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Improving New Nurse Manager Orientation and Onboarding Program

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Abstract

Purpose: Identify and adapt the best evidence for nurse manager orientation and onboarding programs into practice. Assess the program's impact on job satisfaction and retention of new Nurse Managers (NMs) and Assistant Nurse Managers (ANMs).

Background: Constant turnover of ANMs and NMs within local and regional facilities is expensive and negatively impacts nursing leaders' work environment, job satisfaction, and patient outcomes.

Local Problem: The lack of formal orientation and onboarding at the focus facility impacts the retention and job satisfaction of NMs. The sunsetting of a regional hub model of new NM orientation and onboarding led to a just-in-time model that was not developing NM competence or promoting job satisfaction and contributed to extensive ANM/NM turnover.

Methods: CINHAL and PubMed were reviewed and identified seventeen studies discussing nurse manager orientation onboarding, job satisfaction, and retention; single research, systematic reviews, and a meta-analysis were ~~are~~ included and limited to 2008-2023 publications and English-only articles, inclusive of reverse reference reviews.

Interventions: Six key themes were identified from these studies: (a) the use of multi-modal interventions to impart knowledge, (b) organizational factors impacting NM effectiveness, (c) mentoring and coaching, (d) individual traits and characteristics, and (e) job satisfaction and retention, and (f) the impacts to organizations and patients.

Results: Pre- and post-interventional surveys using Qualtrics software were analyzed and evaluated for trends to demonstrate the impact of a structured, evidence-based orientation

program on NM job satisfaction and retention. Outputs generated quantitative statistical outcomes using SPSS software: a paired t-test from pre-and post-data sets.

Conclusions: In the targeted hospital, a quality intervention focused on the improvement of new nurse manager orientation and onboarding demonstrated improvements in NM perceived competency and reductions in travelers on assignment.

Key Words: Nurse Manager, Assistant Nurse Manager, orientation, onboarding, job satisfaction, turnover, retention, quality improvement, implicit bias, intent to leave, safety.

New Nurse Manager Orientation and Onboardings Program

Background

Nurse Managers (NMs) are experiencing a more challenging work environment where the workforce they lead is more inexperienced, and the national benchmarking of nursing and organizational metrics is becoming more transparent (Fischer & Nichols, 2019; Galuska, 2014; Seabold et al., 2020; Warshawsky et al., 2020). There is, as a result, an increasing proliferation of literature on NM development as healthcare organizations strive to be highly reliable, innovative, and agile to maintain a competitive edge on patient and employee quality and safety (AONL, 2022).

Nurse managers are often recruited into management positions based on their clinical expertise; however, new NMs need support in developing their human resource management, communication, care experience, finance management, and oversight skills (Cabral et al., 2018; Coogan & Hampton, 2020; Cummings et al., 2020; Lawson, 2020; Morse & Warshawsky, 2021). The research identified the best available evidence to guide the development and implementation of a formalized NM orientation and onboarding program. A translation of best evidence inclusive of content specific to the targeted hospital site was incorporated into the orientation, onboarding, and clinical practice of NMs. Subject areas included human resource management, leadership, process improvement, finance, safety, care experience, and teaching of implicit bias awareness as required by Californian state assembly bill 1407 (Nurse: Implicit bias courses A.B. 1407, 2021California).

Problem Description

The vacancy and turnover of NMs and ANMs is a problem locally, regionally, and nationally within many healthcare systems. Nurse managers are charged with large spans of

control, increasing clinical outcome responsibilities, budgets, and twenty-four-hour operations. These complex demands can lead to high turnover, burnout, and a high level of intent to leave among NMs and nursing leaders in the US and UK (Cabral et al., 2019; Hewko et al., 2015; Warshawsky, Wiggins, Rayens, 2016). Warshawsky and Cramer, in a 2019 national study of 647 NMs in the United States, found many NMs leave their first leadership position after two years due to multiple factors such as promotion, relocation, retirement, work-life balance decisions, and performance pressures.

From 2017 to 2020, One hospital system identified the average turnover percentage across their facilities ranged from 9-10% (Kaiser Permanente, 2021). In addition, the use of travel NMs ranged from 15-104 managers per month through 2020. This was identified through an analysis of a workforce dashboard, which showed the attrition rate, including terminations and retirements. When translated into an average nurse manager traveler contract costs $180 per hour for NM positions in California, these numbers would represent $432,000 to $2,995,200 per month in expenses (L. Lazzareschi personal communication, February 2021).

Nurse Managers and their leadership styles, in turn can influence frontline registered nurse turnover, impacting operational expenses significantly. Transformational and participatory leadership styles contribute to the retention of frontline nursing staff, while autocratic and laissez-faire styles leadership styles are linked to increased turnover (Magbity & Wilson, 2020). In addition, NMs in the expansion of their role from clinical expertise into management require structured support and knowledge acquisition in many areas (Cummings et al., 2020; Gunawan et al., 2018; Lawson, 2020; Marshall & Broome., 2017; Pilat & Merriam, 2019; Radovich et al., 2011).

The just-in-time orientation and onboarding of NMs have resulted in increased turnover and poor job satisfaction among the targeted hospital nurse managers. Ramseur et al. (2020) found 56% of NMs surveyed perceived that appropriate training and resources were not available when onboarding. A review of the literature investigated how small community hospitals took the current best evidence and translated it into the delivery of a structured orientation for new NMs. By applying best evidence and practices, the targeted hospital hoped that a structured new NM orientation and onboarding would improve job satisfaction and a reduction in the turnover of NMs (Roth & Whitehead, 2020; Seabold et al., 2020; Spiva et al., 2021; Warshawsky et al., 2020).

Stability in NM positions has been linked to improved patient safety and quality outcomes, such as reduced falls, pressure ulcers, catheter–associated urinary tract infections, and catheter-associated bloodstream infections (Fischer & Nichols, 2019; Galura et al., 2022; Warshawsky et al., 2013). These patient harm events represent significant costs to healthcare organizations each fall costs an average of $14,000 (MarketScale 2022), each pressure injury represents $75,000 (NPIAP,2022), while catheter-associated urinary tract infections and catheter-associated bloodstream infections cost $16, 359 -$25, 903 per event (Marchetti & Rossiter, 2013).

