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Development of a Leadership Program for Hospital Employees:

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Development of a Leadership Program for Hospital Employees: Assessment, Implementation and Evaluation

Submitted in partial fulfillment of the requirements for the degree of Doctor of Nursing Practice at Eastern Kentucky University

By

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Abstract

Healthcare leader's ability to respond to the dynamic environment of healthcare is essential for positive health care outcomes. Leaders set the strategic direction for healthcare organizations, and this requires that leaders assess themselves and their employees to develop effective education programs needed to meet any knowledge gaps limiting the workforce ready to respond to the new demands. The purpose of this project is to implement and assess a revised curriculum of a leadership development program by measuring gained self-identified development of leadership practices.

Keywords: healthcare, nurse leaders, leadership competencies, leadership education

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Development of a Leadership Program for Hospital Employees: Assessment, Implementation and Evaluation

Leaders with the ability to assess and respond to today's dynamic healthcare environment are essential for positive health care outcomes. The aim of healthcare is to emphasize prevention, improve the quality of care and patient outcomes as well as provide greater access to more affordable care. Leaders must respond by transforming care delivery models to utilize the full spectrum of the continuum of care. The goals of better care, better health, and more affordable health care may be achieved through the development of innovative healthcare leaders aligned to integrate new models of care delivery (Blum, 2011). This requires that organizational leaders assess and retrain their workforce to effectively respond to the new demands.

Baptist Health Lexington has a longstanding leadership competency development program, namely, the Evolving Leaders Program. This program has been in existence for over 15 years (Hill, 2003). The radical transformation demanded by changes in the healthcare environment compels a thorough evaluation of the curriculum offered in the program.

Available Knowledge

Nationally, leaders are calling for a shift from healthcare to health (CDC, n.d.). Our nation suffers from chronic conditions that can be improved by improving the social determinants of health. This requires healthcare system leaders to identify the most appropriate level of service to be delivered in the most appropriate setting and use innovative strategies to achieve quality patient care. Leadership concepts and strategies were absent form most formal education programs of current healthcare providers and leaders. Continuing education of providers and leaders is needed to develop skills for proficiency of care in the future. The literature reflects that healthcare systems are self-identifying their gaps as it relates to workforce

development and change strategies and are continuously looking for new ways to engage and educate staff to garner resources, in decision making and delivery of quality care (Pittman and Scully-Ross, 2016). The consequences of not constructively responding to the change in healthcare and the retooling of the workforce, can lead to a decrease in the quality of patient care and financial gains. Effective high quality leadership in healthcare is pivotal in the continued pursuit of ensuring safe efficient patient care with a continued focus on health and wellness.

Literature Review. The literature was reviewed to identify effective leadership competencies, health care leadership roles, best practices in evaluating leadership competencies and leadership development programs. Electronic databases were searched using the key terms of: healthcare, nurse leaders, leadership competencies, and leadership education. Forty articles were reviewed and inclusion and exclusion criteria was applied. Articles were included if they identified the target population and competencies in which their education was modeled. Two articles were removed because they were white papers and one additional study was removed for low study quality. Of the thirty-seven remaining articles, sixteen were targeted at the executive level, ten targeted nurse leaders / directors, four targeted frontline clinical staff and seven were global in nature. Three of the articles reviewed were non-nursing focused. Only articles from peer reviewed journals are included in this review. This summary of the literature will focus on eight articles. These articles were appraised for their levels of evidence and were included in this review because they evaluated leadership competencies in the target populations of the identified problem.

Kang et al. (2012) conducted a qualitative study surveying a cross-section of nurse executives from 16 acute care hospitals in Taiwan. The purpose of the study was to compare demographic data and self-perceived levels of various leadership competencies among nurse

executives. For comparison 330 nurse executives were put in two groups: head nurse (271) and executive group (59) which consisted of the supervisors, deputy directors and directors. The survey utilized was developed by the researchers through an extensive review of the literature. The survey asked the participants to rate themselves on a 10-point scale regarding their skill level of sixteen leadership competencies within six categories: overall managerial competency rating, research capability, time management, executive power, perception of workload and perception of work stress. All of the 330 participants were female with the majority of the head nurse group being less than 40 years of age and the executive group greater than 40 years of age. A greater percentage of the executive group held a master's level degree than did the head nurse group. The results of the survey demonstrated the head nurse group self-scored higher their skill levels in the areas of integrity and clinical skills and knowledge. The nurse executive group self-scored higher in the areas of integrity and collaboration and team skills. Both groups identified the area of finance as their area of least skilled. The mean scores between the two groups were statistically significant in thirteen of the leadership competencies. Three leadership competencies were not statistically significant between groups: clinical skills and knowledge ($p = 0.09$), informatics / technology ($p = 0.20$) and perception of work stress ($p = 0.18$; Kang et al., 2012). The sixteen competencies identified in the study can be used by hospital leaders to understand area in which nurse administrators need to develop skills.

An integrative review of primary research was conducted by Donaher, Russell, Scoble, and Chen (2007) to identify key competencies needed for nurse managers. The purpose of the study was to develop and test the psychometric properties of an instrument designed to be used by aspiring and newly hired nurse managers to self-assess human capital competencies. Donaher et al. (2007) used 99 Massachusetts Organization of Nurse Executives to validate the instrument.

The Human Capital Competencies Inventory (HCCI) is a 58-item survey that is categorized parallel to Benner's skill acquisition of novice to expert. The HCCI was found to be reliable (α = .9530; n = 88) and valid with the mean difference (-.21) being statistically significant (p = .004) (Donaher et al., 2007). The findings of the study can be used to assess nurse managers, identifying self-assessed gaps and assist in development of needed curriculum to meet those gaps.

Kirk (2008) conducted a systematic review of the literature to identify characteristics of effective nurse executives. Kirk initially identified more than 500 papers. After applying specific inclusion criteria, a qualitative review was conducted on twenty-four studies looking for themes in the literature. Kirk (2008) identified 10 characteristics used to describe effective nurse executives throughout the literature: influential operator, communication, knowledge of nursing, human management skills, total organizational view, quality management, business astuteness, ability to collaborate effectively with multidisciplinary teams, providing nurses with the right tools and resources to do their job, and project management skills. The extensive search of the literature found literature highlighting the effectiveness of nursing executives limited; but, that there is an abundance of recurring themes to advise current practice.

Landry, Stow and Haefner (2012) conducted a qualitative study surveying a cross section of affiliate members of the American College of Healthcare Executives (ACHE). The purpose of the study was to better understand the competencies needed for leaders at different points in their careers and at various organizational levels and to determine how well competency training works in healthcare organizations. The participants were separated into classifications of executive, vice-president, and directors or managers with the majority of the participants being male (61%) and Caucasian (94%). The survey asked whether or not training in specific

competencies was offered as part of the participant's leadership training. The participants were then asked to self-assess their level of expertise of various leadership competencies within 10 broad competency domains on a 5-point Likert scale. The study results showed that the executive group were more likely to self-assess themselves as an expert in the areas of governance and organizational structure, human resources, laws and regulations and healthcare than the other classifications, even if they had no training opportunities in those areas ($p \leq .001$). There was no statistical significant difference in ratings in the areas of human resources, quality and performance improvement, professionalism and ethics, management and business between the groups. The study results did indicate "... that training opportunities for competencies are positively related to self-reported rating of expertise in half of the competency areas for which training was offered." (Landry et al., p. 83). Landry et al. (2012) concluded that competency training is effective in healthcare organizations and it is critical for organizations to understand the importance of competency training and to provide opportunities to employees at all hierarchical levels.

A qualitative descriptive study was conducted by McPhee, Skelton-Green, Bouthillette and Suryaprakash (2012) evaluating nurse leaders' perspective of a formal leadership program. The premise of the study was that participation in a formal leadership program would empower leaders who would then empower their staff. The study was conducted using scripted interview questions. The questions were asked of 27 individuals that participated in a one year program at the Nursing Leadership Institute (NLI). The majority of the participants were female and ranged in age from 27 to 55 years. The participants were placed in four cohorts for the purpose of conducting the interviews. There were sixteen lead questions asked during the interviews. Questions addressed the benefit, if any, of the program to the participant role as a nurse leader to

challenges and successes of the participant since attending the program. Themes were analyzed, coded and reached saturation reached saturation and five themes were prevalent in all four cohorts: increased confidence, project management competencies, mentorship support, validation/affirmation of self as a leader, and resources and tools. McPhee et al., (2012) concluded that front line nurse leaders may benefit from nurse-specific leadership programs and that successful programs have organization support and mentoring.

