The purpose of this evidence-based project was to implement and test the effectiveness of a new approach to leadership development and follower development to enhance professional well-being. The Leadership Development Model emerged in response to multiple challenging issues facing the healthcare environment of Women’s Services in a large tertiary care facility in the southeast. The practice problem for this evidence-based project centered on reported episodes of incivility and disruptive behavior (IDB), lateral violence (LV), and workplace bullying (WPB) among the nursing staff in Women’s Services leading to poor interpersonal relationships, high RN vacancy rates, poor Trust index scores, poor communication and poor patient satisfaction scores. A comprehensive assessment was completed utilizing the American Association of Critical Care Nurses Healthy Work Environment Assessment Tool and Dumont, Riggleman, Meisner, and Lein’s (2011) Lateral Violence Assessment Tool. Once the results were in hand, a comprehensive literature search was conducted utilizing CINAHL, PubMed, Google Scholar, PschyINFO, and Medline. What emerged were multifactorial problems contributing to the issues facing this service line; therefore, a creative multidimensional approach was necessary to implement the planned change. The leadership development model is a confluence of several theories (Homeostasis = Healthy Work environment, Power Theory, Chaos Theory, Parse’s Human Becoming Theory, Self-Efficacy, Mindful Presence and Maslow’s Hierarchy) into a unified approach for charge nurse leadership development and staff development to create a space of shared meaning co-creating a space for transcendence, living in the moments of understanding the inherent worth of each nurse’s ‘humaness’ creating salient moments of revealing, concealing, beholding and sharing in the experiences of caring for self and others. The goals was to see and understand if this would have any effect on their perception of a healthy work environment. The team is working on valuing the human dignity and respect of all health care workers and the value they bring to the work environment and have committed through brainstorming and collaboration developed a unique ‘pledge to my coworker’.

Title:
Transcending Traditional Leader-Follower Dyads: A Dynamic Model for Supporting, Growing, and Loving

Keywords:
Follower Development, Leadership Development and co-creating meaning

References:


Abstract Summary:
This leadership development model came to fruition in response to identified needs collected during a comprehensive assessment of a service line experiencing high RN vacancy rates, poor trust scores, provider complaints, episodes of incivility and disruptive behavior compromising patient safety and perpetuating poor interpersonal relationships among the nurses.

Content Outline:
Leary-Schmitt Leadership Development Model: Promoting healthy work environments

- Introduction

To lead in our current turbulent healthcare climate mandates nursing leaders prepared with the knowledge, skills, and abilities to build quality work environments that will promote the health and well-being of an exhausted and overextended nursing workforce (Norgaard, Ammentorp, Kyvik, & Kofod, 2012). It is crucial that nurse leaders fully embrace the imperative to promote relationship-centered and evidence-based principles of professional performance that are associated with healthy work environments, and fully live it while engaging others to sustain a healthy work environment. Elements of a healthy work environment as described by the American Association of Critical Care Nurses include Skilled Communication, True Collaboration, Effective Decision-Making, Appropriate Staffing, Meaningful Recognition, and Authentic Leadership. Nevertheless, the leader plays a crucial role in cultivating, developing, and sustaining a healthy work environment; However, this is not to say that employees do not have responsibility too, there is a bi-directional component to healthy work environments that are inclusive of leaders and followers and it starts with the motivation and caring to want something better. Skilled communication is the glue that holds all the standards together, and as a bi-directional process for leaders and followers challenging assumptions and increasing awareness of self-deception, becoming mindful, becoming candid, becoming reflective, and becoming authentic promotes skilled communication.