Leadership education can also create healthier work environments and can positively influence teamwork and job satisfaction in nursing units (Galuska, 2014; George et al., 2002; Janes, 2008; MacPhee & Suryaprakash, 2012; Werrett et al., 2002). Structured nurse manager orientation can also realign the nursing divisions' new NMs to the organization's mission, vision, and future care delivery models (Galuska, 2014).

The organizational and nursing vision of the targeted hospital, Watson's Theory of Caring Science, and the NM competencies of the American Organization for Nurse Leaders (AONL, 2015) were used as a conceptual framework to guide new NMs through their orientation and onboarding experience.

Setting

The implementation site for this DNP student's quality improvement project was a medium-sized 112-bed acute care hospital in northern California. The facility is part of a large integrated healthcare organization, which provides resources and expertise, and yet at the same time adds complexity to the daily operations and performance expectations of NMs.

Generic virtual training modules are available to new NMs within all departments and service lines of the integrated healthcare system. Improving the transition to practice for new NMs was the focus of this DNP project. Site-specific and service-line-specific education was provided, including competency and resiliency training and supportive job aids and resources.

Specific Aim

All new nurse managers complete orientation and onboarding and access to local and regional resources by December 15, 2022. The purpose of the quality improvement project was to improve NM competency and reduce NM turnover. The two specific aims were: (1) to evaluate whether a structured nurse manager orientation and onboarding would improve job satisfaction and retention among nurse managers at the target facility by December 15, 2022, and (2) to determine the impact on self-evaluated competency following the implementation of a structured multi-modal nurse manager orientation at the target hospital. The project aimed to reduce the turnover of NM by 25% over 6 months and increase the participants' scores on their self-assessed competency.

Available Knowledge

PICO(T) Question

 The question that was investigated through the literature was, does a structured onboarding program compared to a just-in-time training-orientation and onboarding processes influence job satisfaction and retention of nurse managers?

Search Methodology

 The DNP student used the PICO(T) question above to search for applicable research. After consultation with an academic librarian, the Cumulative databases Index to Nursing and Allied Health Literature (CINHAL), PubMed, and Scopus were utilized. Searches were conducted using Boolean operators of nurs*manag*" OR "Nurse Administrat*" AND onboard OR orientation; and "nurse* manag*" OR "Assistant Nurse Manager" AND onboarding OR orient*AND satisfaction OR turn over AND retention OR satisfaction OR attrition OR turnover. One hundred seventy-seven titles were scanned for relevance, including a reverse reference search. A final yield of fifteen studies were selected for relevance. Inclusions were studies published from 2008 to 2023, all peer-reviewed systematic reviews, meta-synthesis, critically appraised research, and individual studies. All non-English material were excluded.

 The final fifteen studies outlined in the evaluation table (Appendix A) involved acute care NM orientation and onboarding or investigated factors influencing NM competency, job satisfaction, and retention. The evaluation and synthesis of the best evidence on NM orientation and onboarding were conducted using the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) Tools, specifically Appendix D (level and quality assessment guide), Appendix E (research), and Appendix F (non-research) to assess each study's level of evidence and quality (Dang et al., 2022). Six level III-B systematic reviews, five level III-AB single quantitative

studies, and three-level II-B studies were examined to discuss factors affecting NM orientation and onboarding and their impact on NM job satisfaction and retention. Recommendations and synthesis were then conducted following the JBNEBP appendix H tool to inform decision-making when implementing changes to improve new NM orientation and onboarding practices at the target hospital.

Integrated Review of the Literature

Four themes emerged from the literature review which included: (1) multi-modal training, (2) organizational impact on NM orientation and onboarding, (3) mentoring and coaching, and (4) personal traits and characteristics.

Multi-Modal Training

In studies, multi-modal training is described as a formal didactic classroom or online orientation combined with mentoring, preceptorship, and targeted education in finances, human resources, crucial conversations, and implicit bias. For example, three studies (Coogan & Hampton, 2020; Lawson, 2020; Seabold et al., 2020 & Warshawsky et al., 2020) used an evidence-based framework for nurse manager competency, the American Organization for Nursing Leaders™ (AONL) nurse manager competencies, as part of a multi-modal approach to training. The AONL™ nurse manager competencies assess the skills, knowledge, and abilities that guide the practice of NMs.

Coogan & Hampton (2020) conducted a level III-B study investigating how a new NM orientation program impacted competency and empowerment. Seven facilities in an organization had nine new NMs attend a targeted new NM orientation and conducted pre/post surveys following the implementation of five sessions over five months. AONL™ NM competencies incorporate "the art," "the science," and "the leader within" into the NM role and are assessed on

a Likert scale. Demographic information and responses to Spreitzer's psychological

empowerment scale were also collected. Findings showed that a systemized orientation improved

new NM competence in all areas of the ANCC™ NM competencies. Pre/post surveys in the

ANCC competencies showed an increase in all means scores for NM participants. Financial

management scores increased the most (1.61) with technology showing the least but still a

modest increase (0.44). New NM psychological empowerment (pre/post 5.25/5.54 mean) and

self-determination (pre/post 4.41/5.08) also showed an increase. Limitations included a small

and homogenous sample size, not all participants attended all sessions, and the five months

length of the orientation program may have allowed on-the-job experience to influence an

increase in competence.

Lawson (2020) conducted a level IIAB quasi-experimental study using the AONL™

nurse manager framework in a two-day intensive training. Training included twenty-seven NMs

from seven hospitals that were part of a large integrated healthcare system. Peer-to-peer training

simulation, didactic sessions, and structured materials were provided. Results showed significant

improvement in NM turnover and improvement in all areas of self-assessed competency using

the AONL™ tool. Participants moved from advanced beginner (2) to competent (3) following

the intervention in areas such as financial management, human resource management, and

performance improvement. Limitations include the one healthcare system design, interruption to

curriculum, and short post-interventional time in assessing NM turnover.