Cummings et al. (2008) conducted a systematic review of the literature to identify contributing factors to nursing leadership. Cummings et al. (2008) initially identified over 27,717 titles and abstracts. After applying specific inclusion criteria and removal of low quality studies the review was conducted on twenty-four quantitative studies. The studies designs were cross-sectional, correlational, non-experimental and quasi- experimental in nature. The results of the review supported twenty factors that contribute to nursing leadership: demonstrating and practicing leadership, modeling leadership behaviors, leaderships styles, structuring and consideration behaviors, managerial competencies, length of time in present portion, role-taking and effectiveness, previous leadership experience, previous nursing education, personally traits, leadership motivation, age, gender, value congruence, accessibility and contact with formal leaders, implementation of the enhanced professional practice model, oval organizational climate, performance feedback, employee maturity and educational actives. Cummins et al. (2008) concluded there was limited evidence for specific factors; but, suggested that leadership qualities could be developed through formal education and that viable nursing leadership is needed to provide quality care for patients.

Sullivan, Bretschneider, and McCausland (2003) conducted a qualitative descriptive study to identify leadership development needs of nurse managers, identify challenging

experiences of nurse managers, and construct educational programs using the study findings. The study sample was 94 participants, comprised of nurse managers, nurse administrators, chief nursing officers (CNO), and the chief nurse executive (CNE) of one healthcare system. The study was conducted using scripted focus groups and individual interviews with the CNO's. The participants were placed in groups of eight to ten participants and four questions were asked during the interviews. These questions ranged from identifying the most challenging aspects of their position to the developmental and education needs of nurse managers in their particular area or facility in the system. The data were coded, and trustworthiness was established using the Lincoln and Guba Trustworthiness Criteria (Sullivan et al., 2003). The study determined the most satisfying aspects of the leadership role were sixteen areas, ranging from autonomy and flexibility to educational opportunities. The most challenging aspects identified fourteen areas, ranging from staffing to complexity of patient care needs. The development and educational needs identified were twenty areas, ranging from conflict resolution, strategic planning and team building. Sullivan et al. (2003) study findings supported a list of needed areas for development and education in nurse managers: communication skills, organizational skills, financial management and budget, conflict resolution, preformation management, staffing skills, institutional policies and procedures, regulatory agency compliance issues, human resource issues, supporting department staff, structured orientation program, computer skills, roles expectations, skills for leading meetings, life-work balance, time management, goal setting and evaluation, role transitioning , and intradepartmental and interdepartmental delegation.

Maryniak (2013) conducted a descriptive correlational design study evaluating the correlation of survey results pre- and post- nursing leadership education sessions entitled Frontline Leadership Series. The online survey consisted of three parts: The Leadership Practices

Inventory® (LPI®), various questions that related different management practices, and specific questions related to employee satisfaction. The LPI® section was scored using a 10-point Likert scale (1= almost never, 10= almost always). The management practices and specific question sections are scored using a 5-point Likert scale (1 = never / almost never, 5 = always). Thirty-seven participants completed the survey pre-education and 27 completed the survey post-education. Paired *t* tests were used to compare the mean scores of the three sections independently. The overall mean score for the LPI® were 8.05 ($p < .001$) pre-education and 8.67 ($p < .001$) post education Means score for the management practice section was 3.84 ($p < .001$) pre-education and 4.42 ($p < .001$) post education. The specific topic section had a pre-education mean score of 4.03 ($p < .001$) and post education mean score of 4.62 ($p < .001$). The study concluded that leadership development programs are usually focused on manger levels or above and there is a need to offer education to develop frontline leaders. Maryniak (2013) cites Patricia Benner's novice to expert theory a perceptual competence development as part of the evolution.

The literature reviewed used different study designs with the majority of the study designs being qualitative or descriptive (Kang et al., 2012; Donaher et al., 2007; Landry et al., 2012; Maryniak, 2013; Sullivan et al., 2003). The remaining three studies were systematic reviews of qualitative or descriptive studies (Kirk, 2008; MacPhee et al., 2012; Cummings, et al., 2008). The majority of the studies were cross sectional with large sample sizes. The participants were primarily homogeneous in nature and were employed at executive and administrative levels, which limits generalization to all healthcare employees (Kang et al., 2012; Donaher, et al., 2007; Kirk, 2008; Landry et al., 2012).

This literature review identifies essential key competencies needed in healthcare leadership. The key leadership competencies identified varied from each study; yet, all fit into

seven key domains: governance and organizational structure, health care, general management principles, business, professionalism and ethics, human resources, and finance (Kang et al., 2012; Donaher, et al., 2007; Kirk, 2008; Landry et al., 2012; MacPhee et al., 2012). There is also consistent mention throughout the literature of the importance of self-assessment by those in managerial or administrative positions as well as the worth of competency training in healthcare organizations (Kang et al., 2012; Donaher, et al., 2007; Kirk, 2008; Landry et al., 2012; MacPhee et al., 2012). The literature also emphasizes the importance of organizational support for competency training and ongoing mentorship of those in leadership roles.

The leadership programs identified in the literature ranged from a one-day in-service to one year, with the majority of the programs ranging from six to twelve months in length (Bernard, 2014; Doria, 2015; MacPhee et al., 2011; Schwarzkopf, Sherman, and Kiger, 2012; Singer et al., 2011; Watkins et al., 2014). The teaching strategies used were primarily formal didactic in house education classes, with mentorship and on line lessons. Various competency models were used with the primary model belonging to American Organization of Nurse Executives (AONE; 2015). The AONE model is centered on the domains of Communication, Knowledge, Leadership, Professionalism, and Business Skills. Another model that was frequently used was the Healthcare Leadership Alliance (HLA), which is a consortium of six professional organizations, with AONE being one of the six. The HLA is centered on five similar domains: communication and relationship management, professionalism, leadership, knowledge of the healthcare system, and business skills and knowledge. The majority of the programs identified in the literature conducted evaluations utilized a self-assessment or qualitative analysis (Rishel, 2013; Jones, 2010; Weiszbrod, 2015).

Organization-based leadership development programs are used frequently by healthcare organizations for continuing education of employees. Many delivery methods have been used to assist healthcare leaders develop the skills needed for effective leadership. The most effective competency development programs are grounded in experiential learning (Dillon & Mahoney, 2015; Doria, 2015; Taylor-Ford & Abell, 2015; Bernard, 2014). Programs that emphasize mentored application of course concepts in clinical practice settings are effective (Taylor-Ford & Abell, 2015; MacPhee et al., 2012; Rishel, 2013). Most programs included some form of experiential learning. The use of problem-based learning strategies was also common. Taylor-Ford and Abell (2015) recommended the use of journaling in order to develop reflective practice skills. Several organizations reported using 360 evaluations to help leaders identify their strengths and opportunities. Bernard (2014) suggested that the ideal composition of leadership programs was 70% group project work, 20% one-on-one coaching, and 10% didactic content. Collectively, these leadership development programs all employed some form of active and mentored experiential learning methods. Further, the program content was provided incrementally over time giving participants the opportunity to practice and assimilate new skills into their leadership practice.

Internal Evidence. Prior to the DNP project development and implementation, a gap-analysis was conducted and internal evidence obtained through focus groups discussion and an online survey analysis. Approval from the Baptist Health Lexington Institutional Review Board was obtained prior to beginning. Two focus groups were used to evaluate the strengths and opportunities for the program in February 2016 (Appendix A). The focus group participants were recruited from employees that had completed the current leadership program in the past two years. The facilitators for the focus groups consisted of a team leader and scribe. The answers

solicited from the focus group sessions were recorded on large paper and checked with the members at the end of the session.

The focus group participants acknowledged previous participation in the Evolving Leaders Program as a positive influence on their practice. The concerns identified by the focus group participants were that there were barriers to program attendance in that the times that the classes were offered and that classes were only offered one time per calendar year and if an individual missed a class it would be a year before there was another opportunity. The focus group participants also acknowledged application of the leadership skills they had learned in their current practice identified such as team building, leading meetings and organizational skills.

In March 2016, an electronic survey was adapted from the American Organization of Nurse Executives (AONE) Nurse Executive Competencies Assessment Tool. The AONE Nurse Executive Competencies Assessment Tool is a self-assessment tool for nurse executives to identify possible areas for growth and it can also be used by facilities to create curriculum guidelines for nurse educators to prepare nurses seeking expertise and knowledge in leadership roles (AONE, 2015). A total of 50 competencies were identified from AONE Executive Leader competencies (AONE, 2015) and nine additional competencies were identified from the current Evolving Leaders Program to create the survey of 59 leadership competencies. The leadership competencies were then categorized under of the five strategic goals of the organization and a miscellaneous category. The strategic goals are: Valuing People and Culture, Improving the Patient Experience, Leading the Transformation in Healthcare Delivery, Stewarding of System Resources, and Improving the Overall Health Status of Communities We Serve.

The survey participants were asked two questions for each leadership competency and rate them on a three-point scale. How important is this competency to your job? (1= unsure of

importance, 2 = not important, 3 = important) What is the level of experience with this competency? (1 = no experience, 2 = some experience, 3 = very experienced). Content validity was established by having the survey reviewed by six internal content experts. The survey was entitled The Baptist Health Leadership Competencies Tool and administered using Qualtrics© (Salt Lake City, UT), a secure web-based survey management system.

Scores for each competency were averaged across participants to create item means. Item mean scores were averaged to create Strategic Goal mean scores. The mean scores are reported in order of organizational strength of experience. Based on the results of the focus group and survey a revised leadership program curriculum was adopted (Appendix B).