Skilled communication strategies are linked to healthy work environments, safe, high-quality patient care, and nursing retention rates (Blosky & Spegman 2015). However, communication is often inhibited by bullying and disruptive behaviors in the work environment leading to potential errors and risking patient safety. Deficient interpersonal skills and intimidating behaviors create a culture of silence that often leads to the inability to collaborate and achieve high-quality patient outcomes (Blosky & Spegman 2015). Moreover, poor communication inhibits professional relationships and communication networks that are central to navigating the current stressful and chaotic healthcare climate. To maintain the status quo, nurses will often silence themselves as a strategy to avoid conflict (Embree, Bruner, & White, 2013). However, research illuminates the dangers of silence in healthcare and brings to the foreground the essential nature of healthcare workers mastering crucial conversations. Embree, Bruner, and White (2013) assert the quality of communication is directly associated with patient care quality and safety, medical errors, employee satisfaction, commitment, and turnover. Unfortunately, nurses are often subjected to workplace stress, role ambiguity, role overload, role conflict, poor interpersonal communication, and ineffective and non-supportive leaders (Moreland, Ewoldsen, Albet, Kosicki, & Clayton, 2015). Consequently, nursing leadership has come under intense scrutiny in recent years in response to the fluid, dynamic, and ever-changing healthcare environment over concerns for failures to affect clinical outcomes and impact the quality of work environments (Finkelman & Kenner, 2012).

The purpose of this evidence-based project was to implement and test the effectiveness of a new approach to leadership development to promote a healthy work environment. The Leary-Schmitt Leadership Development Model emerged in response to multiple challenging issues facing the healthcare environment of Women’s Services in a large tertiary care facility in the southeast. The practice problem for this evidence-based project centered on reported episodes of incivility and disruptive behavior (IDB), lateral violence (LV), and workplace bullying (WPB) among the nursing staff in Women’s Services leading
to poor interpersonal relationships, high RN vacancy rates, poor Trust index scores, poor communication and poor patient satisfaction scores. A comprehensive assessment was completed utilizing the American Association of Critical Care Nurses Healthy Work Environment Assessment Tool and Dumont, Riggleman, Meisner, and Lein’s (2011) Lateral Violence Assessment Tool. Once the results were in hand, a comprehensive literature search was conducted utilizing CINAHL, PubMed, Google Scholar, PschyINFO, and Medline. What emerged were multifactorial problems contributing to the issues facing this service line; therefore, a creative multidimensional approach was necessary to implement the planned change. The leadership development model is a confluence of several theories (Homeostasis = Healthy Work environment, Power Theory, Chaos Theory, Parse’s Human Becoming Theory, Self-Efficacy, Mindful Presence and Maslow’s Hierarchy) into a unified approach for charge nurse leadership development to see if there was any effect on their perception of a healthy work environment.

1. The health of an organization, patient care outcomes, and excellent nursing practices are inextricably linked to the quality and health of work environments. The environment in many organizations is becoming more and more complex with changes occurring more often and suddenly, care is fragmented and knowledge has become highly specialized leading to conflicts among healthcare providers.

- Body

1. **Main Point #1**: Conceptual Framework Homeostasis=Work Environment

   1. **Supporting #1** self-regulating process, homeostasis relies on feedback loops and tends to maintain stability while adjusting to conditions that are optimal for survival while resisting outside forces for change. Built in mechanisms respond directly to any departures from the norm to establish a new balance. During times of dynamic equilibrium individuals can attend to and reach a steady state; however, in times of prolonged stress, disequilibrium ensues and built in regulatory mechanisms attempt to seek a new normal or balance. Response to change in the environment

   2. To change the manifestations of IDB and LV at the macro-system level it is essential to direct evidence-based interventions at the micro-, meso-, and macro-system levels.