Seabold et al. (2020) conducted a Level II-B prospective observational study

investigating the impact of an intensive two-day training seminar based on AONL™ core

competencies, including crucial conversations, team building, and business skills. This study

found modest gains in the perceived importance of these skill and knowledge competencies over

twelve months. This study highlighted the effectiveness of addressing new nurse managers' competency during their orientation phase, with gains in four areas of importance from baseline to twelve months post-intervention; staffing (mean = 3.81. 4.), discipline (mean = 3.58, 3.87), interviewing (mean = 3.39, 3.87), and performance improvement (mean =3.45, 3.38). Limitations include the single healthcare system design and modest but not statistically significant improvements overall, the psychological empowerment pre/post interventional mean scores were pre 5.25 (SD, 0.579), post 5.64 (SD, 0.655), an increase of 0.39.

One Level III-B cross-sectional, mixed-method study conducted by Warshawsky et al. (2020) explored organizational support and nurse manager role transition and onboarding strategies. Interviews with 41 nursing leaders at the 2019 AONL™ annual conference identified four themes for success: structured onboarding, mentoring and coaching, knowledge development courses, and the importance of program evaluation. Limitations included convenience sampling, reliance on self-reporting, and potential bias in assessing the organizational competency tool owned by those hosting the conference.

Galuska (2014) conducted a Level III-AB systematic review of qualitative studies to understand the impact of educational interventions on leadership effectiveness from the perspective of staff nurses. The review included 27 mixed-method and qualitative studies across numerous countries and settings. Four themes were identified:

1. Linking theory to practice for new NMs.

2. Optimized learning strategies like multiple modes of education, and cohort teaching.

3. Creating a healthy workplace to improve outcomes.

4. Reducing tensions and threats by ensuring senior executive support for NM

training.

A key limitation of this study was a reliance on self-reporting.

Studies by Cabral et al. (2019) and Spiva et al. (2020) explored multi-modal approaches using other leadership and competency frameworks. Cabral et al. (2019) explored current leadership development resources in the United Kingdom in a qualitative IIIAB study. Transcripts of eighteen NM participants of the NHS in southern England were explored for thematic saturation. Findings identified a need for more comprehensive NM development, exposure to interim roles, secondment roles, and structured succession planning. Recommendations included a whole team approach, personalized support, peer networking to develop and maintain NM talent, and to include formal mentoring for nurse leaders new to all levels. Limitations include the unknown portability to the United States.

Spiva et al. (2021) conducted a quasi-experimental IIB study of forty-six NMs in eleven southwestern US hospitals participating in a coaching and resiliency training program. Results demonstrated statistically significant improvements in NM resiliency and transformational leadership skills between the pre/post-interventional surveys. Targeted coaching sessions were also attended by participants. Long-term retention data and operational impacts were not available. Strengths included the use of adult learning principles, tailoring to individual NM needs.

Organizational Impacts on Nurse Manager Orientation

The role of the NM has a significant impact on an organization's quality and safety performance, patient satisfaction, and care management metrics. Nurse managers need to be provided with the necessary knowledge and skills to drive outcomes. Five studies demonstrated that NM performance is positively impacted by specifically targeting content to address

organizational concepts and individual competencies of teams during the orientation and onboarding (Coogan & Hampton., 2020; Cummings et al., 2020; Fischer & Nichols, 2019; Gunawan et al., 2018; Radovich et al., 2011).

Cummings et al. (2020) conducted a Level II-B systematic review to identify determining factors of nursing leadership and the effectiveness of interventions to enhance leadership in nursing. They found targeted interventional education sessions, mentoring, and preceptorship models effective in training NMs. This systematic review examined nine databases and 93 studies examining the influence of educational interventions on nursing leaders. Some researcher bias in individual studies may limit generalizability.

Radovich et al. (2011) conducted a Level III-AB qualitative investigation of the potential enhancement of leadership utilizing simulation. Simulated scenarios were conducted in two phases and explored expectation setting, progressive discipline, and termination using audio and visual recording, debriefing, and reflection. Findings demonstrated that simulation provided a safe environment for NMs to apply and develop communication skills. However, this study was limited by a small number of participants.

Gunawan et al. (2018) conducted a Level III-B systematic review of 18 studies investigating factors contributing to the managerial competence of NMs. They identified three themes: organizational factors, personal characteristics, and role factors. Organizational factors that impacted NM's effectiveness included a span of control, human resource management, succession planning, and competency evaluation. Additionally, there was a significant positive correlation between coaching and mentoring practices and NM performance. Measuring the impact of personality traits and characteristics of nurse managers had mixed findings; age (older), education (higher formal), and job experience (longer) all had a strong correlation to

improved performance of NMs (Gunawan et al., 2018). The number of studies may limit generalizability.

Job satisfaction factors were studied by Penconek et al. (2021). This Level II-B systematic review focused on NM job satisfaction factors in 38 quantitative studies from multiple sites and countries. The inclusion requirements of the study were acute care settings, NMs responsible for managing a unit and or team of registered nurses and were limited to English or Portuguese languages. Findings were grouped into three themes: job characteristics, organization characteristics, and individual characteristics. The authors identified a need for leadership support and development for frontline managers. In addition, job satisfaction and retention were impacted by spans of control, job stress, perception of autonomy, and NMs' power to effect positive change. Limitations were the exclusion of non-English and non-Portuguese studies and the possible omission of studies whose titles were not captured in the search terminology.

Fischer & Nichols (2019) conducted a level III AB observational study that explored NM and organizational outcomes in Magnet® and non-magnet hospitals following a targeted transformational leadership intervention. The captured data's descriptive and inferential analysis yielded the study findings; significance is a P-value greater than 0.05. Magnet® facilities demonstrated statistically significant lower rates of patient falls (P = .006), catheter-associated urinary tract infection (CAUTI) (P = .0001), and central line-associated bloodstream infection (CLABSI) (P = .0013). These results also correlated to higher Leadership Practice Inventory (LPI) scores following inferential T-tests in the 'inspiring a shared vision' (P = .017) and 'challenging the process' (P = 0.169) areas of competency post-intervention. No correlation was found with hospital-acquired pressure injuries >2 (HAPI). Limitations include a reliance on self-

reporting pre/post interventions and numerous other systems and operational factors that can affect nursing outcomes.