The development of the leadership curriculum was directed by literature supporting active and experiential learning content delivery methods. Experts from the Academic Creativity Department at Eastern Kentucky University were identified to provide a series of workshops specific to active learning strategies. These workshops focused on how to write measurable objectives and how to develop course content. Additional consultation sessions were offered to the faculty, which consisted of Directors in the facility, to assist with writing objectives and course development by the education department Director of the facility. Participants for the Evolving Leaders Program were recruited through all employee email clusters and encouraged by the unit Directors. The Level 1 course schedule was offered in three sessions: February 15, 2017; March 3, 2017; April 14, 2017; and May 2, 2017. Each session consisted of four classes, one hour each, with the exception of the May offering which consisted of three classes.

Rationale

Implementation Framework. This project utilized the Johns Hopkins Nursing Evidence-based Practice Model (JHNEBP) three step processes of Practice Question, Evidence,

and Translation (PET; *Figure 1*). Approval was obtained from Johns Hopkins to use the model tools for the project (Appendix C). JHNEBP is a problem-solving approach that provides a clear framework for conducting an evidence-based practice inquiry (Johns Hopkins Medicine, 2016).

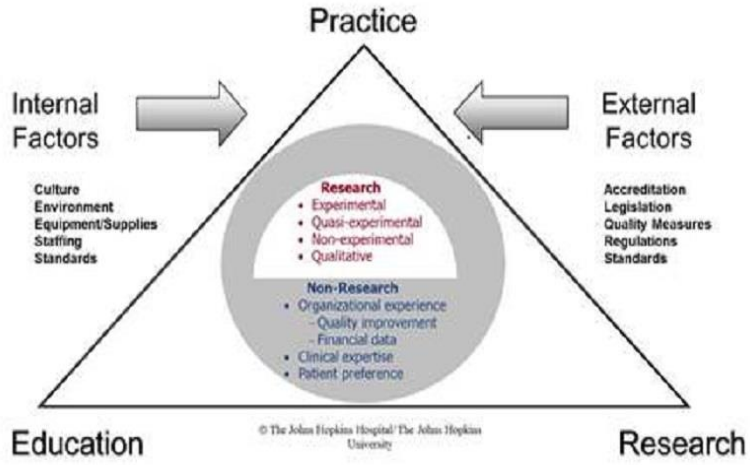

Figure 1: Johns Hopkins Nursing Evidence-based Practice Model (JHNEBP; Johns Hopkins Medicine, 2016).

The practice question identified was the program evaluation of the current Evolving Leaders Program. Internal evidence consisted of focus groups of previous participants of the leadership program. An electronic survey was used to evaluate the competencies needed to lead at the bedside, unit level, and department levels of the organization. Based on the evidence from the literature review, survey data analysis and the evaluation of the existing program, recommendations for revision to the existing Evolving Leaders Program were made.

Bloom's Taxonomy provided a framework for organizing learning objectives in a cognitive process to promote knowledge transfer. The Original Bloom's Taxonomy (1956) consisted of six domains of learning. These are Knowledge, Comprehension, Application, Analysis, Synthesis and Evaluation. The Revised Bloom's Taxonomy (2001) reflects a more active form of learning identifying the six domains as: Remembering, Understanding, Applying,

Analyzing, Evaluating, and Creating **(***Figure 2;* Adams, 2015; Armstrong, 2016; Su and Osisek, 2011; Su, Osisek, and Starnes, 2004).

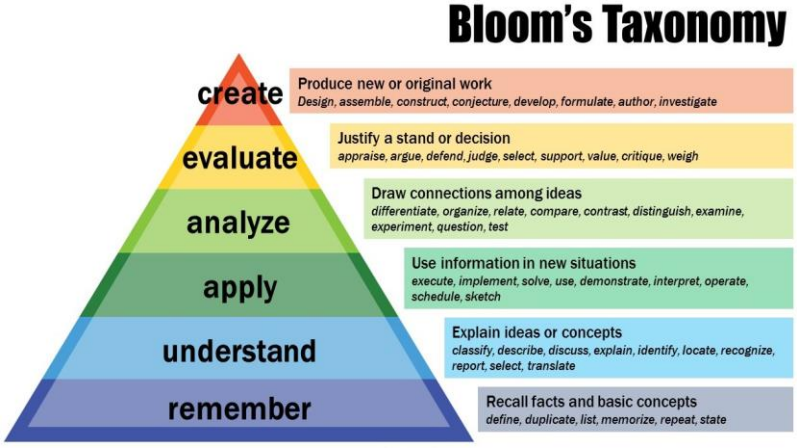

Figure 2: The Revised Bloom's Taxonomy (Armstrong, 2016).

The project is the continuation of the translation step in which evaluation of the first offering of the Level 1 curriculum with a pre-and post- survey will occur. This survey will be administered prior to the first class offering of Level 1 in February 2017 and again after the completion of the last class offering of Level 1 in May 2017. It is important to evaluate the efforts that have been made to improve the leadership program to find if it is effective in meeting the established objective of increasing the experience levels of competencies of the participants. (Polit and Beck, 2017).

Transformational Leadership Theory. Leadership is the motivation and guiding of others. Burns' Transformational Leadership Theory (1978) is the process where leaders appeal to the values and higher ideals of the follower (Belle, 2013; Changing Minds, 2016; Clavelle, Drenkard, Tullai-McGuinness, and Fitzpatrick, 2012; Educational Business Articles, 2016; Leadership Central, 2016; Ross, Fitzpatrick, Click, Krouse, and Clavelle, 2014). This type of

leadership shows the leader as a role model makes positive changes in the followers so in turn they too become leaders.

Burns' theory was first introduced from his work evaluating political leaders. He looked at how the leader and the follower both elevated themselves to a higher moral level. He then related it to management characteristics and behaviors (Belle, 2013; Changing Minds, 2016; Clavelle, et al., 2012; Educational Business Articles, 2016; Leadership Central, 2016; Ross, et al., 2014).

According to Transformational Leadership theory, leaders progress through four-steps. The first is to develop the vision. The leader has to have a view of the future and is fully committed to their vision. The second is their ability to sell the vision. The leader must have the energy and commitment and take every opportunity to get followers on their bandwagon. The third is finding the way forward. Parallel to the selling the vision the leader must also have a path mapped out to reach the vision. The fourth is leading the charge. The leader must always be visible and who their commitment to the vision. The leader will use ceremonies and rituals to sustain motivation of the followers (Belle, 2013; Changing Minds, 2016; Educational Business Articles, 2016; Leadership Central, 2016).

Transformational Leadership Theory's first theoretical component is Individualized Consideration. This is how the leader attends to the needs of the follower with empathy and support. The second theoretical component is Intellectual Stimulation. The leader challenges the follower to ask questions and think deeply about better ways to perform tasks. The third theoretical component is Inspirational Motivation. The leader inspires the followers with high standards and being optimistic of future goals. Done correctly, the follower is willing to invest efforts to reach the end goal. The fourth theoretical component is Idealized Influence. The leader

is the role model; gains respect and trust while instilling pride in the follower (Belle, 2013; Changing Minds, 2016; Educational Business Articles, 2016; Leadership Central, 2016).

Figure 3 depicts the continuous strategies the transformational leader uses. These are Individualized Consideration, Intellectual Stimulation, Inspirational Motivation and Idealized Influence (Belle, 2013; Changing Minds, 2016; Educational Business Articles, 2016; Leadership Central, 2016).

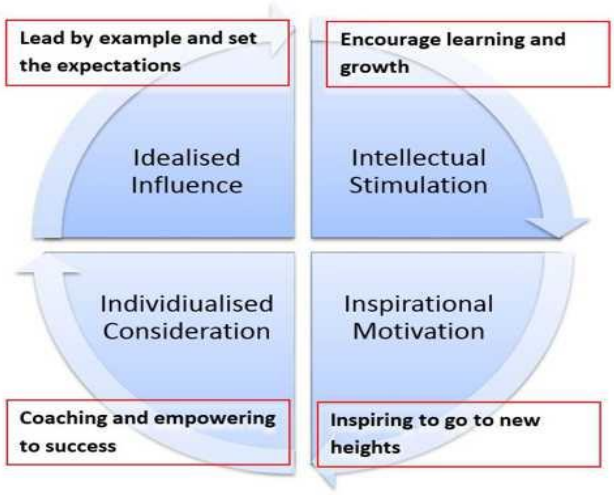

Figure 3: Transformational Leadership Theory (Educational Business Articles, 2016).

There are several assumptions of the Transformational Leadership Theory. The first is that people will follow a person who inspires them. The second is that a person with a vision and passion can achieve great things. The third is the way to get things done is by injecting enthusiasm and energy. The fourth is that the association with a higher moral position is motivation and will result in people following a leader who promotes this and the final assumption is that working collaboratively is better than working individually (Changing Minds, 2016, np).

Transformational Leadership was utilized as the framework guiding the project. The use of the four components of the theory Individual Consideration, Intellectual Stimulation,

Inspiration Motivation and Idealized Influence are recognized in the assessment and implementation, and evaluation of the Evolving Leaders program.

