The Leadership Practice Circle Program: *An Evidence-Based Approach to Leadership Development in Healthcare*

Rebecca L. Taylor-Ford, RN, DNP, NE-BC, and Donna Abell, MBA, CSC

The Institute of Medicine report *The Future of Nursing*[1] calls for the development of nurse leaders who possess the necessary skills to act as "full partners" with physicians and other professional colleagues in leading change and improving health outcomes. In contrast to the historical advancement of the nurse leader from expert clinician to frontline manager specializing in microsystem oversight, today's nurse leaders must rapidly develop comprehensive leadership skills inclusive of macrosystem concepts. As the number of nurses choosing leadership as a career is in decline, the profession is even more so at risk from a significant number of experienced leaders, clinicians, and educators who plan to leave practice in the years to come.[2] Organizations are faced with the challenge of identifying future leaders and fostering the professional development of managers who are capable of ensuring quality care, financial viability, and patient satisfaction in an environment that is increasingly complex.[3,4] Significant human and financial losses can ensue when newly appointed leaders fail to adjust to their new roles, making leadership transitions a topic of urgent importance in the healthcare industry.[5]

Frontline nurse managers have cited lack of support in dealing with organizational challenges, changes, and staff issues as reasons for leaving their positions.[6] Conversely, educational development opportunities, organizational support, and empowerment have been associated with higher levels of manager satisfaction and retention.[7] Leadership development programs (LDPs) have garnered attention in business and professional literature because traditional academic programs and basic management orientations may not be comparable to the demands of contemporary healthcare organizations.[4,8] The majority of LDPs consist of multifaceted interventions, such as educational workshops, individual or group coaching, group development sessions, self-assessments, 360° feedback, and mentoring.[9,10–13] Although program components, curricula,

timing, delivery methods, size, and demographics may vary, Solansky[14] found that 360° feedback is particularly important to include in leadership program design because self and rater assessments differed significantly. Cathcart and Greenspan[15] highlight the importance of including reflective activity and introspection on personal strengths, values, and inspiration as components of nursing leadership development programs to enable novice nurse leaders to emulate the ability of "expert" leaders in clearly articulating personal values and commitment to patients, staff, and the organization. Multiple studies cited the value of discussing practice issues with colleagues and peers as part of leadership development.[11–13]

In terms of measurable outcomes, LDPs have been shown to be effective. In one meta-synthesis, McAlearney[16] found that LDPs have a positive impact upon quality and efficiency via improving the caliber of the workforce, enhancing efficiency in organizational educational activities, reducing turnover and associated cost, and focusing attention on strategic priorities. Participants in such programs have reported improved self-awareness,[11,12] enhanced self-confidence,[12,13] empowerment,[11,12] improved communication,[17] and greater professional behavior.[9] Two studies considered the assessments of subordinates in evaluating program effectiveness, both of which found significant improvements in leadership competencies.[10,11] Improvements in retention and promotion rates were also attributed to LDPs.[9]

OBJECTIVE

The aim of this project, known as the Leadership Practice Circle Program (LPCP), was to improve leadership competency as measured by the Bradberry and Greaves[18] 360° Refined instrument as well as a qualitative program assessment. A secondary aim was to reduce the turnover rate of participating frontline managers within 1 year of implementation. Institutional review board approval was obtained prior to commencement, and all participants completed respective informed consent processes.

SETTING

The program took place at a small Northern California nonprofit hospital. Many characteristics made the site suitable for LDP implementation, including a large number of inexperienced assistant nurse managers (ANMs) who were recently hired, significant turnover of more experienced managers because of a recently offered voluntary early retirement program, a high level of engagement from the chief operating officer/chief nursing officer (COO/CNO), and availability of an experienced leadership coach. With the high level of turnover in ANM positions, coupled with increasing internal and external pressures to enhance quality, efficiency, and service through leadership excellence in response to national healthcare reform initiatives, a sense of urgency was established to both develop and retain competent nursing leaders.

METHODS

The LPCP was designed to be facilitated by an experienced organizational development coach or leadership coach and, optimally, cofacilitated by a healthcare leader (in this case, a patient care services director).

The LPCP consisted of monthly group sessions in which leadership concepts were explored and utilized for the purposes of enhancing professional growth in accordance with the models of Benner[19] and Elliot.[20] Group sessions were 4 hours in length and took place in a location outside of the practice setting. Practices were designed to assist in the development of leadership competencies as defined by the Nurse Manager Leadership Partnership[21] as well as the Bradberry and Greaves[18] 7 subgroups of leadership competencies (*Appendix A*). Participants were asked to identify "real-life" situations from the practice setting for processing, discussion, analysis, and practice within the group sessions. Participants were also asked to complete additional learning activities outside of the group sessions, such as reflective journaling, reading current leadership literature, and topic-specific learning activities for the purposes of promoting reflection on leadership practice and reinforcing learning in the clinical setting. Appendix B provides a sample descriptive agenda for a typical LPCP group session.

The LPCP challenges the status quo by providing necessary coaching to novice frontline managers. Additionally, participants learn from one another and engage in a natural team-building process, which provides a stronger support network in the practice setting. For example, participants from different departments may not rely on each other for support without having developed previous relationships (which would be challenging because of the nature of the work and the organizational structure). The LPCP allows those in similar roles, dealing with the same types of issues and processes, but different departments, to build cohesive relationships.

In addition to the group sessions, participants met with the leadership coach or nursing leader on a monthly basis for 30 minutes to 1 hour for individualized coaching to discuss participants' learning progress, development issues, and organizational barriers.

To best meet the needs of the participants, the Bradberry and Greaves[18] 360° Refined instrument was completed prior to the start of the program to determine common areas of growth opportunity among participants. Additionally, participants and the leadership sponsor were asked for any self-identified learning needs or content areas. The program curriculum was designed around these needs. Top areas for development included emotional intelligence, vision, acumen, communication, and mobilizing others.

After the first group session, the program developers met each month to refine the curriculum and develop group session agendas based on what was reported by group members in individual coaching sessions, organizational events and initiatives that were felt to impact the participants' leadership, and observations of identified learning needs based on previous group sessions. For example, at one point during the program, there was a significant loss of leaders because of a voluntary retirement program offered throughout the organization. Time was allotted on the agenda to discuss partici-

Download English Version:

https://daneshyari.com/en/article/2674114

Download Persian Version:

https://daneshyari.com/article/2674114

Daneshyari.com