenting clinical updates to colleagues	2 (6%)	3 (10%)	13 (44%)	12 (40%)
16. Presenting information at a team/committee meeting	2 (6%)	5 (17%)	11 (37%)	12 (40%)
17. Presenting at a professional conference	5 (17%)	6 (20%)	10 (33%)	9 (30%)

Recommendations

Results of these surveys revealed a wide variety of perceptions of competence and knowledge. Workshops for clinical staff RNs on the various components of AMSN model of clinical leadership four components of clinical practice, environment practice, and emotional intelligence and leadership competencies. A clinical ladder supporting

clinical leadership advancement could ensure that all levels of clinical nurses have an opportunity to improve in their leadership knowledge and competence.

Strengths and Limitations of the Project

Among the sites staff meeting, 30 clinical RNs participated in the surveys and five nurses was not accessible with the timeframe provided. This allowed the optimal participation for the surveys and insight for the data presented. Limitations included a onetime assessment of clinical staff rather than data that could be trended over time.

Section 5: Dissemination Plan

Results of the surveys and recommendations for workshop development were shared with nursing leadership. I will prepare an article for publication and a presentation at a local nursing leadership conference. I will also make my project available to other nursing journals like Sigma Theta Tau International as I am a member. This will allow the DNP project to be shared among the nursing profession.

Analysis of Self

This DNP project has increased my awareness of the value of staff clinicians/ knowledge and competence among leadership. I have gained, learned, and shared unlimited knowledge, insight, and experience. This project displays valuable vision of how significant the staff clinicians can impact magnify best patient care outcomes. With guidance among the role of nurses, leadership can be developed and used in key roles. Completing this DNP degree has allowed me to reflect on myself as an adult learner and growth as a scholar. This achievement has allowed me to learn and amplify on the worth of the completed project for nurses to follow in the next steps in the profession. Navigating this DNP project has exposed me to habits of time management, patience, and dedication. My focus was to spotlight the need for leadership knowledge and competence for the staff clinician. My overgoal is to have this DNP project included among clinical ladders within various facilities will enhance growth and awareness for the profession.

Summary

Leadership is essential for all organizations today. Nursing leadership has tremendous value for communities and patient care. Strong leadership will encourage nurses to influence the quality of care. Leading in nursing requires a clear vision, motivation, and empowering others. Nursing has the capability to structure results and gain the knowledge that will develop dedicated nurses to gain be competent to lead.

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Appendix A: Clinical Leadership Knowledge Assessment Form

On a scale of 1-4 (with 1 = not at all knowledgeable; 2= somewhat knowledgeable; 3 = knowledgeable and 4 = very knowledgeable), how knowledgeable are you about the following?

1. Quality initiative
2. National patient safety goals
3. Core Measurements and HCAHPS
4. Reduction in Practice Variations
5. Critical Evaluation of the Literature
6. Hospital Systems
7. Cost Drivers for Nursing Services
8. Health Practice Environments

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Appendix B: Leadership Competency Skills

On a scale of 1 to 4 (with 1 = not at all competent; 2 = somewhat competent; 3 = competent and 4 = very competent) how competent are you in doing the following?

1. Using emotional intelligence
2. Coaching/mentoring colleagues
3. Educating patients, families, and colleagues
4. Resolving conflict
5. Defusing lateral violence/bullying in the workplace
6. Addressing a colleague who was not doing a procedure correctly
7. Collaborating with nurses re: patient care issue
8. Calling together an interprofessional team to discuss a patient care issue
9. Calling together an interprofessional team to discuss a workflow issue
10. Leading teams/committees
11. Leading team/committee meetings
12. Preparing for team/committee meetings
13. Initiating a change initiative
14. Leading a change initiative
15. Presenting clinical updates to colleagues
16. Presenting information at a team/committee meeting
17. Presenting at a professional conference

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Appendix C: Emotional Intelligence Self-Assessment

Respond yes or no to each question.

1. Are you able to read other individuals' feelings and behaviors?
2. Are you able to look beyond the behavior to recognize hidden motivations and agendas?
3. When you experience strong emotions (fear, anger), do you later reflect on the situation that led to the emotion?
4. When you experience strong emotions (fear, anger), do you behave and speak appropriately?
5. When you experience strong emotions (fear, anger), do you stay on task?
6. When you experience strong emotions (fear, anger), are you able to separate the cause of the emotion (another person) from that emotion?

From Druskat, V. & Wolff, S.. Building the emotional intelligence of groups. *Harvard Business Review*, 79(30), 81-90.

Appendix D: Permission to Use Surveys

Hello Valerie,

Thank you for contacting the Academy of Medical-Surgical Nurses (AMSN).

I'm writing regarding your request to use the tool from Clinical Leadership: A Call to Action article in the Jan-Feb 2016 issue of MEDSURG Nursing Journal. You have permission to use the tools shown in Figure 1. Clinical Leadership Knowledge Assessment Form and Figure 2. Leadership Competency Skills if you reference AMSN as the source. Please note that the tools have not been validated for validity and reliability. You may wish to confirm if a validated tool is required for your study.

The Emotional Intelligence Self-Assessment tool shown in Table 2 does not belong to AMSN and you will have to contact Druksat & Wolf if you wish to use it.

Also, you may wish to consider distributing your research survey to AMSN member to participate. Please visit <https://www.amsn.org/practice-resources/research/conduct-research-study> for details.

[Conduct a Research Study | Academy of Medical-Surgical Nurses](#)

www.amsn.org

We are happy hear you would like AMSN to help you conduct research. Researchers often like to include AMSN members in their research studies. If you are conducting a research study and would like to survey AMSN members, please read AMSN Policy 5.2 “Distribution of Membership List” for more information before submitting the research form on ...

Best wishes in your study.

Kind Regards,

Sue Stott

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Appendix E: Invitation and Consent to Participate

Dear RN staff nurse:

My name is Valerie D. Wright. I am a doctoral student at Walden University Doctor of Nursing Practice Program. I am seeking RNs serving as a clinical staff nurse to participate in my DNP project that I am conducting titled: Perceptions of Registered Nurses Clinical Staff Leadership Knowledge and Competence. The intention of this project is to access knowledge and competence of the staff nurses and make recommendations for best practices that increase staff nurses' awareness of leadership among their roles. You will be invited to participate in this project during your staff meeting. Participation is voluntary and will commence after the staff meeting.

The project involves completing the following surveys: the Academy of medical-Surgical Nurses 8-item Clinical Leadership Knowledge Assessment the 17-item Leadership Competency Skills, and the 6-item emotional intelligence self-assessment tool. It will take 20 to 30 minutes to complete these surveys. After completing the surveys, you will place them in the envelope and place them on the table in the staff meeting room.

Participation is completely voluntary, and you may withdraw from participating in this project at any time. Participation is completely anonymous; therefore, it does not require you to provide your name or any other identifying information.

If you would like to participate in the project, please read the Informed Consent letter below. To begin the project, please open sealed packets with surveys inside.

Your participation in the project will be of great importance to assist in social change in ensuring that nursing staff clinicians have the knowledge and competence for leadership among the profession.

Thank you for your time and participation

Sincerely,

Valerie D. Wright MSN, RN-BC, Doctoral Student, Walden University