Mentoring and Coaching

Cummings et al. (2020); Gunawan (2018); Pilat & Merriam (2019); Roth & Whitehead (2019); Seabold et al. (2020); and Warshawsky et al. (2020) identified group relationships, the use of mentorship or coaching, and targeted leadership development as practical means of improving NM competence. Mentoring was encouraged for ongoing learning and support of transitioning NMs. Seabold et al. (2020) argued that the orientation of new NMs should include continuous relationship building and education through coaching or mentoring. Cummings et al. (2020) found that the trust between a mentee and mentor significantly impacts NM effectiveness. Similarly, Gunawan et al. (2018) determined that "coaching can unleash a nurse manager's potential much like a professional athlete uses a coach to maximize professional performance" (p.8). Mentoring and coaching were also supported by the investigation of Warshawsky et al. (2020).

Pilat & Merriam (2019) and Roth & Whitehead (2019) studied the effectiveness of coaching and mentoring in new NM orientation and onboarding. Pilat & Merriam (2019) conducted a level IIIAB qualitative phenomenological study of the lived experience of registered nurses transitioning to frontline NM positions. The study sample includes ten NMs from one acute care hospital. Themes included a lack of essential knowledge and skill, unclear expectations, support and mentoring from a colleague, and a feeling early on that role mastery would not be possible. Common themes of the lived experience were clearly identified, including support for coaching and mentorship and the development of a succession planning model for

nurse management structures. Limitations included the focus on one acute care facility and a small number of participants.

Roth & Whitehead (2019) conducted a level IIIB quasi-experimental study of fifteen NMs in two hospitals in Oregon. Mentoring was conducted over six months using evidence-based structured sessions of two hours per month. Kouzes and Posner's leading-the-way principles were used for the framework of these sessions. Pre/Post interventional surveys demonstrated a significant reduction in NM turnover from a baseline of 25.8 to 11.9 percent. Participants demonstrated an improvement in leadership competence following the intervention. Peer-to-peer mentoring was shown to be feasible and transferable to the targeted interventional hospital. Limitations include a heavy reliance on dyad intra-program oversight and the cohesiveness of the dyad relationships.

Personal Traits and Characteristics

Penconek et al. (2021) noted that personal physical and mental health increases NM job satisfaction and retention. Penconek's team also found that structured resources and administrative support increased job satisfaction. Gunawan et al. (2018) found that educational level (master or higher) and age (older) positively impacted NM effectiveness. Cummings et al. (2020) found five personality traits to influence leadership behavior positively: extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience. Gender, marital status, and emotional intelligence had little to no bearing on NM performance.

Labrague (2020) conducted a level III B cross-sectional survey of two hundred and forty NMs in the Philippines to identify factors associated with turnover. The Statistical Package for Social Science software demonstrated that significant turnover was correlated to higher job stress (.200), low job satisfaction (.315), spans of control (>16), younger managers, and lack of

autonomy. Lower turnover was found in smaller facilities and those that had organizational support for career growth and improved work environments. A limitation could be that this was a Philippine-based study, and findings may need to be more transferable.

Summary/Synthesis of the Evidence

Recommendations and synthesis are examined following the JBNEBP© Appendix H 2022 tool. In addition, the best available evidence was reviewed for generalizability and applicability to the orientation and onboarding of NMs at the targeted hospital.

Seven studies found increased effectiveness in developing NMs when multi-modal leadership orientation or training methods are utilized (Cabral et al., 2019; Coogan & Hampton, 2020; Galuska, 2014; Lawson, 2020; Radovich et al., 2011; Seabold et al., 2020; Spiva et al., 2021; Warshawsky et al., 2020). Spiva et al. (2021) and Radovich et al. (2011) utilized simulation by the NM participants and presented it engagingly to develop behavioral skills in a safe, self-reflective space. Cohort and group training also appears to facilitate the creation of a common language, social support and resetting expectations to move a critical mass forward in NM development (Galuska, 2014; Penconek et al., 2021; Pilat & Merriam, 2019; Roth & Whitehead, 2019).

There is generalizable evidence to support mentoring and coaching, given the level, quality, and consistency of studies validating this approach (Cummings et al., 2020; Gunawan et al., 2018; Pilat & Merriam, 2019; Radovich et al., 2011; Roth & Whitehead, 2019; Seabold et al., 2020; Warshawsky et al., 2020). However, NM orientation is complex, involving the alignment of competence, content, and organizational factors to ensure success. "One size does not fit all in healthcare systems," as stated by Cummings et al. (2020, p.11). Therefore, coaching and

mentorship programs need focused attention, such as the relationship between mentor and mentee and assurance that the structured framework includes formal check-ins.

A structured mentorship between seasoned KP nurse leaders and new NMs was incorporated into the orientation and onboarding program because mentorship was strongly supported in the literature (Cummings et al., 2020; Gunawan, 2018; Seabold et al., 2020; Warshawsky et al., 2020). In addition, trust built between a mentee and mentor significantly impacted NM effectiveness and the individual's potential by improving competence and confidence (Cummings et al., 2020).

Just-in-time NM training methods were rarely discussed in the literature except that it is not advised, given the role complexity of NMs (Cabral et al., 2019; Galuska, 2014). In addition, a lack of stability and frequent leadership changes result in an unhealthy work environment. These findings support the need for a structured, evidence-based NM orientation and onboarding program in the targeted hospital.

Program evaluation helps to demonstrate a return on investment (ROI) for organizations and ensures continuous improvement of nurse orientation and leadership training (Warshawsky et al., 2020; Galuska, 2014). Evaluation of ROI and effectiveness was part of this DNP project and did support organizational engagement and support of ongoing orientation and onboarding of NM cohorts.

Three studies (Cummings et al., 2020; Gunawan et al., 2018; Penconek et al., 2021) found that age, education, emotional intelligence, and communication skills consistently correlate to effective nursing leadership. In addition, NM effectiveness is increased with personality characteristics of a calm and self-accepting nature, conscientiousness, and

agreeableness. However, there were mixed findings across the studies, and therefore, personality traits and characteristics are not generalizable for NM selection or orientation.

Formal education surprisingly had mixed results in these studies. For example, some studies suggested implementing advanced graduate education as a criterion for selection into an NM position (Cummings et al., 2020; Galuska, 2014; Gunawan et al., 2018; Penconek et al., 2021; Pilat & Merriam., 2019; Warshawsky et al., 2020), whereas Cummings et al., (2020) found results that demonstrated an ambivalent correlation, the exception being at the DNP level where there was a strong positive correlation to nurse manager effectiveness.

