

## Leadership Connection 2018 (15-18 September)

### Frontline Nurse Leader Professional Development

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Frontline nurse leaders are expected to lead staff while managing the work systems and processes on their units in addition to ensuring high quality safe patient care is being delivered. It is not known whether frontline nurse leaders who have been oriented with only on-the-job-training are competent or if a professional development program will improve their management and leadership competencies and confidence. Witges and Scanlan (2014) and Spencer, Al-Sadoon, Hemmings, Jackson, and Mulligan (2014) found that staff nurses who are promoted into frontline nurse leader positions often lack professional development in management and leadership, which is needed when supervising and leading nursing teams and driving patient outcomes. The traditional method of teaching, *see one, do one, teach one*, noted by Kotsis and Chung (2013) and *baptism by fire* noted by Hartley-Jones (2006) have been the primary methods when orienting nurses and are phrases commonly used by nurse colleagues to explain how frontline nurse leaders are trained (Kotsis & Chung, 2013). Efforts to develop frontline nurse leaders through professional development programs are essential steps in improving the knowledge, abilities, and skills in this important leadership position (Sherman, 2013). Transitioning to the nurse-leader role involves a steep learning curve, and new frontline nurse leaders can get caught up in performing the tasks of managing while forgetting their role in developing staff and improving patient care (Sherman, 2013). This project used a quantitative quasi-experimental design. The purpose was to measure self-assessed competency levels of frontline nurse leaders. The basic design elements were a newly created curriculum based on expected competencies and day to day expected performance of frontline leaders, and participant completion of the survey pre- and post. This project conducted at an acute care, Magnet™ facility included 20 frontline leaders who held the title of patient care coordinator (PCC). The participants were experienced registered nurses (RNs) who had one to ten years' experience as a PCC with fifty percent having less than two years. The professional frontline management and leadership curriculum was to develop successful and effective nurse managers who strive to improve nursing satisfaction and the work environment that in turn improves patient outcomes and reduces nurse sensitive indicators. Curriculum content was developed using the domains and competencies as defined by the Nurse Manager Leadership Partnership (NMLP) (American Organization of Nurse Executives [AONE], & American Association of Critical-Care Nurses [AACN], 2008). This framework is based on three domains of managing the business, leading the people, and creating the leader, which are further defined by fourteen competencies: finance, human resource, performance improvement, foundational thinking skills, technology, strategic management, human resource leadership skills, relationship management and influencing behaviors, diversity, shared decision making, personal and professional accountability, career planning, personal journey disciplines, and reflective practice reference behavior/tenets. Data was analyzed using SPSS 23. Descriptive statistics were conducted on the measures of years of experience as a nurse, years of experience as a PCC, highest education level attained, specialty area worked, and shift worked. Regarding their experience as a frontline nurse leader: 45% of individuals had less than 3 years, 35% between 3-6 years, and 25% greater than 6 years. With respect to the highest education level completed, 15% of respondents had Master's degrees, 75% a BSN, and 11% an ADN. Spearman's rho was used to identify correlations between participant demographics and self-assessed competencies and ANOVA was used to determine whether there is a significant mean difference in levels of education, time as a PCC and time as a nurse. Competencies were measured following Benner's novice to expert model, each ranking was assigned a number value: novice: 1, advanced beginner: 2, competent: 3, proficient: 4, and expert: 5. The initial average competency ranking of the participants was 2.91, which reflects a just-below competent ranking. The participant with the lowest ranked pre-test competency of 2.05, had been a nurse for 4.5 years, and a PCC less than one year. This compares to a ranking of 3.89 for the group with a mean of 15.66 years of nursing experience and 3.71 years as a PCC. This initial self-ranked competency score reflects across the majority of the PCC group with PCCs who have longer time in the role having slightly higher initial rankings. Six of the PCCs initially scored themselves overall as competent. This group has varying years of experience as a PCC ranging from <1 to 10 years, and years