The optimal strategy is to utilize systems thinking approaches to address the problem areas strategically, thoroughly, and efficiently. Two or more elements comprise a system and every element of the whole influences the behavior of other elements and the behavior of each element influences the behavior of the whole; therefore, for any problem to be solved, one must start by looking at the whole, recognizing that one element cannot be affected separately from the other elements—seeing interrelations and the linear cause—and—effect relations, and visualize processes of change, and not static states (Skarzauskiene, 2008). Therefore, to analytically think about a problem is the linear way of problem solving leading to developing a solution based upon the principle of cause and effect. However, the weakness in this approach is that it cannot fully cover causal relations and interdependence within the environment and other systems. As a micro tool for implementing an individual project, analysis and reduction are an appropriate strategy; however, it is not suited for strategic planning at the macro-system level (Skarzauskiene, 2008). Citing Senge, Skarzauskiene (2008) explained that feedback loops make system thinking different from other approaches in that people usually look at problem solving from the linear approach rather than the concentric and frame a problem in terms of a pattern of behavior over time, placing responsibilities for a behavior on internal actors who manage policies and structures of the system. To know something, one must understand the context of the relationship, getting at causality and understanding how behavior is generated and viewing this causality as an ongoing process with the effect feeding back to influence the causes, and the causes affecting one another (Skarzauskiene, 2008). The environment in many organizations is becoming more and more complex with changes occurring more often and suddenly, with fragmentation and specialization of knowledge leading to conflicts. Therefore, to mitigate the complexities of IDB and LV a multifaceted approach to improving the health and well-being of the work environment is essential. Multiple studies have demonstrated that IDB and LV is associated with a negative and stressful work environment, lack of managerial support, and authentic leadership (O’Moore & Lynch, 2007; Shirey, 2006).
1. **Supporting #1 Maslow’s Hierarchy**

2. **Main Point #2** The Stimulus Deviation Point-The Coronation
   1. **Supporting #2** Power changes how the brain responds to others (Obhi, 2014). The psychological impact of power on powerful individuals is that once an individual attains a high-power status they lose their ability to attend to peripheral information during nonsocial tasks. This ability allows for more focus on tasks and relevant details. Moreover, this focus allows for improved performance. The downside is that the powerless individuals’ perceptions of the powerful can become quite negative in these social situations. This is problematic in societies where the powerless are dependent upon the powerful for resources while the powerful enjoy undiminished access to resources creating dissonance.
   2. Power differential as an influential forcefield on the perceived homeostasis of the work environment.

2. **Supporting #1 & # 2 Bi-directional forces**
   1. Motivation & intent
      1. Feelings of powerlessness- employees
   2. Ethical
   3. Spiritual

- **Main Point #3** Theory of Human Becoming The Journey to Self-Discovery (Education-coaching-Mentoring)
  1. Committing to the vision through passionate presence—seeing the familiar in a new light
  2. The Human Becoming School of Thought Co-creating Meaning
     1. Revealing – Concealing
     2. Leadership & Motivation
        1. Five Factor Model
        3. Rhythmic Patterning & Languaging
           1. Trust—bearing witness to the unexplainable personal choices of others and honor ‘where they are’ or meet them where they are co-creating meaning living in reverence shifting familiar with unfamiliar meaning living in reverence with insightful awareness of inherent differences, deep appreciation of ambiguity, and penetrating trust in human wisdom.
           2. Empowerment—recognize each person as a human presence
           3. Happiness
           4. Engaged-intentional awareness of the inherent differences no matter how the other is with a deep appreciation of the ambiguity the emerging and the unknown
           5. Reverence for others—a solemn regard for human presence—recognizing their ‘humaness’ treasuring with unconditional love.
           6. Finding the Leader Within You
           7. Motives that influence behavior
           8. The Four Agreements
  4. Conclusion

Points supporting

1. Homeostasis
2. Maslow-Transcendence
3. Parse-Human Becoming
4. Start with the HEART (Healing, Empathizing, Accepting or acts of service, Respecting, and Trusting).

The first step is to understand frontline leadership (charge nurses, assistant nurse managers, and nurse managers) and assess their leadership knowledge, skills, and abilities. This is because nursing leaders of
today are responsible for shaping the organizational culture, managing diversity, modeling ethical behavior, communicating value systems, engaging and inspiring followers, which in turn mandates innovative approaches to nursing practice and education to acclimate new leaders to these challenges (Ring & Fairchild, 2012). Leadership development opportunities in skilled communication, emotional intelligence, self-awareness, mindfulness, effective decision-making and strategies to implement the authentic self will be addressed with education sessions, coaching, mentoring, and support (Ring & Fairchild, 2012).

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