New NMs and nurse executives identified consistent themes to be addressed by structured onboarding and professional development, including change management, project management, and business case development, as they relate to the many and varied responsibilities of NMs (Nagle et al., 2021). Leadership and management development themes are also consistently identified in studies from Australia (Nagle et al., 2021), New Zealand (McCallin & Frankson, 2010), Ireland (Casey et al., 2011), Philippines (Labrague, 2020), and South Africa (Pillay, 2011) cementing the notion that the complexity of healthcare is accelerating. Therefore, nursing leaders in frontline management globally need targeted NM training to succeed.

Rationale

Kirkpatrick's Model (2016) informed the framework to develop this project's evaluation and, combined with Watson's Caring Science theory (2008) and the AONL™ nurse manager competencies (2015), formed the conceptual framework for this DNP project. A synthesis of evidence supported the implementation of a targeted, evidence-based NM orientation and

onboarding program. Conceptual design informed the implementation, evaluation, and interpretation of the program's impact following the DNP project implementation (Appendix B).

The DNP project included a targeted orientation and structured mentoring program incorporating AONL™ NM competencies. Care of self is central to maintaining the effectiveness and resiliency of an NM. Watson's Caring Science theory is the leading nursing theory used by the DNP student's targeted healthcare organization. It has been shown to contribute to job satisfaction, as demonstrated by Penconek et al. (2020). Indeed, participants of this DNP orientation program have formed a cohort bond that has led to improvements and group effectiveness, which has continued post-project implementation.

Kirkpatrick's model of evaluation helps to inform and support the ongoing development of program content, demonstration of the return on investment and allow space to make iterative improvements in course delivery for participants and presenters (Kirkpatrick & Kirkpatrick, 2016).

Methods

Context

This DNP project was conducted in a 112-bed acute care hospital in San Rafael, California. There was no active formal orientation or onboarding program for new ANM or NMs in this facility prior to the implementation of this DNP project. The DNP student and project team developed and delivered a standardized, evidence-based NM orientation and onboarding program for ANMs and NMs in all departments of the local facility which is part of a more extensive healthcare system. This community-based facility serves primarily an adult population that is supported by five operating rooms, an emergency department, and extensive satellite medical specialty and sub-specialty buildings.

The implementation and standardization of this orientation and onboarding were supported by nursing directors, the local CNE/COO, the Area Manager, and the regional CNE. Facility-wide directors were also supportive of the project implementation. The structured NM orientation and onboarding program assisted in the acceleration of effective transition of new NMs into their practice areas, including NM competencies, social bias training, and enculturation to the mission and values of the healthcare system and local facility.

Proposed Interventions

This new NM improvement project was primarily an educational and mentorship intervention developed by the DNP project team based on evidence from the literature and the inclusion of targeted strategic information from the targeted hospital. The project explored the pre/post-survey responses of a single cohort of new NMs. Participation in the intervention was voluntary, and not all invited attended. Content for the training program was delivered by local and regional leaders and content experts. A Qualtrics software survey tool was used for the pre/post-interventional surveys (Appendix J).

Gap Analysis

A gap analysis was completed in June 2021 (Appendix C). The current state was compared to the ideal state for the project. Identified gaps included a lack of a structured NM orientation program and a high turnover and intent to leave among NMs. The gap analysis compared the ideal state to the present state of ANM and NM orientation, a comparative analysis of local and regional data, and content trends. Numerous resources were identified for inclusion in the training materials, along with a web page to guide new NMs in their positions. The project team then focused on a review and synthesis of the roles and functions of NMs to align them to the categories outlined in the updated ANM and NM regional job profiles.

Foundational knowledge and training in transformational leadership included the development of a culture of clinical inquiry, utilizing evidence-based practice, and shared governance. These components are also important to the local and organizational goal of achieving Magnet® designation.

Finally, a gap in mentorship readiness was recognized. It was addressed by providing clear mentor/mentee objectives and a structured self-assessment tool to guide the targeted training of new NMs during their initial months of onboarding. A regional mentor-mentee program was utilized for this NM cohort due to interruptions caused by COVID-19. Future cohorts will be engaged in a local mentor/mentee program which will include intentional scheduling of regular follow-up meetings for the mentor/mentee dyads.

Gantt Chart

The Gantt charting methodology (Appendix D) was used to outline the overarching structure of the project. The current state within the target organization was analyzed utilizing organizational dashboards on current NM training, vacancy, and attrition. The development of a PICOT question and a comprehensive search of the literature and integrative review was completed. The framework for the proposed DNP project was developed, and goals of design, implementation, evaluation and sustainability were set to a phased timeline where each component had interdependency on others. This project methodology tool helped to maintain team awareness of project progression and allowed for the celebration of the key milestones.

The Gantt chart illustrates the assessment, design, implementation, analysis, and evaluation phases of this NM orientation and onboarding project. Design phases included the identification of key stakeholders and subject matter experts to develop the content. The implementation phase included the identification of training dates, spaces, and supporting

materials. Additionally, the deployment of pre/post surveys to participants was completed. The analysis included the tracking of project expenses and a review of participant responses to pre/post-surveys. Finally, the sustainability and culmination phase analyzed the project results and expenses.

Work Breakdown Structure

The Work Breakdown Structure (WBS) (Appendix E) complements the Gantt chart by differentiating the areas of expertise for the subject matter experts in each phase of the new NM orientation and onboarding project. Elements were further broken down in the WBS dictionary assigning specific parts of the project to the key stakeholders for completion. The WBS aim was to illustrate the significant milestones in the level two section of the table. While at level three, work was broken down into feasible packages of 3-7 work phases to achieve the packages' objective. The WBS was a living document and was adapted and evolved as the project implementation and evaluation phases progressed through to the writing of the final report and completion of objectives.

Each work package became more detailed as the subject matter experts and section chiefs inputted their respective materials into the NM orientation. For example, one work package was the pre/post-evaluation survey data extraction completed by volunteer NM participants. Pre/post-data were reviewed for changes to participants' perceived job satisfaction and retention or intent to leave for impact measurement. Additionally, the program itself was evaluated for content and competency relevance leading to an adjustment of the curriculum for future cohorts.

