Abstract ID # 84272: Developing Future Nurse Leaders through Shared Governance

Janette V. Moreno, DNP, RN, CCRN-K, NEA-BC
Anita Girard, DNP, RN, CNL, CPHQ, NEA-BC
Wendy Foad, MS, RN, NEA-BC

Meeting Information:
Sigma Theta Tau International's 28th International Nursing Research Congress
Session Title: Developing Nurse Leaders
Session Date: Monday, 31 July 2017
Session Time: 10:15AM
No Conflict of Interest Disclosure
Learning Objectives

- Replicate the succession planning integration into an organization’s existing shared governance.
Who we are…

- Non profit Academic Medical Center
- #1 Hospital in California
- #15 US Best Hospitals 2016 - 2017
- Licensed beds - 613
- Clinics – 147
- Ambulatory Care Visits – 1.2M
- Admissions – 28,000 per year
- Emergency visits – 73,000 per year
- Third Magnet Redesignation 2016
Background Knowledge

- We are challenged with nurses unprepared to assume key leadership positions.

- IOM report: largest workforce with the greatest potential to lead

- Nurse Manager: complex role

- New Nurses – lack interest in role

- Predicted nursing shortage
The forecasted growth of the nursing profession may not meet future needs.

- 2.7 million FTE RNs in 2013
- 3.3 million FTE RNs in 2030
- 1 million anticipated retirement by 2024

12% (333,000) managers predicted growth in 2024

NURSES WANTED! by 2024
Intended Improvement

- Decrease number of days to fill vacant position by 50% (215 to 100 days)

- Increase internal promotion of clinical nurses to formal leadership positions

- Integrate evidence-based succession planning into existing Shared Leadership Council
The succession planning framework by Titzer & Shirey (2013) guided the integrated review of evidence.
## Case Studies in the US Setting

<table>
<thead>
<tr>
<th>Study</th>
<th>Hospital/Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Barginere, et. al., 2013</strong></td>
<td>Rush University Medical Center</td>
<td>Rothwell’s Seven-Pointed Star Model for managers to nurse executives.</td>
</tr>
<tr>
<td><strong>Ponti, 2009</strong></td>
<td>Northern Michigan Regional Hospital</td>
<td>Gundersen Lutheran health system’s tiered competency model for all levels of nursing.</td>
</tr>
<tr>
<td><strong>Wendler et.al., 2009</strong></td>
<td>Illinois Memorial Medical Center</td>
<td>Developed an internship program for nurse managers.</td>
</tr>
<tr>
<td><strong>Abraham, 2011</strong></td>
<td>Mayo Clinic Rochester, Minnesota</td>
<td>From the frontline staff to the nurse managers; used the novice-to-expert theory.</td>
</tr>
<tr>
<td><strong>Titzer et.al., 2014</strong></td>
<td>St. Mary’s Medical Center Southwestern, Indiana</td>
<td>From the frontline staff to the nurse managers; used novice-to-expert theory.</td>
</tr>
</tbody>
</table>
Case Studies in US Health Systems

Bernard, 2014
- Centura Health System
- Blended learning residency program for nurse executives in 23 facilities

Lewis, 2009
- Baylor Health Care System
- Five-stage development cycle for managers to top executives in 15 facilities
Tertiary Hospitals in Sydney, Australia

**Brunero et al., 2009**
- Prince of Wales
- Frontline staff to nurse manager based on literature review

**Manning et al., 2015**
- St. George Hospital
- Frontline line staff to nurse manager for nursing/midwifery unit management program
Three-Step Succession Planning Conceptual Framework

SUCCESSION PLANNING CONCEPTUAL FRAMEWORK AT STANFORD HEALTH CARE

**Planning (ANTECEDENTS)**
- Strategic planning
- Desired leadership competencies
- Identification of high potential candidates (Shared Leadership)
- Strategic Interventions:
  - Leadership development program
  - Experiential learning
  - Mentorship/Coaching

**Outcomes (EMPIRICAL REFERENTS)**
- Number of days to fill vacant position
- Number of internal promotions
- Leadership bench strength (Clinical RN III/IV) through PNDP
- Council member perception on structural empowerment, participation in clinical practice change
- Leadership competency progression
- Decrease turnover costs, decrease hospital acquired conditions costs

**Assessment (ATTRIBUTES)**
- Visionary leadership
- Support to invest now for the future
- Transparent commitment to educate & develop internal leaders
- Culture of professional advance & leadership development
- Coaching & mentorship environment

Adapted from Titzer & Shirey (2013) Succession Planning Conceptual Framework (used with permission) & literature review
Visionary leadership

Culture of professional advancement & leadership development

Coaching & mentorship environment
Planning the Intervention

**Strategic Alignment**
- Integrated in strategic plan
- Executive leadership Council

**Workgroup**
- SLC Coordinator
- CNO
- Magnet Program Director
- Director of Practice & Education
- Director of Talent Acquisition

**Teamwork and Collaboration**
- Partnership with the frontline staff
- Shared Leadership Councils
Strategic Interventions

Leadership

Experiential Learning
Integration within the Shared Leadership Councils

Shared Leadership Council Day
June 2, 2015
0830 – 1700
Arrillaga Alumni Center
326 Galvez Street, Stanford, Ca 94305

