

**POPLEAD: ID# 98544**

**Title:**

Effects of a Virtual Community of Practice on Self-Efficacy of New Nurse Leaders

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**ACCEPTED**

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**Session Title:**

Leadership Poster Session 1 (Saturday/Sunday, 16 & 17 November)

**Slot:**

LEAD PST1: Sunday, 17 November 2019: 11:45 AM-12:15 PM

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**Abstract Describes:**

Ongoing Work/Project

**Applicable Category:**

Leaders, Researchers

**Keywords:**

Communities of Practice, Self-efficacy and Virtual learning

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**Abstract Summary:**

Self-efficacy is not assured when assuming new roles, especially in large organizations. This exploratory study used a virtual Community of Practice to assess its effects on the self-efficacy of nurses in a new organization role.

**Content Outline:**

## Introduction

Nurse educators in long-term care have not historically been considered as part of formal leadership in their work environments. With the increasing acuity of the long term and skilled nursing care patient population, clinical nurse educators will need to improve their leadership self-efficacy and skills to bridge the gap between education and practice changes to improve the quality of care in long-term and post-acute care.

Main Point #1: Long term and skilled nursing centers now care for more highly complex patients, citing some health care professionals to observe that long term and skilled nursing centers are the medical-surgical hospital units from a previous era.

Main Point #2: Large health care organizations now occupy multiple sites for care delivery, with some sites relatively close to each other and some sites geographically distant.

Main Point #3: Nurse educators occupy more urgent roles and need clinical and leadership skills to address both the acuity of the patient population in the setting of multi-site care centers and in managing other leaders' expectations.

Main Point #4: Such nurse educators may feel isolated from their peers, both geographically and professionally.

Main Point #5: Nurse educators new to such multi-site centers of care may be especially vulnerable to a lack of self-efficacy if they have not had experience in managing the demands of more than one care delivery site and may benefit particularly in gathering virtually with their peers from around the country to share , experiences, tools and ways of addressing recurring problems.

Main Point#5: Nurse educators participating a virtual Community of Practice, driven by geographic demands of multi-site care, may benefit from gathering virtually to increase their self-efficacy in transforming their leadership skills and how education is delivered across geographical sites.

**Topic Selection:**

Leadership Poster Session 1 (Saturday/Sunday, 16 & 17 November) (25744)

**Abstract Text:**

The need to innovate in health care presents nurses with the challenge of developing new clinical roles. Individuals assuming such roles are presented with unique opportunities but may not have useful past experiences on which to draw to be successful in a new role. Clinical nurse educators in long term and skilled nursing centers are both educators and leaders in their clinical settings. With the increasing acuity of the patient population in skilled nursing and long-term care, clinical nurse educators will need the self-confidence to bridge the gap between education and practice to improve the quality of care in long-term and post-acute care. This is especially true in multi-site and geographically dispersed care centers which are the result of ongoing mergers in the health care industry. Nurse educators are combining clinical skills and teaching while exercising leadership skills in managing the expectations of other leaders in their organizations, both laterally, vertically, and horizontally and who are likely geographically dispersed. Nurse educators practicing in these settings may lack the self-efficacy to assume the leadership aspect of these new roles.

Self-efficacy, the belief in the ability to execute certain behaviors to particular goals, may be lacking in those in emerging clinical roles. Communities of Practice may be a vehicle that may positively affect self-efficacy. Based on one of four spheres of influence on self-efficacy described by Bandura, this pilot study assessed the degree to which shared experiences narrated and heard through a series of virtual Communities of Practice experiences affected nurse educators who practice in a new education role within a large, multi-state, skilled and long-term care organization.

Communities of practice have been determined to have positive effects on learning, relationship building and interprofessional collaboration, identity formation among peers, and creating feelings of professional autonomy. Communities of practice also have shown to reduce feelings of isolation and increase problem solving skills.

Participants engaged in six Community of Practice calls and shared experiences with each other over a three-month period and took a pre- and posttest survey to determine if three domains of self-efficacy were influenced: leader action self-efficacy, leader self-regulation efficacy, and leader means efficacy. The virtual aspect of the Community of Practice was both intentional and necessary as the research participants were practicing in several states and many do not engage one another in any face to face venues.

Because reductions in financial overhead are an important feature of health care, virtual interactions among an organization's leaders is not uncommon, especially in organizations that are multi-site and span wide distances. The purpose of the study was to assess the degree to which vicarious learning, as mediated by a virtual Community of Practice, may influence the self-efficacy of nurse educators who practice in a new role within a large long-term care organization.