Responsibility/ Communication Plan

The DNP student conducting the project was the Clinical Adult Nursing Director and Director of Nursing Professional Development at the implementation site. The patient care

services team was invested in this project, including the CNE/COO, Manager of Nursing

Professional Development, and Nursing Managers of the Intensive Care, Medical/Surgical,

Perioperative, and Post Anesthesia departments. Current ANMs with greater than two years of

tenure were also been engaged in the planning and the preceptorship phases, which was vital in

the development of site-specific content, identification of key concerns, and determination of key

learning needs.

The project team communication was conducted via telephone, email, and internal

software correspondence and messaging. All stakeholders attended regularly scheduled planning

meetings, reviewed evaluations, and captured feedback. The responsibility and communication

efforts were key to the orchestration of the successful implementation and evaluation of the

program and increased the likelihood of post-prospectus submission acceptance.

Communications followed the Gantt chart and WBS to ensure timelines and project

implementation remained on track (Appendix F).

SWOT Analysis

Determining the strengths, weaknesses, opportunities, and threats (SWOT) of a project is

important as they provide insight into the likelihood of the project's success. A SWOT

determined that the new NM orientation project was well suited for the targeted hospital

environment.

Strengths. Leadership development is a topic of interest in healthcare at local, regional,

and national levels to drive safety and quality outcomes Key stakeholders were engaged and

supportive of this project including ANMs, NM, educators CNE, COO, and the Area Manager

Funding was allocated to support this ANM and NM orientation and onboarding project.

Weaknesses. Scalability and sustainability (dependent on delivery mode) and facility resources, size, and ongoing support were potential weaknesses of the project. The base skills and competencies vary among ANMs and NMs. There may be resentment among existing ANMs and NMs that training is only being provided to new leaders. There was potential for regional or national ANM and NM development programs to compete with the local program.

Opportunities. External partnerships could be possible with simulation and leadership training by subject matter experts. The program could include leaders across specialties to create shared learning. This project explored new delivery modes, including structured mentoring. There was a potential for positive impacts on affordability, reputation, and experience metrics tied to leaders who participated in the program. The successful implementation of this program has led to the implementation of the program components at a sister facility and the ongoing funding of revised iterations of this program at the target hospital and another site within the healthcare system.

Threats. Leaders worried the project could detract from time from other priorities. The addition of a targeted project could create additional work in an environment with many competing priorities. There was a potential lack of support in prioritization from senior leaders. The national formalization of NM competencies could impact the content and focus over time. Depending on the phase, the project leader could leave the organization and potentially stall project progression.

Comprehensive Financial Analysis

The DNP budget included the labor costs of the nursing professional development team, administrative support, and the DNP students' hours during the coordination of all orientation and onboarding activities. from development to implementation and through to completion

activities. In addition, the ongoing implementation of the program can become sustainable by assigning functions to positions and not individuals. Many of the budgeted salaries were cost-neutral however are accounted for in the budget (Appendix H).

San Rafael has 31 nurse leaders embedded in daily hospital operations and experienced a 30% turnover in the past year. This turnover rate is unsustainable and incurs significant expenses for the facility. Linking new NMs and ANMs to quality, safety, and information technologies ensures they have the tools and resources needed to drive outcomes and maintain effective daily operations of their departments (Galuska, 2014; Warshawsky et al., 2020; Werrett et al., 2002).

The project budget outlines labor, supply, and services expenses (Appendix H), a total $67,340. The return on investment can be demonstrated by participants reporting an improved level of job satisfaction and competence. Additionally, reduced utilization of traveler NMs demonstrates a significant financial cost avoidance amounting to $112,320 – $214,640 per year at the targeted hospital.

Financial forecasting of projected revenue and operating expenses are illustrated in the financial statements (Appendix I). Annual reductions of 10% in traveler NM utilization are assumed. Projected ROI related to an annual 10% reduction in patient harm events has also been reflected in the proforma, as NM stability can influence nurse-sensitive outcomes. Evaluation is illustrated by primarily a cost mitigation and harm reduction strategy. NMs were surveyed pre- and post-participation on job satisfaction and intent to leave. Tracking of traveler NM utilization and hospital-acquired infection rates was used to demonstrate a return on project investment.

Projected improvements in hospital-acquired infections (HAIs) and harm events are illustrated in the financial forecasts attached using assumptions from Anand et al. (2019). Attendance of NMs at formal onboarding and engagement in implementing evidence-based

practices can reduce patient harm events (Melnyk et al., 2017). Baseline data utilizing Anand et al. (2019) costings would assume 2021 HAI expenses of 1.025 million dollars to the targeted hospital. Cost avoidance of 10% of HAI expense was assumed in the proformas year-over-year estimates (Appendix I).

Potential program weaknesses include scalability and sustainability and possible competing program and content directions from regional nursing professional development teams. The DNP project did address the current needs of all organizational groups within the subcultures of the targeted hospital, including the executive, engineering, and operative teams (Schein & Schein, 2017).

Outcomes Measures

The outcome measurement of job satisfaction came from a validated and reliable survey question used by Dr. N. Warshawsky (personal communication, March 2, 2022) in her studies of NM job satisfaction and intent to leave. Dr. Warshawsky is a proliferative researcher and publisher of job satisfaction and retention strategies for nursing managers and leaders (Warshawsky 2013; 2020; 2022). Although impacts on the data collection phases were likely complicated by using QR codes linking participants to the Qualtrics survey, alternative paper or email formats may have increased participation. Survey results ~~also~~ identified commonalities with the literature: NMs will leave their positions for better progressive opportunities, family circumstances, feeling overwhelmed, and more competitive financial opportunities (Cummings et al., 2020).

Additionally, local, regional, and national workforce analytical data was to utilized to measure the pre/post-retention data following program implementation and completion. The short time frame between implementation and writing of results may have impacted the results.

Four months post-intervention is a short time frame in which to measure impact. The DNP

student will continue to track informally to determine any longer-term impact(s).

CQI Methods and Data Collection Tools

Continuous quality improvement was conducted using the Plan, Do, Study, Act model

(PDSA) (IHI, 2012), which incorporates cyclic questioning in four phases to drive improvement

with the evaluation of results and lessons learned being used to improve the process and plan for

better solutions.