as a nurse ranging from 6 to 28. One of the six has a Master's in Nursing with the other five having a BSN as their highest education level. These findings revealed that neither time as a nurse or time as a PCC is a verified way for the PCC to develop needed competencies. In regard to the highest education level of the PCC, neither of the ADNs in the group ranked themselves as competent even though they were of the most experienced with 19 and 23 years as nurses and 9 and 3 years as PCCs. Paired-sample t-tests conducted, resulted with the average self-rated competency level of participants increasing by 27% to 3.69 post intervention; a statistically significant difference. All participants, none of whom had previous formal development for this leader role, improved in every competency domain. The paired correlation conducted between the measures showed a moderate to positive correlation of the competency scores compared to both years as a nurse and years as a PCC. In the linear model: between-subject effects, only years as a nurse was found to show a statistical significance with the highest level of education achieved showing more of an impact than years as a PCC. There was significant interaction between time and years as PCC on the competency ranking from novice to expert. Group 3, greater than 6 years as a PCCs, mean of 3.18 as compared to Group 2, 3-6 years as a PCC, of 2.81 and Group 1, less than 3 years as a PCC, of 2.64. When investigating if the level of experience made a difference in the pre- and post-competency change, an interesting phenomenon was noted. Group 1 had the highest increase in overall mean with a change of 0.92 as compared to Group 2 of 0.86 and Group 3 of 0.42. Although the effect of time as a PCC did not have a statistically significant impact on the competency scores of the groups, looking at the basic data does bring about the question of overestimating competence, as a change in competency post-program was weaker for these more experienced PCCs. As identified by the overall change in their competency scores, Group 3 had less than a half a point change in their rankings as opposed to Groups 1 and 2, who were approaching a full point in their competency change from competent to proficient. Did the PCCs in Group 3 overestimate their pre-program competence because they were in the unconscious incompetence group (Burch, n.d.)? Did the PCCs who had been in their position longer, overestimate their competency levels pre-test, not knowing what they didn't know? As they had been performing the PCC job for more than six years, had they developed work-arounds to get the job done; thus, giving them a sense of being more competent (Lefton, 2010)? When analyzing the data in relation to the competencies identified in the NMIT, there were significant mean differences for all measures. In all of the competencies, significant increases in the mean of the items indicate the efficacy of the Frontline Nurse Leader Curriculum program. A series of paired-sample t-tests were conducted on this data to determine whether there were significant mean changes in these measures over time. Significant correlations were found with respect to finance, human resources, diversity, career planning, shared-decision making and personal journey disciplines. The outcome of this study illustrates that frontline nurse leaders who attended this structured leader-training program were more confident as they transition to expert leaders while learning to lead teams succinctly. Formal development of frontline nurse leaders will ensure that expert clinicians transition to expert frontline nurse leaders, who are capable of developing strong healthcare teams where safe patient environments and high quality of care are not just buzz words but actual byproducts of the daily culture. Implications for this research are far reaching, considering the impact frontline nurse leaders have on nurse satisfaction and engagement, along with improved quality of care, patient satisfaction, and patient outcomes. Further longitudinal research is needed with measurement of patient satisfaction scores, nurse sensitive indicators, nursing satisfaction and engagement scores pre-development, post-development, at one year and two year intervals to trend ongoing improvement in patient outcomes and nursing work environment in units where nurse leaders had attended a leadership development program.

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**Title:**

Frontline Nurse Leader Professional Development

**Keywords:**

Frontline Nurse Leaders, Leadership Competencies and Leadership Development

**References:**

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### **Abstract Summary:**

Frontline nurse leaders are expected to lead staff while managing the work systems and processes on their units in addition to ensuring high quality safe patient care is being delivered; however they typically have not been given the opportunity to attend a professional development program.

### **Content Outline:**

#### **I Introduction**

- a. Uniquely placed within the organizational hierarchy, the frontline nurse leader requires an extensive theoretical perspective on leadership in order to implement behaviors that foster a positive work environment and contribute to positive patient outcomes.
- b. Frontline nurse leaders are expected to lead staff while managing the work systems and processes on their units in addition to ensuring high quality and safe patient care is being delivered.
- c. It is not known if frontline nurse leaders who have been oriented with only on-the-job-training are competent and if a professional development program will improve their competencies and confidence.

#### **II. Background**

- a. Responsibilities and skills of frontline nurse leaders continue to expand in today's complex healthcare environment, professional development of new nurse leaders is lacking.
  1. Developmental training is essential to driving improvements in staff satisfaction along with patient satisfaction and outcomes.
  2. Frontline nurse leaders often lack the necessary professional development and training to become competent and confident frontline nurse leaders.

- b. Competent leaders in nursing possess specific competencies of skill and behavior deemed important to the role.
  - 1. Leaders can develop skills organically, but if they are to be applied effectively, they should be focused.
    - i. Knowledge, skills, and attitudes necessary for competent leadership are identified by professional nursing organizations: American Organization of Nurse Executives & American Association of Critical-Care Nurses
  - 2. The framework for the knowledge, skills and attitudes needed by frontline nurse leaders is based on:
    - i. Three domains: managing the business, leading the people, and creating the leader in them.
    - ii. Further delineated into fourteen competencies: finance, human resource, performance improvement, foundational thinking skills, technology, strategic management, human resource leadership skills, relationship management and influencing behaviors, diversity, shared decision making, personal and professional accountability, career planning, personal journey disciplines, and reflective practice reference behavior/tenets.