Specific Aims

The purpose of this project was to develop and evaluate the revised Level 1 curriculum of the Evolving Leaders Program by measuring gained self-identified skills of leadership competencies.

Methods

Context

This project was a pre- and post- comparison of participant's self-evaluation of their level of experience of leadership competencies. The participant's Leadership Practice Inventory® LPI® survey subscale mean scores were compared before and after attending the Level 1 curriculum of the revised Evolving Leaders Program. Key personnel for the program include the project leader, Senior Administration, the members of the Evolving Leaders Coordinating Team, which consist of approximately ten department Directors of various areas in the facility, the Education department and the program faculty which consisted of Directors and Senior Administration.

Intervention

The evidence-based intervention consisted of the implementation of a revised Evolving Leaders Curriculum. Faculty were recruited from the Director group of the facility by an announcement during a monthly management meeting, followed up by email. Participants for the program were recruited by email and submitted an application expressing interest in the leadership program. The application required a signature by their Director giving approval for

attendance. The literature review and initial survey data supported the proposed curriculum and active teaching methods utilized for the program. Level 1 Curriculum consisted of four sessions (A – D) with each class being one hour in length for a total of 15 class room hours of education. Session A courses were based on Awareness of Self and Others and consisted of: Introduction to Emotional Intelligence, Multigenerational Differences, Fundamental of Professionalism and Communication and Conflict at Work. Session B courses were based on Organizational Culture, Quality and Change and consisted of: Cultural Competence, Introduction to Quality and High Reliability, Creating a Culture of Safety and Just Culture, and Principle of Organizational Change. Session C courses were Introduction courses and consisted of: Basic Healthcare Finance, Understanding Fundamentals of Evidence Based Practice, Process Excellence and Principles of System Thinking. Session D courses were based on Working with People and consisted of: Organizational Ethics, Patient Experience, and Population Health.

Study of the Intervention

A revision of the electronic survey, The Baptist Health Leadership Competencies Assessment Tool, used for curriculum development was administered using Qualtrics© (Salt Lake City, UT), a secure web-based survey management system. The survey was open for three weeks during the pre-education survey (February 2017) and three weeks for post-education survey time period (May 2017). Recruitment emails for the electronic survey were distributed to a list of Level 1 participants in February 2016 and again in May 2016 (Appendix D). Reminders to participate were sent once a week for 3 weeks. The electronic survey was administered prior to the first class offering of Level 1 in February 2017 and again after the completion of the last class offering of Level 1 in May 2017 (Appendix E). Unique self-generated identification codes

were created by the participants, allowing anonymity and were used to match participant data pre- and post-intervention (Yurek, Vasey, and Havens, 2008).

A second instrument, the Leadership Practice Inventory® (LPI®) was used for the participants to self-identify their leadership practices to assess development during the education sessions. Permission to use the LPI® was given by Wiley publishing (Appendix F). The LPI® was administered in paper form at the beginning of the first educational session (February, 2017) and again at the end of the last education session (May, 2017; Appendix G).

Measures

The Baptist Health Leadership Competencies Assessment Tool was modified from the original survey used in development to include the 37 competencies relevant to Level 1 curriculum. The survey asks the participants two questions for each leadership competency and rate them on a three-point scale. How important is this competency to your job? (1= unsure of importance, 2 = not important, 3 = important) What is the level of experience with this competency? (1 = no experience, 2 = some experience, 3 = very experienced). Demographic questions asking about years of employment, position, certifications and continuing education credits were included. There were additional open-ended questions to evaluate the application of course content in practice.

The LPI® is a 30 –item questionnaire with five subscales identifying each of The Five Practices of Exemplary Leadership. The five subscales are: Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act, and Encourage the Heart. The subscale of Model the Way scores the modeling of behaviors that clarify values. As with Transformational Leadership, Model the Way expects an alignment of words and deeds. The subscale of Inspire a Shared Vision scores the individuals ability to envision the future and enlist followers.

Challenge the Process subscale scores the individual's ability to search for innovative way to improve the work of themselves and the organization. Enable Other to Act subscale identifies the individual's ability to build trust and involve others in decision making. The final subscale of Encourage the Heart scores the ability to inspire and share the spotlight for a job well done (Posner, 2016; Stefl, 2008). The participants self-reported their leadership behaviors with a 10-point Likert scale (1= almost never, 10 = almost always; Stefl, 2008). The LPI® has well established reliability with Cronbach's alphas in multiple populations, including front line supervisors ($\alpha = 0.80$ to .90), mid-level managers ($\alpha = 0.78$ to .90) and nurses ($\alpha = 0.66$ to .96, Posner, 2016).

Analysis

Data were entered into the Statistical Package for Social Sciences (SPSS®) Version 24.0. Statistical significance was set at 0.05 (Polit and Beck, 2017). Data were coded using nominal, ordinal and scale levels of measurement. The LPI® subscales were summed pre- and post-education. Paired T-tests were conducted to evaluate mean differences in subscale pre-education and post-education responses and determine statistical significance of changes.

Ethical Considerations

Baptist Health Lexington Institutional Review Board approval was obtained as an amendment to the original study approval prior to beginning the project; an IRB Authorization Agreement (AA) from Eastern Kentucky University recognizes Baptist Health Lexington as the student's IRB of record (Appendix H).

Results

Ninety-nine employees applied for the revised Evolving Leaders Program to begin in Spring 2017. Sixty-four began the program in February 2017. Forty-five employees completed

all sessions. Forty-four participants (69%) completed the electronic survey online prior to beginning the education sessions and post educations session twenty-five participants completed the electronic online survey (39%). Frequencies were analyzed on the levels of importance of each statement on the leadership competency tool. Fifty –three participants (83%) completed the LPI® prior to beginning the education sessions and forty-seven participants (73%) completed the LPI® post education sessions. The completed LPI® surveys rendered 31 matched pairs for analysis.

Descriptive Statistics

A total of 64 participants were included in the project. The majority of the participants were female (69%) and had been employed at the facility from one to twenty-nine years. Participants employed in the area of nursing comprised 41% of the total number. The target population was all employees across all levels of the organization. All participants spoke English, and were able to read and write and had no cognitive limitations.

The Baptist Health Lexington Leadership Competency Tool

The participants rated the importance of the leadership competency to their job using the scale of, 1= unsure of importance, 2 = not important, 3 = important. Frequencies were conducted on the levels of importance and were compared to the frequencies of the level of importance as they were rated by the initial leadership group that was surveyed in the development phase. Overall, there was a strong agreement of importance of the leadership competencies, thirty-five out of thirty-seven, between the two groups with the exception of a greater difference in two competencies. The first was, “Participate in research and evidence based practice activities”. This competency was rated important in 90% of the leadership group and 78.1% of the pre-education group. The second competency, “Manage financial resources in your position and

department (for example, supplies and staffing)". The competency was rated important in 96% of the leadership group and 78.1% of the pre-education group.

Leadership Practices Inventory®

The participants self-reported their leadership behaviors with a 10-point Likert scale (1= almost never, 10 = almost always) for a total potential score of 60 for each subscale (Stefl, 2008). The LPI® was found reliable with this population ($\alpha = 0.97$, $n = 31$). A paired-samples t-test was conducted to compare differences in mean scores of the subscales pre- and post-education (Table 1). There was no significant difference in Model the Way pre-education subscale scores (M= 46.06, SD = 6.95) and post education subscale scores (M = 47.87, SD = 6.26); (t (30) =1.61, p = .118). The mean difference between these subscale scores was 1.81 with a 95% CI ranging from -.483 to 4.10. The magnitude of difference in the means was moderate (eta squared = .08). There was a significant difference in Inspire a Shared Vision pre-education subscale scores (M = 39.42, SD = 9.98) and post education subscale scores (M= 42.84, SD = 8.76); (t (30) =1.99, p = .056). The mean difference between these subscale scores was 3.42 with a 95% CI ranging from -.087 to 6.93. The magnitude of difference in the means was moderate (eta squared = .12). There was no significant difference in Challenge the Process pre-education subscale scores (M= 40.68, SD = 8.90) and post education subscale scores (M = 37.00, SD = 7.26); (t (30) = - 2.76, p = .010). The mean difference between these subscale scores was -3.68 with a 95% CI ranging from -6.40 to -.95. The magnitude of difference in the means was large (eta squared = .20). There was a significant difference in Enable Others to Act pre-education subscale scores (M = 40.16, SD = 5.55) and post education subscale scores (M= 50.48, SD = 4.68); (t (30) = 9.90, p = < .001). The mean difference in subscales scores was 10.32 with a 95% CI ranging from 8.19 to 12.45. The magnitude of difference in the means was large (eta squared = .77). There was a significant

difference in Encourage the Heart pre-education subscale scores (M = 44.26, SD = 8.45) and post education subscale scores (M= 47.35, SD = 8.02); (*t* (30) = 2.24, *p* = .033). The mean difference between these subscale scores was 3.10 with a 95% CI ranging from .27 to 5.92. The magnitude of difference in the means was large (eta squared = .14)

Table 1: *Total Subscale Mean Scores: Results of Paired t- test (N = 31)*

LPI Subscale		M	SD	eta^2	t	df
Model the Way	**pre**	46.07	6.26			
	post	47.87	6.95	.08	1.61	30
Inspire a Shared Vision	**pre**	39.42	9.98			
	post	42.84	8.76	.12	1.99	30
Challenge the Process	**pre**	40.68	8.90			
	post	37.00	7.26	.20	-2.76*	30
Enabling Others to Act	**pre**	40.16	5.55			
	post	50.48	4.68	.77	9.90**	30
Encouraging the Heart	**pre**	44.26	8.45			
	post	47.35	8.02	.14	2.24*	30

p < .05**;** *p* <.001**

Figure 4 depicts the LPI subscale mean scores. The mean sub scale score of Model the Way went from a 7.68 to a 7.98 post education. The mean sub scale score Inspire a Shared Vision went from a 6.5 to a 7.14 post education. The mean sub scale score Challenge the Process went from a 6.78 to a 6.37 post education. The mean sub scale score Enable Others to Act went from a 6.69 to an 8.41 post education. The mean sub scale score Encourage the Heart went from a 7.38 to a 7.89 post education.