Continuous quality improvement methods are embedded in the new NM orientation and

an onboarding project. Following each of the four interactive sessions, feedback from presenters

and participants was evaluated, and iterative changes were implemented to improve the

experience for participants in each session. Other suggestions will be integrated into future NM

orientation and training sessions. The most prevalent feedback from both participants and

presenters was the need to extend the time from a four-hour to an eight-hour session to allow for

more learning, simulation, and role-play.

Analysis

Data collection and analysis were conducted using Qualtrics survey software to

maintain participant anonymity. Outputs generated quantitative statistical outcomes using a

paired t-test from pre-and post-data sets (Appendix J). On review of the specific aims there were

mixed results in participant self-reported competency pre-post intervention. Review and

expansion of the wording on questions in the Qualtrics survey may help clarify changes in

perceived competence of the participants.

Data collection was limited due to the small number of participants. Content analysis, a

qualitative method of data collection and analysis, was utilized to capture common issues in the

data and quantify them by coding and counting the outputs as appropriate. Vaismoradi et al. (2013) stated that content analysis is a user-friendly method for analyzing data and can help to provide quantitative counts of specific codes/themes.

 Ongoing analysis post-program will be conducted to observe longer term nurse manager retention, and turnover percentages given the 6-month time-constraint. The target facility did see a reduction of one travel NM during the post-implementation period.

Ethical Considerations

The project first received the targeted hospital's healthcare system IRB approval. School of Nursing and Health Professional approval was also received to ensure this project met the guidelines for an evidence-based change in practice project as outlined in the DNP project checklist (statement of determination) and is approved as non-research (Appendix K). There are no identifiable issues or conflicts of interest noted for this project. A letter of support from the organization's facility is attached (Appendix L).

Jesuit Values

The University of San Francisco Board of Trustees (2001) approved a Vision, Mission, and Values statement that makes explicit the USF's commitment to Jesuit values. Developing excellent nurse manager orientation and onboarding using evidence-based practices supports the morals and importance of this mission. This DNP project helped providers and participants with scientific evidence that promotes service and scholarship to themselves, their teams, and the patients and communities they collectively serve. Aligning the values of *freedom and the responsibility to pursue truth and follow the evidence to its conclusion*, coaching and mentorship support learning as a humanizing social activity rather than a competitive exercise. Finally, this project intends to *support future generations* of nurse managers by applying the current best

evidence *to all people* we serve and set emerging nursing leaders up to succeed in developing

their competence in a highly challenging role (University of San Francisco, 2022, December;

Warshawsky et al., 2022).

ANA Code of Ethics

The 2015 ANA Code of Ethics established ethical standards for nursing and four

provisions related to this DNP project. Provision 3 states that the nurse promotes, advocates for,

and protects the patient's rights, health, and safety (2015*).* New NMs oversee their unit's daily

nursing operations, ensuring high-quality and safe patient care for staff and patients. Protecting

patient rights, health, and safety is central to the NM role; this project aims to equip new nurse

managers with the skills to promote and support scholarly inquiry, provision 7.

Provisions 4 and 5 are also vital to NM orientation and onboarding in that these provisions

highlight authority, accountability, and responsibility for nursing practice, making decisions, and

taking action consistent with optimal patient care (2015) and that all nurses and NMs have a duty

to self and others, to promote health and safety, preserve wholeness of character and integrity,

maintain competence, and continue personal and professional growth (American Nurses

Association, 2015). In addition, all new NMs undergo significant personal and professional

development as their control and responsibilities shift; indeed, one of this DNP project's key

priorities was developing skills to ensure NMs can maintain oversight of optimal patient care and

support practice improvement initiatives for staff and patients.

Throughout my twenty-nine years nursing across three continents, I have had the good

fortune of being led by inspirational leaders who have modeled the way to being ethical in all

interactions, maintaining one's integrity no matter the cost and most importantly these mentors

without exception have role-modeled this importance of lifelong learning. The one constant in

the nursing profession is change, as the ANA code of ethics make clear, nurse leaders have a duty to develop and foster the growth and development of nurses at all levels of the profession, who in turn improve the safety and quality of care received by all patient, families, colleagues they touch in their day-to-day practice.

Results

The program was for volunteer new nurse leaders at the target site and included NMs with less than two years of experience training in their position. This criterion resulted in a total of five participants. Program delivery included four didactic training days each four hours in length, at an off-site location due to all on-site facility spaces being repurposed for use in response to the COVID pandemic.

Five participants attended the orientation and onboarding training days, and three completed the pre/post questionnaire for a 60% response rate. Quantitative and qualitative feedback was analyzed using Qualtrics survey software. In addition, the participant's highest level of education was collected. Masters level education was one participant (33%), and the other two respondents had a bachelor's degree (66%). The cohort was all female.

Question two of the survey examined the participant's knowledge of mission, vision, and values. Participant knowledge increased from 66% Agree and 33% Strongly agree to 66% participants strongly agreed, and 33% agreed.

Question three examined networking activity and knowledge of key leaders in the facility. Here pre-intervention participants had good (66%) to extremely good knowledge (33%), whereas post-intervention, all participants answered good (100%) knowledge of facility resources and leadership. This item was likely influenced by the realignment of the target facility

into a different area of healthcare service, changing some essential leadership reporting relationships.

Question four explored knowledge of nursing management and leadership models. A more significant variability was noted with one neutral, one moderately good, and one extremely good knowledge response pre-intervention. Post-intervention, two were extremely good (66%) and one moderately good response (33%).

Question five asked participants to describe their understanding of regulatory policies and laws impacting the NM positions. Responses pre-intervention were two good (66%) and one limited (33%), increasing to three good responses (100%) post-intervention.

Question six explored NM's work-life balance. the participants rated work-life balance as very well (66%) balanced and extremely well balanced (33%), both pre and post survey

Question seven explored self-care, personal growth, and skill development as an NM. Self-care, skill acquisition, and personal growth pre-intervention were rated neutral (33%), moderately good (33%), and extremely good (33%) and improved to extremely good (66%) and moderately good (33%) post-intervention.

Question eight explored knowledge of influencing patient care experience. Care experience (CE) similarly improved from pre- to post-intervention ratings; CE knowledge of OK (33%) and Very Good (66%) improved post-intervention to very good (66%) and Good (33%).

Question nine was a qualitative question exploring the intent to leave and the evaluation of the program. pre-interventional hypothetical intent to leave statements included lack of growth, overload of duties and move to higher pay, fewer hours. Post-interventional reasons included family moves, lack of mentorship, and growth opportunities.

