

Title:

Bedside Nursing Leadership Development for Interprofessional Collaboration

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Session Title:

Developing Leaders Through Interprofessional Collaboration

Slot:

K 04: Monday, 19 September 2016: 11:15 AM-12:00 PM

Scheduled Time:

11:35 AM

Purpose:

The purpose of this project is to describe a Bedside Nursing Leadership Development program (BNLD) designed to empower acute care inpatient bedside nurses to lead in making practice level changes to improve patient outcomes through innovative nurse led interprofessional bedside rounds.

Keywords:

Bedside Nursing Leadership Development, Interprofessional Collaboration and Nursing Leadership

References:

Institute for Healthcare Improvement. (IHI). Triple Aim. Retrieved from: <http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx> Institute of Medicine (2010). The future of nursing: leading change, advancing health. Washington, D.C.: The National Academies Press. Isaac, C., Kaatz, A., Lee, B., & Carnes, M. (2012). An educational intervention designed to increase women’s leadership self-efficacy. *Life Sciences Education*, 11, 307-322. Kliger, J., Lacey, S.R., Olney, A., Cox, K.S., & O’Neil, E. (2010). Nurse-driven programs to improve patient outcomes: transforming care at the bedside, integrated nurse leadership program, and the clinical scene investigator academy. *The Journal of Nursing Administration*, 40 (3), 109-114. Kouzes, J.M., & Posner, B.Z. (2002). *The Leadership Challenge*. 3rd ed. San Francisco, CA: Jossey-Bass. Sommerfeldt, S. C. (2013). Articulating nursing in an interprofessional world. *Nursing Education in Practice*, 13, 519-523.

Abstract Summary:

This project focuses on leadership development of nurses to lead interprofessional collaborative practice (IPCP) at the bedside. The rounding project strengthens collaboration and communication among healthcare professionals and patients, improves patient outcomes, and develops leadership in bedside nurses. This project expands opportunities for nurses to lead in team-based, IPCP environments.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe the development of bedside nursing leadership education.	1.) The learner will be able to describe the development of bedside nursing leadership education. a.) Development of Nurse Leadership Workshop → Planning → Implementation → Evaluation

The learner will be able to apply ways to measure nursing leadership self-efficacy.	2.) The learner will be able to apply ways to measure nursing leadership self-efficacy. → Use of the Task Specific Leadership Self-Efficacy Questionnaire (Isaac et al, 2012) tool → Tool is available with QR code → Measured pre-leadership training, and at 3 months, 6 months, and end of year one
The learner will be able to plan nurse-led interprofessional bedside rounds in their own clinical environment.	3.) The learner will be able to plan nurse-led interprofessional bedside rounds in their own clinical environment. → Progression from classroom to patient bedside - Role play in classroom - Practice in conference room - Practice in hallway - Practice at patient bedside → Charge Nurse facilitates bedside rounds, staff nurse leads with 24-hour patient report, followed by other professions

Abstract Text:

In 1991, the Institute for Healthcare Improvement (IHI) proposed the triple aim: 1) improve healthcare through patient satisfaction and quality; 2) improve population health; and 3) reduce the cost of healthcare per person as a solution to the issues of fragmented and frequently poor quality healthcare. The quality of healthcare is a professional and financial issue that is impacted greatly by all healthcare providers including nurses (Kliger, Lacey, Olney, Cox & O'Neil, 2010). The Institute of Medicine (IOM, 2010) issued a report with recommendations for nursing to lead in changing and improving healthcare. One key recommendation was to develop opportunities for nurses to contribute and lead in innovative models of patient-centered care (IOM, 2010). For this recommendation to become reality nurses need the skills and knowledge to be leaders at the point of care (Kliger, et al., 2010). ***The purpose of this project is to describe a Bedside Nursing Leadership Development program (BNLD) designed to empower acute care inpatient bedside nurses to lead in making practice level changes to improve patient outcomes through innovative nurse led interprofessional bedside rounds.*** The focus of the BNLD is to provide opportunities to adapt and apply leadership principles to bedside nurses without formal leadership positions. Sommerfeldt (2013) stated, "It is essential that nurses in practice clearly articulate their role in interprofessional clinical settings. Assumptions, stereotypes, power differentials, and miscommunication can complicate the interaction of healthcare professionals when clarity does not exist about nurses' knowledge, skills, and roles" (p.519). The BNLD is part of a larger HRSA Nurse Education, Practice, Quality and Retention Grant (NEPQR) focused on the development of nurse leaders in interprofessional collaborative practice teams. Bedside rounds are defined as interprofessional practice teams collaborating with patients daily to plan care for the next 24-hours. The BNLD is a broad leadership development program for nurses at the bedside that provides skills that may be applied to a variety of contexts in clinical settings. For the purpose of the NEPQR project, the BNLD objective was to provide nurses with skills to take a leadership role in care planning with the patient and the interprofessional healthcare team. Kouzes & Posner (2002) was used as the framework for leadership development. The BNLD program is three hours in length and consists of concepts of leadership: leadership as influence, connecting leadership with everyday work, and reframing leadership as more than formal leadership positions. Part of the BNLD includes simulated bedside role playing with a variety of healthcare professions. The role playing consists of anticipated difficult situations to enable leadership practice prior to launch of the interprofessional bedside rounds. The HRSA NEPQR bedside rounding project was implemented on a surgical inpatient unit at an urban Academic Health Center in the Midwest. A total of 33 nurses on an inpatient unit participated in the initial development program to prepare for leadership at the bedside during rounds. All nurses completed the Task Specific Leadership Self-Efficacy

Questionnaire (Isaac et al, 2012) prior to participation in BNLD, and again at 3 months, 6 months, and end of year one post initiation of bedside rounds. The Leadership Self Efficacy scale is a general measure of leadership efficacy. It contains eight statements to which participants respond by indicating their level of agreement on a 5-point Likert -type scale ranging from 1 (strongly agree) to 5 (strongly disagree). Cronbach's alpha indicated a high internal reliability for the leadership self-efficacy scale both pre (0.90) and post (0.91) use (Isaac, 2012). Results from the first year of BNLD outcomes, including bedside nurses' perceptions of their leadership development, will be presented.