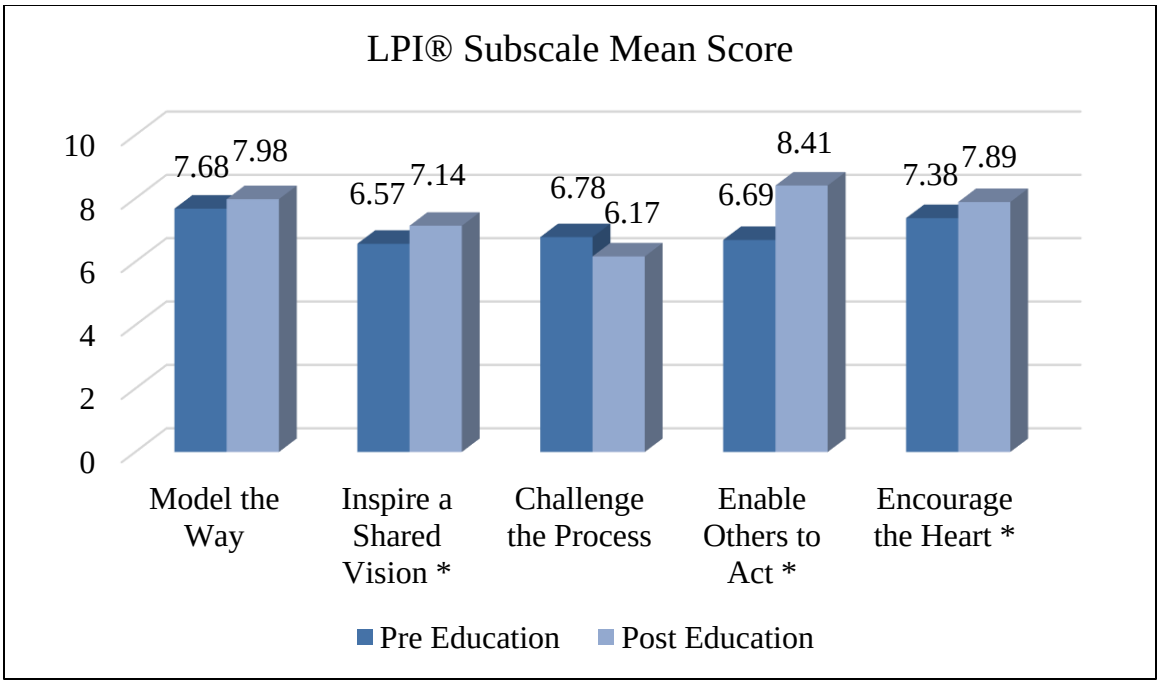

Figure 4: LPI ® Subscale Mean Scores (*denotes statistically significant)

Discussion

Summary

The importance rating from the leadership competency tool reflected that both the development survey group of leadership and the pre-education group felt that majority of the competences were important to their job. The LPI® pre-and post-education scores showed a statistically significant change in three subscale areas: Inspire a Shared Vision, Enable Others to Act, and Encourage the Heart.

Interpretation

The development survey group of leadership and pre-education group identified the majority of the leadership competencies as being important attributes to successfully practice in today's dynamic healthcare environment. The subscale with the largest effect size (eta squared = .77) was the area of Enable Other to Act. Three of the six statements that make up this subscale are: "Actively listening to diverse point of view", "Treats others with dignity and respect", and

"Supports the decision people make on their own". This change in self-assessment of ability to perform the leadership skills suggest growth of the individuals from participation in the leadership program. Two other subscale areas that demonstrated a large effect were Inspire a Shared Vision (eta squared = .12) and Encourage the Heart (eta squared = .14). One subscale area did show a statistically significant negative change and large effect size (eta squared = .20), Challenge the Process. Three of the six statements that make up this subscale are: "Seeks out challenging opportunities that test his / her own skills and abilities", "Asks "What can we learn?" when things don't go as expected", and "Challenges people to try to out new and innovative ways to do their work". One interpretation of this unexpected outcome is the participant's self-assessment of their skill level in these areas were over inflated before the education offerings and when exposed to new and innovative ways to evaluate challenges their post education self-assessment was a more honest introspective evaluation.

Limitations

All projects with participants in natural environments are subject to limitations. One limitation in this project is the self-reported responses to the data collection instruments. Self-reporting of leadership skills could be inaccurate if the participant lacks the introspective ability to actuality respond in an honest fashion to the question. An additional limitation is that this is the first offering of the education and adjustments to the offerings and teaching styles. There was a small sample size and a small paring of the data that did not produce findings that would reflect that of the group.

Conclusions

The evidence-based intervention consisted of the implementation of a revised Evolving Leaders Curriculum. The literature review and initial survey data supported the proposed

curriculum and active teaching methods utilized for the program. Similarities in the importance rating of the leadership competency tool assures that the revised curriculum met the needs and content of the target population of the facility. The statistically significant change in three of the subscale areas of the LPI® in addition to the changes in effect size in four of the five subscale areas also reflects that the intervention met the needs and the content of the target population.

Funding

The resources needed to complete this project included human capital, facility overhead and supplies. The DNP student provided time as a volunteer as part of clinical hours required by the program. The continuation of the program will require the time of the Evolving Leaders Coordinating Team, the coordination of the education department and ability and willingness for employees to divert time from their normal obligations to attend the education sessions. The majority of the Evolving Leaders Coordinating Team and faculty are salaried employees. However, their time will be diverted from other tasks to complete their obligation to the program. Senior Leadership is supportive of their time spent in support of the Evolving Leaders Program. The meeting rooms and auditorium for the classes are absorbed in facility overhead cost. There are minor costs attributed to office supplies. There is a small amount of funds budgeted in the Education Department annual department budget to cover those costs.

The Evolving Leaders Program has been in existence since 2003. Currently the Senior Leadership continues to support this program from a human capital and a financial aspect. The Evolving Leaders Program has been well attended by employees from all disciplines in the facility even though no continuing education (CE) credit has been made available to date. The program was opened to the other facilities in the East Region for Baptist Health: Baptist Health

Richmond and Baptist Health Corbin. The program has also been opened to the employees at the Baptist Health Physician Group.

The program's curriculum has evolved over the past 15 years. Annually the curriculum has been reviewed and updated by topics the Coordinating Team identified as relevant at the time of the offering. No formal review of the literature or evaluation of the needs of the employees was conducted previously. Teaching methods used to date have been basic knowledge transfer with power point presentation. Very few faculty members used case studies or articles. As a part of this project, effective teaching strategies were also evaluated. The faculty for the revised program have had three instructional sessions on active teaching strategies.

Participation in the Evolving Leaders Program is open to all employees in the facility and is voluntary. There is an application process. The applicant must have approval to attend from their department Director and they are asked to write an objective describing what they would like to gain from participation in the program. The call for application took place in October and November 2016. There were 99 applications accepted for the 2017-2018 Evolving Leaders Program. This was the largest amount of applications received to date.

The sustainability for the program could be affected by budget restraints in the coming fiscal years. However, there is antidotal evidence in the facility of the effectiveness of the program that would be lost. This project will give data to the effectiveness of the changes made to Level1. This project can be replicated with each Level during both offerings for the first year of the program. The results of this project will give direction to the following year's curriculum.

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Focus Group Interview Guide

Appendix A

Questions	Purpose
What should we continue to do?	Identify strengths of program.
What should we start doing?	Identify new opportunities for the program.
What should we stop doing?	Identify aspects of the program that were not beneficial.

