INTRODUCTION

The Dyad Model of Leadership (DML) consists of a qualified physician and a qualified non-physician manager leading a service line or unit in unison. Leadership models utilizing the nurse leader and medical director dyad are an effective approach to aligning a hospital’s vision. The DML engages the physician in areas previously left to the nurse leader. The dyad style of leadership promotes staff to be engaged and empowered in a continuous improvement environment.

BACKGROUND AND SIGNIFICANCE

The DML is supported in the literature for increased employee engagement, decreased stress to the nurse leader, and an increased voice of the patient in adult care settings (Bruegmann & Zisman, 2010). Literature supported leadership education and extensive leadership training for the physician. Educated physician leaders were then utilized in the executive role. There is limited evidence of DML implementation consisting of a nurse leader and medical director dyad with Pediatric patients. Pediatric patients are not always capable of speaking for themselves. Therefore, leaders must be able to lead a staff capable of providing care for the unique population.

LITERATURE REVIEW

Literature supports the concept of physicians as leaders. McAleerney et al. (2005) indicated the current changes in health care required physician leaders be created. Physician leaders are impactful for resource utilization, delivering and influencing medical care and changes in medical practice. Literature was lacking studies including the nurse leader and medical director dyad in the pediatric setting, indicating the need for further research in this area.

RESEARCH QUESTION

Will the implementation of a Dyad Model of Leadership (DML) increase staff engagement and empowerment, while developing High Reliability Units (HRU) in a pediatric hospital?

IRB EXPEDITED APPROVAL

 Expedited IRB approval is in process, approval pending with St. Joseph Health System prior to publication planning and manuscript creation.

OBJECTIVES

1. The participant will be able to state the general premise of the implementation of the Dyad Model of Leadership to increase quality, safety, unit ownership and communication in a children’s hospital units.  
2. The participant will state reasoning for importance of the nurse manager and medical directors to embrace the primary role of identifying, mitigating and escalating risks on each unit.  
3. The participant will exhibit understanding of the significance of developing high reliability units through implementation and sustained practice of these characteristics:
   a) Preoccupation with failure  
   b) Reluctance to simplify interpretations  
   c) Sensitivity to operations  
   d) Commitment to resilience  
   e) Deference to expertise  
   f) Visibility of the system

METHODOLOGY

- A prospective mixed method design was used to evaluate leadership’s knowledge prior to DML education and after each DML education session was provided.  
- Four units of a children’s hospital including: Pediatric Intensive Care Unit (PICU), Neonatal Intensive Care Unit (NICU), Pediatric Medical/Surgical Unit (PMSU), and Pediatric Emergency Room (PER) were included in the study.  
- Education will be provided to the leadership of each unit within the children’s hospital, with session one being completed.  
- Education provided will include: why we need to lead as clinicians, leading individual and team performance, mastering influence and leadership and proactive thinking and the characteristics of High Reliability Units.  
- Team building exercises will be included in each education session.  
- Education will be provided in four half-day (4 hour) workshops.  
- A group of pediatric experts evaluated and validated, the 7 question Likert-type questionnaire to be used to assess the leadership’s knowledge. Pre education data and data collected after session one were entered into SPSS version 23 followed by statistical analysis using a paired T-test analysis.

SUMMARY OF PHASE I

All of Phase I data was pre education implementation. The researcher created a survey tool to measure pre and post understanding of the expectations and effectiveness of the implementation of the DML. Of the four units, the survey was completed by each unit’s Nurse Manager and Medical Director. The results revealed: a standard deviation range from a low of .37 (one physician result) to a high of 1.49 (one nurse manager) the range of the mean ran from 3.2 to 4.8. The median and the mode results were exactly the same for each participant response to the survey questions. The initial results for the Avatar Solutions Analysis (2015) standardized assessment of employee engagement revealed approximately one third of all units are actively engaged. The actively disengaged ranged from a low 4.6% in the NICU to a high of 8.6% disengagement in the NICU. Most concerning to nursing leadership was the percentage of partially engaged employees. The partially engaged employees ranged from a low of 54.3% in the PMSU to a high of 59.6% in the PED.

RESULTS AND CONCLUSIONS

The latest data collected at the end of Phase II was entered into SPSS version 23 post survey completion. A statistical analysis was performed assessing for mean, median, and mode with standard deviation assessment.

The latest participant survey reveals for each unit a decrease in variance between and within units. The greatest variance revealed was a score of 4.0 to 5.0 with other units variance ranges from 4.5 to 5.0 reflecting somewhat agreement and 5.0 reflecting an agreement.

These results indicate to the researchers the increased level of understanding and expectations for implementation of the DML by the participants in the study. The researchers look forward to assessment of bi-annual employee satisfaction scores of 2016 and 2018. Based on these initial results it is believed there will be a positive effect to the scores.

REFERENCES

References available upon request.

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