<table>
<thead>
<tr>
<th>ROOM/TIME</th>
<th>0830 - 1030</th>
<th>1030 - 1100</th>
<th>1115 - 1230</th>
<th>1230 - 1300</th>
<th>1300 - 1700</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lane</td>
<td>Education &amp; Informatics Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lyons</td>
<td>Research &amp; Innovation Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barnes</td>
<td>Magnet &amp; Prof Growth Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McDowell Cranston</td>
<td>Quality &amp; Practice Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lodato</td>
<td>Unit-based SLC Chair Forum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info Booth 1</td>
<td>Info booth set-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info Booth 2</td>
<td>Info booth set-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info Booth 3</td>
<td>Info booth set-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info Booth 4</td>
<td>Info booth set-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Leadership in the 21st Century

Lunch Break
1100 – 1230 Coordinating Council

Unit-based SLC Workgroup Sessions (location may vary)

House-wide SLC Chair Forum

Leadership Development Sessions
Coaching Mentorship
Experiential Learning
Coaching/Mentorship

Advisors
- Clinical Practice or Management Accountabilities
  - HW chair 1
  - HW chair 2

House-wide Chairs
  - HW chair 1
  - HW chair 2

Unit-Based Chairs
  - UB chair 1
  - UB chair 2
  - UB chair 3
  - UB chair 4

Members
  - UB chair-elect 1
  - UB chair-elect 2
  - UB chair-elect 3
  - UB chair-elect 4
Method of Evaluation – A Balanced Scorecard

Participant Perspectives
- Structural Empowerment
- Participation

Leadership Competency
- Leader
- Scientist
- Practitioner
- Transferor

Internal Processes
- Leadership Bench Strength
- Number of Days to Fill

Financial Measures
- Internal Promotion Turnover Cost
Results – Participant Perception

88% Project Participation (p 0.04)
Indicate increase participation in more than one house-wide project

80% Committee Participation (p 0.03)
Indicate increase participation in more than one house-wide committee.

96% Perception as a Leader (p 0.0001)
Indicate increase in participant perception as a leader
I am empowered to do my job effectively because I have access to:

- Information \((p < 0.05)\)
- Support \((p < 0.02)\)
- Resources \((p < 0.02)\)
- Opportunities for growth and learning \((p < 0.03)\)

Chi square test \((p < 0.05)\)
Results – Leadership Competency

**LEADER**

- Leading & facilitating a meeting: 100% (*p* 0.117)
- Delegating & distributing work: 100% (*p* 0.02)
- Use of Shared Decision Making Domain: 97% (*p* 0.003)
- Action Request Management: 87% (*p* 0.004)
- Complete A3 tool: 87% (*p* 0.178)
- Conduct Continuous Process Improvement (PDSA): 82% (*p* 0.001)

**PRACTITIONER**

Chi square test (*p* < 0.05)

*Chi square test (p < 0.05)*
Results – Leadership Competency

**SCIENTIST & TRANSFEROR OF KNOWLEDGE**

- **I question what I am doing.**
  - (4.08, 4.13)
  - \( p = 0.776 \)

- **I systematically investigate**
  - (3.56, 3.82)
  - \( p = 0.208 \)

- **I measure an outcome.**
  - (3.51, 3.82)
  - \( p = 0.142 \)

- **I make a decision.**
  - (3.67, 4.05)
  - \( p = 0.059 \)

- **I disseminate within and outside my organization**
  - (3.87, 4.16)
  - \( p = 0.143 \)

Chi square test \( (p < 0.05) \)
Leadership Bench Strength

<table>
<thead>
<tr>
<th>Professional Nurse Development Program</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Nurse III/IV</td>
<td>22</td>
<td>45</td>
</tr>
</tbody>
</table>
Results – Internal Processes

Number of Days to Fill Asst. Patient Care Manager Position (2014 – 2016)

Assistant Patient Care Manager Average Days to Fill Vacancy by Fiscal Year
FY 2014-2016 (as of 8/31/2016)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Avg Days to fill (Post to Fill)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>118.86</td>
</tr>
<tr>
<td>2015</td>
<td>110.33</td>
</tr>
<tr>
<td>2016</td>
<td>54.9</td>
</tr>
</tbody>
</table>

Source: KGreenTree

*For questions regarding data please contact HR Analytics at HR-Analytics@stanfordhealthcare.org

CONFIDENTIAL

Printed on: #1527128085
Results – Financial Measures

21% Internal Promotion

- 15 Asst. Patient Care Managers (APCM)
- 16 Other formal leadership positions

89% Decrease in Number of Days to Fill

- 215 days to 23 days number of days to fill vacant APCM positions

50% Return of Investment

- Total cost savings $3,750,000 from internal promotion of 15 APCMs
Insights from SLC members in APCM positions

(SLC) have “improved communication skills and engagement” and “made me better at facilitating, delegating, and making quick decisions.”

“Face time with nurse leadership made me feel heard and gave me confidence to keep working to improve things. Thank you to our leadership for always making time to attend! I appreciated having a ‘seat at the table’, which built my confidence.”

Opportunities & exposure

Seeing the big picture

Skills Acquisition
Thank you…questions?

Are you ready to lead the way?
Contact Information

Janette Moreno, DNP, RN, CCRN-K, NEA-BC
Shared Leadership Council Coordinator
jmoreno@stanfordhealthcare.org
650.723.8301

Anita Girard, DNP, RN, CNL, CPHQ, NEA-BC
Magnet Program Director
agirard@stanfordhealthcare.org
650.723.4217

Shared Leadership Council
sharedleadership@stanfordhealthcare.org