Proposed Evolving Leaders Curriculum

Appendix B

Evolving Leaders (EL)Level 1			
Sessions A-D / Total 15 Hours			
Session A **February 15, 2017 / August 4, 2017**			
Awareness of Self and Others - Courses 101-104			
EL 101 **Intro to Emotional Intelligence** **8am-9am**	**EL 102** **Multigenerational Differences** **9am-10am**	**EL 103** **Fundamentals of Professionalism** **10am-11am**	**EL 104** **Communication & Conflict at work** **11am-12pm**
Session B **March 3, 2017 / September 13, 2017**			
Organizational Culture. Quality, and Change - Courses 105-108			
EL 105 **Cultural Competence** **8am-9am**	**EL 106** **Intro to Quality & High Reliability** **9am-10am**	**EL 107** **Creating a Culture of Safety & Just Culture** **10am-11am**	**EL 108** **Principles of Organizational Change** **11am-12pm**

Session C **April 14, 2017 / October 18, 2017**			
Introduction to Finance, Improving Outcomes, and System Thinking - Courses 109-112			
EL 109 **Basic Healthcare Finance** **8am-9am**	**EL 110** ***Understanding Fundamentals of EBP** **9am-10am**	**EL 111** **Process Excellence: Principle & Tools** **10am-11am**	**EL 112** ***Principles of System Thinking** **11am-12pm**
Session D **May 2, 2017 / November 30, 2017**			
Working with People: Ethics, Patient Experience, and Population Health - Courses 113-115			
EL 113 ***Organizational Ethics** **8am-9am**	**EL 114** ***Patient Experience** **9am-10am**	**EL 115** ***Population Health** **10am-11am**	*Denotes a completely new EL offering

Evolving Leaders (EL)Level 2 Sessions A-D / Total 16 Hours			
Session A **September 14, 2017**			
Employee Performance and Engagement - Courses 201-204			
EL 201 **HR Fundamentals & Documenting Performance** **8am-9am**	**EL 202** ***Staff Engagement Techniques** **9am-10am**	**EL 203** **Coaching Behaviors** **10am-11am**	**EL 204** **Effective Team Leadership** **11am-12pm**
Session B **Oct 3, 2017**			
Leadership Effectiveness - Courses 205-208			
EL 205 **Risk Taking** **8am-9am**	**EL 206** **Effective Meeting Management** **9am-10am**	**EL 207** ***Effective Oral Presentations** **10am-11am**	**EL 208** ***Facilitating Discussions** **11am -12pm**
Session C **November 9, 2017**			

Application of Quality, Cost, PI and EBP - Courses 209-211		
EL 209 **Relationship of Quality, Cost & Reimbursement** **Pre-req: 106 & 109** **8am-9am**	**EL 210** ***Data to Action- Using data to Improve Performance** **Pre-req:110** **9am-10:30am**	**EL 211** ***Putting EBP in Practice** **Pre-req: 110** **10:30am-12:00pm**
Session D **December 5, 2017**		
Advanced Risk, Safety and Systems Thinking - Courses 221-213		
EL 212 **Advanced Risk Management & Safety** **Pre-req: 107** **8am-10am**	**EL 213** ***Advanced System Thinking Change Leadership** **Pre-req: 112** **10am-12pm**	

Johns Hopkins Nursing Evidence-based Practice Model (JHNEBP) Permission

Appendix C

JOHNS HOPKINS NURSING EVIDENCE-BASED PRACTICE MODEL AND TOOLS

Thank you for submitting the requested information. You now have permission to use the JHN EBP model and tools.

Click here to download the tools. Reminder: You may not modify the model or the tools. All reference to source forms should include "©The Johns Hopkins Hospital/The Johns Hopkins University."

We offer an excellent online course about our model/tools. It is an engaging online experience, containing interactive elements, self-checks, instructional videos, and demonstrations of how to put EBP into use. The course follows the EBP process from beginning to end and provides guidance to the learner on how to proceed, using the tools that are part of the Johns Hopkins Nursing EBP model. Take a sneak peek of the course.

Click here for more information about our online course. Group rates available, email ijhn@jhmi.edu to inquire.

Do you prefer hands-on learning? We are offering a 5-day intensive Boot Camp where you will learn and master the entire EBP process from beginning to end. Take advantage of our retreat-type setting to focus on your project, collaborate with peers, and get the expertise and assistance from our faculty. Click here to learn more about EBP Boot Camp.

Go back to the form

Recruitment Email

Appendix D

Dear Evolving Leaders Level 1 Participant,

Hello. My name is Dee Beckman and I am currently enrolled in Eastern Kentucky University's (EKU) Doctor of Nursing Practice Program (DNP). I am inviting you to participate in a study to evaluate the Evolving Leaders program at Baptist Health Lexington. I am interested in evaluating the experience you feel you have gained by participating in the program. I also want to understand how you will use the knowledge gained from the courses in your work after attending the Evolving Leaders Program Level 1 classes. I plan to use the information gained from this project to identify the needs of the employees at Baptist Health Lexington and to improve the classes offered by the Evolving Leaders program.

Participation in this study involves completing an anonymous survey that will be sent to you by email during the week of February 1st. The survey will not take more than 15 minutes to complete. I will not ask for your name or department and will not know that you gave me information. In order to maximize confidentiality, reminders to participate will be sent to all eligible participants. This means that you will receive 2 reminders even if you've already completed the survey.

Please watch your email for the link to the survey the week of February 1st. I value your input!

Thank you in advance for your anticipated participation.

Dee Beckman, MBA, MSN, RN, NE-BC
Eastern Kentucky University DNP Student
Cell: 859-533-2763
Email: diana_beckman@mymail.eku.edu

Implied Consent and The Baptist Health Leadership Competency Tool

Appendix E

Dear Level 1 Participant,
My name is Dee Beckman and I am currently enrolled in Eastern Kentucky University's (EKU) Doctor of Nursing Practice Program (DNP), with advisors from Eastern Kentucky University and the University of Kentucky. I am inviting you to participate in a capstone project at Baptist Health Lexington. I am interested in evaluating the experience you feel you have gained while attending the program. I also want to understand how you will use the knowledge gained from the courses in your work after attending the Evolving Leaders Program Level 1 classes. I plan to use the information gained from this project to identify the needs of the employees at Baptist Health Lexington and additional improvement to the classes offered through the Evolving Leaders Program. Participation in this study involves completing an anonymous survey before attending the Level 1 classes and again in May when you have completed the Level 1 classes. The survey will take no more than 15 minutes to complete. If you agree to participate, I ask that you complete the attached survey at your convenience by February 15th. Your participation or lack of participation will not affect your employment at Baptist Health Lexington or the Baptist Health System. The only risk to you, if you choose to participate, is the potential loss of confidentiality. You will be asked a series of questions that will create a unique number. This unique number will be used to match your answers on the survey completed prior to attending Level 1 classes to your answers on the survey completed after attending Level I class. I will not ask for your name or department and will not know that you gave me the information. Any information that you provide will be kept in a confidential file that only the principal investigator and study staff can access. This study may be reviewed by the Baptist Health Lexington Institutional Review Board (IRB). Completing this survey can contribute knowledge about the competency needs of the employees at all levels in the facility. Study results may be submitted for publication in a national journal but you will not be identified as a participant in the study. Of course, you have a choice about whether or not to complete the survey; but if you do participate, you are free to skip any questions or discontinue your participation at any time. Thank you in advance for your anticipated participation.
Dee Beckman, MBA, MSN, RN, NE-BC Eastern Kentucky University DNP Student Cell: 859-533-2763 Email: diana_beckman@mymail.eku.edu Click "AGREE" to proceed to survey. Click "DISAGREE" to exit.

- ❍ Disagree (1)
- ❍ Agree (2)

If Disagree Is Selected, Then Skip To End of Survey

In this section, we are interested in learning about the competencies needed to achieve the following strategic goal: Valuing people and culture. Baptist Health will create a workplace culture that puts people first, improving the health and well-being of our employees, creating a

culture of safety and providing development opportunities. Baptist will work to recruit and retain a diverse, talented and highly skilled workforce.

Rate each of the following competencies TWICE. First, indicate how important the competency is for your job. Second, how experienced are you in using this competency?

	How important is this competency to your job?			What is your level of experience with this competency?		
	Unsure of Importance (1)	Not Important (2)	Important (3)	No Experience (1)	Some Experience (2)	Very Experienced (3)
Create an environment which recognizes and values cultural differences in staff, physicians, patients, and communities (E1)	❍	❍	❍	❍	❍	❍
Create a culturally competent workforce (E2)	❍	❍	❍	❍	❍	❍
Understand generational differences (E3)	❍	❍	❍	❍	❍	❍
Build trusting, collaborative relationships among members of the healthcare team (E4)	❍	❍	❍	❍	❍	❍
Role model skilled communication (E5)	❍	❍	❍	❍	❍	❍
Role model effective conflict resolution skills (E6)	❍	❍	❍	❍	❍	❍
Demonstrate effective negotiation skills (E7)	❍	❍	❍	❍	❍	❍

Create an environment that promotes shared decision-making (E8)	❍	❍	❍	❍	❍	❍

Are there any additional competencies needed to support the goal of: Valuing people and culture?