### III. Project

- a. The purpose of this project was to measure self-assessed competency levels of PCCs, as identified by the AONE and AACN Nurse Manager Inventory Tool, pre- and post-intervention of a leadership development curriculum.
- b. The basic design elements were a newly created curriculum based on expected competencies and day to day expected performance of frontline leaders, and participant completion of the survey pre- and post.
- c. The professional frontline management and leadership curriculum was to develop successful and effective nurse managers who strive to improve nursing satisfaction and the work environment that in turn improves patient outcomes and reduces nurse sensitive indicators.
- d. This project conducted at an acute care, Magnet™ facility included 20 frontline leaders who held the title of patient care coordinator (PCC). The participants were experienced registered nurses (RNs) who had one to ten years' experience as a PCC with fifty percent having less than two years.
- e. Data Presentation
  - 1. Descriptive statistics were conducted on the measures of years of experience as a nurse, years of experience as a PCC, highest education level attained, specialty area worked, and shift worked.
    - i. Regarding their experience as a frontline nurse leader: 45% of individuals had less than 3 years, 35% between 3-6 years, and 25% greater than 6 years.
    - ii. With respect to the highest education level completed, 15% of respondents had Master's degrees, 75% a BSN, and 11% an AND
  - 2. Pre-Survey
    - i. The initial average competency ranking of the participants was 2.91, which reflects a just-below competent ranking; following Benner's novice to expert model, each ranking was assigned a number value: novice: 1, advanced beginner: 2, competent: 3, proficient: 4, and expert: 5.
    - ii. Six of the PCCs initially scored themselves overall as competent. This group has varying years of experience as a PCC and years as a nurse. One of the six has a Master's in Nursing with the other five having a BSN as their highest education level. These findings revealed that neither time as a nurse or time as a PCC is a verified way for the PCC to develop needed competencies.
    - iii. In regard to the highest education level of the PCC, neither of the ADN's in the group ranked themselves as competent even though they were of the most experienced PCCs in the group.
  - 3. Post-Survey

- iii. Paired-sample t-tests conducted, resulted with the average self-rated competency level of participants increasing by 27% to 3.69 post intervention. All participants, none of whom had previous formal development for this leader role, improved in every competency domain.
- iv. The paired correlation conducted between the measures showed a moderate to positive correlation of the competency scores compared to both years as a nurse and years as a PCC.
- v. In the linear model: between-subject effects, only years as a nurse was found to show a statistical significance with the highest level of education achieved showing more of an impact than years as a PCC.
- vi. There was significant interaction between time and years as PCC on the competency ranking from novice to expert. Group 3, greater than 6 years as a PCCs, mean of 3.18 as compared to Group 2, 3-6 years as a PCC, of 2.81 and Group 1, less than 3 years as a PCC, of 2.64.
- vii. When investigating if the level of experience made a difference in the pre- and post-competency change, an interesting phenomenon was noted. Group 1 had the highest increase in overall mean with a change of 0.92 as compared to Group 2 of 0.86 and Group 3 of 0.42.
- viii. Although the effect of time as a PCC did not have a statistically significant impact on the competency scores of the groups, looking at the basic data does bring about the question of overestimating competence, as a change in competency post-program was weaker for these more experienced PCCs.
- ix. Analyzing the data in relation to the competencies identified in the NMIT, there were significant mean differences for all measures.
- x. A series of paired-sample t-tests conducted on this data revealed significant mean changes in these measures over time with significant correlations were found with respect to finance, human resources, diversity, career planning, shared-decision making and personal journey

#### IV. Conclusions

- a. In all of the competencies, significant increases in the mean of the items indicate the efficacy of the Frontline Nurse Leader Curriculum program.
- b. The outcome of this study illustrates that frontline nurse leaders who attended this structured leader-training program were more confident as they transition to expert leaders while learning to lead teams succinctly.
- c. Formal development of frontline nurse leaders will ensure that expert clinicians transition to expert frontline nurse leaders, who are capable of developing strong healthcare teams where safe patient environments and high quality of care are not just buzz words but actual byproducts of the daily culture.

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**Professional Experience:** Dr. Tammy McGarity has worked in nursing leadership and education for over 20 years with experience in acute care as an educator, nurse manager and director; long term acute care as chief clinical officer and chief executive officer. Focus of graduate and doctoral degrees is Nursing Leadership with doctoral work and dissertation focusing on frontline nurse leadership development.

**Author Summary:** Dr. Tammy McGarity is an experienced nurse administrator, educator and

entrepreneur beginning her career as an LVN. Dr. McGarity received her Doctorate of Nursing Practice from Grand Canyon University. Her doctoral work focused on frontline nursing leader development.