In this section, we are interested in learning about the competencies needed to achieve the following strategic goal: Improving the patient experience. Baptist Health will strive to become a high-reliability organization, striving for zero harm, with patient safety as a top priority. We will seek Magnet or Pathways for Excellence accreditation for all facilities, support clinical research initiatives, and create value based on quality outcomes and cost-effective care. We will aim to

earn national recognition as a top-performing healthcare system and to achieve patient satisfaction scores within the top 10 percent of all hospitals.

Rate each of the following competencies TWICE. First, indicate how important the competency is for your job. Second, how experienced are you in using this competency?

	How important is this competency to your job?			What is your level of experience with this competency?		
	Unsure of Importance (1)	Not Important (2)	Important (3)	No Experience (1)	Some Experience (2)	Very Experienced (3)
Explain and utilize BH's quality improvement program and goals (P1)	❍	❍	❍	❍	❍	❍
Determine metrics to achieve departmental and organizational goals (P2)	❍	❍	❍	❍	❍	❍
Participate in quality improvement work teams (P3)	❍	❍	❍	❍	❍	❍
Design safe clinical systems, policies, and procedures (P4)	❍	❍	❍	❍	❍	❍
Apply principles of high reliability organizations to clinical practice (P5)	❍	❍	❍	❍	❍	❍
Develop and interpret performance scorecards and dashboards (P6)	❍	❍	❍	❍	❍	❍
Support the principles of a Just Culture in your work environment (P7)	❍	❍	❍	❍	❍	❍

Implement National Patient Safety Goals in your clinical setting (P8)	❍	❍	❍	❍	❍	❍
Identify areas of risk for your department and BH (P9)	❍	❍	❍	❍	❍	❍
Apply strategies to reduce incidence of patient harm (to include nurse-sensitive indicators, medication errors, root cause analyses, other incidents leading to patient harm) (P10)	❍	❍	❍	❍	❍	❍
Participate in research and evidence-based practice activities (P11)	❍	❍	❍	❍	❍	❍

Are there any additional competencies needed to support the goal of: Improving the patient experience?

In this section, we are interested in learning about the competencies needed to achieve the following strategic goal: Stewarding of system resources. Baptist Health will enhance its financial strength through increased philanthropy and positive bond ratings. We will strive for efficiency and profitability through our infrastructure and technology, including the Epic information system. We will explore non-traditional sources of revenue generation, will continue our investment in physical facilities and equipment, and will invest in and grow Baptist Health.

Rate each of the following competencies TWICE. First, indicate how important the competency is for your job. Second, how experienced are you in using this competency?

	How important is this competency to your job?			What is your level of experience with this competency?		
	Unsure of Importance (1)	Not Important (2)	Important (3)	No Experience (1)	Some Experience (2)	Very Experienced (3)
Manage financial resources in your position and department (for example, supplies and staffing) (R1)	❍	❍	❍	❍	❍	❍
Analyze financial statements (R2)	❍	❍	❍	❍	❍	❍
Apply principles of healthcare economics to your department (R8)	❍	❍	❍	❍	❍	❍

Are there any additional competencies needed to support the goal of: Stewarding of system resources?

In this section, we are interested in learning about the competencies needed to achieve the following strategic goal: Leading the transformation in healthcare delivery. Baptist Health will lead the transformation in healthcare delivery, incorporating population health concepts into every aspect of care. To do this, we will prepare our providers for value-based care, explore new ways to provide accessible care, and instill evidence-based best practices in our medical group practices. In addition, we will work to create partnerships with physicians and community

members, develop academic relationships and other affiliations to ensure a complete continuum of care, and engage the state and federal government in regional healthcare partnerships.

Rate each of the following competencies TWICE. First, indicate how important the competency is for your job. Second, how experienced are you in using this competency?

	How important is this competency to your job?			What is your level of experience with this competency?		
	Unsure of Importance (1)	Not Important (2)	Important (3)	No Experience (1)	Some Experience (2)	Very Experienced (3)
Apply principles of population health in your clinical setting (S1)	❍	❍	❍	❍	❍	❍
Apply principles of value-based purchasing in your clinical setting (S2)	❍	❍	❍	❍	❍	❍
Create an environment to support innovation (S3)	❍	❍	❍	❍	❍	❍
Apply principles for effective leadership of organizational change initiatives (S4)	❍	❍	❍	❍	❍	❍
Apply systems thinking to redesign work flows and care delivery (S5)	❍	❍	❍	❍	❍	❍
Evaluate and implement evidence into practice (S6)	❍	❍	❍	❍	❍	❍

Are there any additional competencies needed to support the goal of: Leading the transformation in healthcare delivery?

In this section, we have listed a variety of personal leadership skills. We are interested in understanding if any of these personal leadership skills are important for your job and your level of experience with them.

Rate each of the following competencies TWICE. First, indicate how important the competency is for your job. Second, how experienced are you in using this competency?

	How important is this competency to your job?			What is your level of experience with this competency?		
	Unsure of Importance (1)	Not Important (2)	Important (3)	No Experience (1)	Some Experience (2)	Very Experienced (3)
Meeting management (G1)	❍	❍	❍	❍	❍	❍
Facilitating group discussions (G2)	❍	❍	❍	❍	❍	❍
Effective oral presentation skills (G3)	❍	❍	❍	❍	❍	❍
Effective writing skills for diverse audiences (G4)	❍	❍	❍	❍	❍	❍
Use of reflective practice (G5)	❍	❍	❍	❍	❍	❍
Innovation (G6)	❍	❍	❍	❍	❍	❍
Evidence-based practice (G7)	❍	❍	❍	❍	❍	❍
Ethics (G8)	❍	❍	❍	❍	❍	❍
Risk taking (G9)	❍	❍	❍	❍	❍	❍

Are there any other competencies that would make Baptist Health employees more effective in their jobs?

In order to design an effective program, we would like to know a little more about your role in Baptist Health.

How long have you been employed at Baptist Health?
Number of years (1)

Is your position:
- ❍ Frontline Staff (6)
- ❍ Charge Nurse (1)
- ❍ Shift supervisor (2)
- ❍ Assistant manager (3)
- ❍ First line manager (4)
- ❍ Department director (5)

Do you work in a nursing department?
- ❍ Yes (1)
- ❍ No (2)

Do you hold a certification other than Life Support (BCLS, ACLS, PALS, ATLS)?
- ❍ Yes (1)
- ❍ No (2)

How many certifications do you hold?
_____ Clinical certifications (1)
_____ Leadership certifications (2)

How many Continuing Education credits did you earn in 2016?
Number of Credits (1)

Do you think the knowledge you will gain in Level 1 will change how you will perform your job?
- ❍ Yes (1)
- ❍ No (2)

What is the first letter of your mother's first name?

How many older brothers do you have (both alive and deceased)?

In which month were you born?

- ❍ January (1)
- ❍ February (2)
- ❍ March (3)
- ❍ April (4)
- ❍ May (5)
- ❍ June (6)
- ❍ July (7)
- ❍ August (8)
- ❍ September (9)
- ❍ October (10)
- ❍ November (11)
- ❍ December (12)

What is the first letter of your own middle name?

Thank you for completing this survey. Please feel free to share any additional thoughts about competencies here.

Leadership Practices Inventory® Permission

Appendix F

WILEY

January 30, 2017
Dear Ms. Beckman:
Thank you for your request to use the LPI®: Leadership Practices Inventory® in your dissertation. This letter grants you permission to use either the print or electronic LPI [Self/Observer/Self and Observer] instrument[s] in your research. You may ***reproduce*** the instrument in printed form at no charge beyond the discounted one-time cost of purchasing a copy; however, you may not distribute any photocopies except for specific research purposes. If you prefer to use the electronic distribution of the LPI you will need to separately contact Joshua Carter (jocarter@wiley.com) directly for further details regarding product access and payment. Please be sure to review the product information resources before reaching out with pricing questions.
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Best wishes for every success with your research project. Cordially,

Ellen Peterson Permissions Editor Epeterson4@gmail.com
One Montgomery, Suite 1200, San Francisco, CA 94104-4594 U.S. T +1 415 433 1740 F +1 415 433 0499 www.wiley.com

Implied Consent and LPI®

Appendix G

BAPTIST HEALTH
LEXINGTON

IRB NUMBER: BHL-16-1310
IRB APPROVAL DATE: 02/08/2017
IRB EXPIRATION DATE: 01/19/2018

1740 Nicholasville Road Lexington, KY 40503
PHONE: 859.260.6100

Dear Level 1 Participant,

My name is Dee Beckman and I am currently enrolled in Eastern Kentucky University's (EKU) Doctor of Nursing Practice Program (DNP). I am inviting you to participate in the second part of my capstone project at Baptist Health Lexington.

I am interested in your perception of how often you engage in leadership behaviors. Participation in this study involves completing an anonymous survey, Leadership Practices Inventory (LPI) before attending the Level 1 classes and again in May when you have completed the Level 1 classes. The survey will take no more than 5-10 minutes to complete. The questions will ask you to rate yourself on a scale of 1-10, 1 = almost never, 10 = almost always.

If you agree to participate, I ask that you complete the attached survey, return it to the envelope and drop in the tray in the back of the room.

Your participation or lack of participation will not affect your employment at Baptist Health Lexington or the Baptist Health System. The only risk to you, if you choose to participate, is the potential loss of confidentiality.

You will be asked a series of questions on the next page that will create a unique number. This unique number will be used to match your answers on the survey completed prior to attending Level 1 classes to your answers on the survey completed after attending Level I class. I will not ask for your name or department and will not know that you gave me the information. Any information that you provide will be kept in a confidential file that only the principal investigator and study staff can access.

This study may be reviewed by the Baptist Health Lexington Institutional Review Board (IRB). Study results may be submitted for publication in a national journal but you will not be identified as a participant in the study. Of course, you have a choice about whether or not to complete the survey; but if you do participate, you are free to skip any questions or discontinue your participation at any time.

Thank you in advance for your anticipated participation!

Dee Beckman, MBA, MSN, RN, NE-BC

Eastern Kentucky University DNP Student

Cell: 859-533-2763

Email: diana_beckman@mymail.eku.edu

What is the first letter of your mother's first name? _____

How many older brothers do you have (both alive and deceased)? _____

In which month were you born? _____

What is the first letter of your own middle name? _____

CODE: ____ - _____ - _____ - _____

Please write your CODE where it says NAME on the top of the page of the survey.

LPI LEADERSHIP PRACTICES INVENTORY

BY JAMES M. KOUZES & BARRY Z. POSNER

INSTRUCTIONS

Write your name in the space provided at the top of the next page. Below your name, you will find thirty statements describing various leadership behaviors. Please read each statement carefully, and using the rating scale below, ask yourself:

"How frequently do I engage in the behavior described?"

- Be realistic about the extent to which you actually engage in the behavior.
- Be as honest and accurate as you can be.
- DO NOT answer in terms of how you would like to behave or in terms of how you think you should behave.
- DO answer in terms of how you typically behave on most days, on most projects, and with most people.
- Be thoughtful about your responses. For example, giving yourself 10s on all items is most likely not an accurate description of your behavior. Similarly, giving yourself all 1s or all 5s is most likely not an accurate description either. Most people will do some things more or less often than they do other things.
- If you feel that a statement does not apply to you, it's probably because you don't frequently engage in the behavior. In that case, assign a rating of 3 or lower.

For each statement, decide on a response and then record the corresponding number in the box to the right of the statement. After you have responded to all thirty statements, go back through the LPI one more time to make sure you have responded to each statement. *Every* statement *must* have a rating.

The Rating Scale runs from 1 to 10. Choose the number that best applies to each statement.

RATING SCALE	1-Almost Never	3-Seldom	5-Occasionally	7-Fairly Often	9-Very Frequently
	2-Rarely	4-Once in a While	6-Sometimes	8-Usually	10-Almost Always

When you have completed the LPI-Self, please return it to:

the envelope and drop in the tray in the back of the room.

Thank you.

LPI: LEADERSHIP PRACTICES INVENTORY SELF

Your name: _____

To what extent do you engage in the following behaviors? Choose the response number that best applies to each statement and record it in the box to the right of that statement.

1.	I set a personal example of what I expect of others.	
2.	I talk about future trends that will influence how our work gets done.	
3.	I seek out challenging opportunities that test my own skills and abilities.	
4.	I develop cooperative relationships among the people I work with.	
5.	I praise people for a job well done.	
6.	I spend time and energy making certain that the people I work with adhere to the principles and standards we have agreed on.	
7.	I describe a compelling image of what our future could be like.	
8.	I challenge people to try out new and innovative ways to do their work.	
9.	I actively listen to diverse points of view.	
10.	I make it a point to let people know about my confidence in their abilities.	
11.	I follow through on the promises and commitments that I make.	
12.	I appeal to others to share an exciting dream of the future.	
13.	I search outside the formal boundaries of my organization for innovative ways to improve what we do.	
14.	I treat others with dignity and respect.	
15.	I make sure that people are creatively rewarded for their contributions to the success of our projects.	
16.	I ask for feedback on how my actions affect other people's performance.	
17.	I show others how their long-term interests can be realized by enlisting in a common vision.	
18.	I ask "What can we learn?" when things don't go as expected.	
19.	I support the decisions that people make on their own.	
20.	I publicly recognize people who exemplify commitment to shared values.	
21.	I build consensus around a common set of values for running our organization.	
22.	I paint the "big picture" of what we aspire to accomplish.	
23.	I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.	
24.	I give people a great deal of freedom and choice in deciding how to do their work.	
25.	I find ways to celebrate accomplishments.	
26.	I am clear about my philosophy of leadership.	
27.	I speak with genuine conviction about the higher meaning and purpose of our work.	
28.	I experiment and take risks, even when there is a chance of failure.	
29.	I ensure that people grow in their jobs by learning new skills and developing themselves.	
30.	I give the members of the team lots of appreciation and support for their contributions.	

LPI: LEADERSHIP PRACTICES INVENTORY SELF

Institutional Review Board Approval Letter

Appendix H

EASTERN KENTUCKY UNIVERSITY
Serving Kentuckians Since 1906

Graduate Education and Research
Office of the Dean and Associate Vice
President for Research

SSB 310, CPO 68
521 Lancaster Avenue
Richmond, Kentucky 40475-3102
(859) 622-1742

January 23, 2017

Baptist Health Lexington
1740 Nicholasville Rd
Lexington, KY 40503

Dear IRB Chair:

Please accept this communication as documentation of EKU's willingness to defer responsibility to the Baptist Health Lexington IRB through FWA00003601 for the review of Diana Beckman's project entitled, "A Leadership Development Program for Hospital Employees: Assessment, Implementation and Evaluation". We request that, upon approval of this project, Baptist Health Lexington execute the attached IRB Authorization Agreement and return to us by email to lisa.royalty@eku.edu.

Sincerely,

Dr. Gerald J. Pogatshnik
Associate Vice President for Research

Institutional Review Board (IRB) Authorization Agreement

Name of Institution or Organization Providing IRB Review (Institution/Organization A):
Baptist Health Lexington

IRB Registration #: IRB0000 2954 Federalwide Assurance (FWA) #, if any: 00003601

Name of Institution Relying on the Designated IRB (Institution B):
Eastern Kentucky University

IRB Registration #: IRB00002836 Federalwide Assurance (FWA) #, if any: FWA00003332

The Officials signing below agree that Eastern Kentucky University may rely on the designated IRB for review and continuing oversight of its human subjects research described below: (*check one*)

(___) This agreement applies to all human subjects research covered by Institution B's FWA.

(x) This agreement is limited to the following specific protocol(s):

Name of Research Project: *A Leadership Development Program for Hospital Employees: Assessment, Implementation and Evaluation*
Name of Principal Investigator: Diana Beckman
Protocol Number: BHL-16-1310

(___) Other (*describe*):_____

The review performed by the designated IRB will meet the human subject protection requirements of Institution B's OHRP-approved FWA. The IRB at Institution/Organization A will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the IRB's determinations and with the Terms of its OHRP-approved FWA. This document must be kept on file by both parties and provided to OHRP upon request.

Signature of Signatory Official (Institution/Organization A):
_____ Date: 1/27/17

Print Full Name: William G Sisson Institutional Title: CEO

Signature of Signatory Official (Institution B):
_____ Date: 1/26/17

Print Full Name: *Dr. Gerald J. Pogatshnik* Institutional Title: *Associate Vice President for Research*

BAPTIST HEALTH
LEXINGTON

1740 Nicholasville Road Lexington, KY 40503
PHONE: 859.260.6100

February 01, 2017

Dee Beckman, MBA, MSN, RN, NE-BC
Baptist Health Lexington
1740 Nicholasville Road
Lexington, Kentucky 40503

RE: #BHL-16-1310 (Reference#012672) Developing leadership competencies for a changing health care system

Dear Ms. Beckman,

Your amendments for the protocol listed above, revisions to the study changing the study title, study objectives, adding participants from the Evolving Leaders Program Spring Level 1 cohort and addition of Dr. Donna Corley to study personnel, were approved under expedited review on 02/01/2017.

Included in the submission approval are the following:

- New implied consent letter
- Email to participants
- LPI permission letter (1/30/2017)
- BHL Letter of support (1/12/2017)
- IRB Authorization agreement between BHL IRB NS EKU IRB
- EKU deferral letter (1/23/2016)
- Qualtrics implied consent and online survey

This will be reported at the Baptist Health Lexington Institutional Review Board meeting on 02/16/2017. With this submission, you have continued approval until 01/19/2018.

As you are aware, any change in this protocol must be reported promptly to the IRB. No change may be initiated without review by the IRB, except where necessary to eliminate apparent immediate hazard to the participant. In addition, any unanticipated problem involving risk to the participant or others must be reported immediately to the IRB.

If you have any questions, please contact the IRB office at 859-260-6074.

Sincerely,

Signature applied by Gregory Cooper on 02/02/2017 09:04:11 AM EST

Gregory Cooper, PhD, MD
IRB Vice Chairperson