The findings of being overwhelmed, lack of growth, and improved wage and hours conditions are consistent with those in the Penconek et al. (2021) systematic review of factors affecting job satisfaction and turnover among NMs.

The final question ten asked about suggestions for improvement to the orientation and onboarding intervention. Responses included "experienced managers as mentors,"; "information about the union,"; and "more time with the skill of direct report negative coaching,"; and "might be nice to offer some role plays and emotional intelligence work to support some of the daily challenges" (Appendix J).

This new nurse manager program did change and evolved over time and in response to external variables. A new mentoring program was operationalized simultaneously to the development of this project. The COVID pandemic impacted some of the planned activities and organizational operations.

Discussion

Summary

Fifteen published studies exploring NM orientation and onboarding and factors influencing NM job satisfaction and turnover were included in the review of the evidence for this DNP improvement project (Appendix A). Nine of these studies supported a multi-modal approach to training new NMs, inclusive of intensive training, mentoring, coaching, and simulation (Cabral et al., 2019; Coogan & Hampton, 2020; Galuska et al., 2014; Lawson, 2020; Pilat & Merriam, 2019; Roth & Whitehead, 2019; Seabold et al., 2020; Spiva et al., 2021; Warshawsky et al., 2020). Responses from participants in this interventional DNP study align with those in the literature, demonstrating an increase in new NM self-assessed competency following the targeted intervention.

Six studies examined the organizational impacts of new NM orientation on individual and organizational success and the personal traits and characteristics contributing to influential nurse leaders, including a span of control, work-life balance, and opportunities for growth and development (Cummings et al., 2020; Fischer & Nichols, 2019; Gunawan et al., 2018; Penconek et al., 2021; Radovich et al., 2011). These participants reported similar findings to the literature that has shown to contribute to NM retention and role effectiveness.

Interpretation

Structured orientation and onboarding for NMs are central to improved operational decision-making and retention of new NMs as they transition into frontline leadership roles Lawson, (2020). Professional development and leadership performance drive outcomes and influence patient outcomes, as demonstrated in Magnet® accredited facilities (Fischer & Nichols, 2019). This project is the first step to ensuring new and transitioning NMs have the resources and knowledge necessary to be successful in their roles. The results reflected in surveys and through anecdotal discussion were consistent with those described in the literature.

Future iterations of this program will be expanded to include the content and suggestions from evaluations and feedback obtained from participants. A nearby larger facility within the organization has now adopted many components of the program after hearing of its success. Additionally, both facilities are working towards implementing high-reliability behaviors and obtaining Magnet® designation. The inclusion of these concepts and frameworks will be integrated into the expanded content as well as the multiple requests for simulations and role play for managing challenging conversations.

The ongoing success of the new NM program will yield a significant cost avoidance over the coming three years, projected at $920,000 inclusive of a reduction in traveler NM utilization

and an assumed ten percent annual reduction in hospital-acquired infection, an average of $90,000 annually (Appendix I).

Limitations

This review was limited by potential reporting bias of the published works that can tend to over-report their findings, especially in soft science, where defining parameters can be complex (Fanelli & Ioannidis, 2013). In addition, there was variability in the settings, countries, and conceptual design of studies. Finally, many non-English studies were excluded, which may mean some findings went unnoticed.

Themes in the literature include targeted facility-specific, multi-modal orientation and NM competencies in onboarding programs. These methods were replicated in this DNP project to integrate the best evidence for a structured NM orientation project at the targeted pilot hospital. In addition, further evidence was explored to solidify the structure and scope of the initial orientation program and ongoing mentoring activities, as many studies point to the effectiveness of these interventions (Cummings et al., 2020; Galuska, 2014; Gunawan et al., 2018; Radovich et al., 2011; Seabold et al., 2020; Warshawsky et al., 2020).

The identified themes and recommendations from the literature were adapted to the practice setting utilizing the expertise of the project implementation team. The DNP project was limited by the small number of NMs in the survey sample and the pre/post survey response rates, and it is unknown if responses were from the same participants. Additionally, the limitation of a small sample size did not allow for statistical validation of the findings (Dizeil, 2023). To offset the limitations of these findings, results were discussed with all presenters and participants who concurred with the survey results and findings.

A region-wide mentor/mentee program was operationalized during the implementation of this project. Sixty percent of the project participants engaged in the region mentorship program. Illness from the COVID pandemic disrupted the attendance of presenters and participants during the program.

The timeline of this program also limits the outcomes of job satisfaction and retention validity. They will need to be followed in the longer term to establish an association with new NM turnover at the target facility.

Conclusions

The ever-increasing complexity of the interrelationships between patients, the healthcare system, and the critical shortages within the NM workforce must be addressed locally, nationally, and internationally. NMs need a targeted, comprehensive orientation and onboarding program to ensure success in creating a healthy workplace and obtaining high-quality patient and organizational outcomes.

Identifying and assessing the most critical components of NMs' orientation and onboarding required a careful assessment of the evidence and its appropriateness to the targeted hospital. The best evidence indicates that the implementation of a focused multi-modal orientation program, including integration of organizational factors, will produce NMs who can be influential and succeed in their roles. In addition, using a framework such as the AONL™ professional competencies and organizational-specific nurse manager skills development will give NMs the tools required to meet the challenges of these mission-critical roles.

Funding

No outside funding was used for the DNP project. Participants and presenters in this program were salaried and received no additional pay for their time. The cost of this DNP project

was absorbed by the nursing professional practice development department's (NPPD)current operating budget. The NPPD will continue to fund the non-operational expenses incurred by the orientation and onboarding of new NMs.

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Appendix A

Evidence Table

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses/ Feasibility / Conclusion(s) / Recommendation(s) /
Coogan, E., Hampton, D. (2020). How does a new nurse manager orientation program impact competency and empowerment? *Nursing Management, 12*(20), 22-27. http://dx.doi.org/10.1097/01.NUMA.0000552739.87072.a5							
To investigate how a new nurse manager orientation program impacted competency and empowerment.	**Design** Quasi - experimental Pre/Post intervention survey. **Method:** Survey results entered into statistical software **Conceptual Framework** None Stated	**Sample** 7 participants completed both surveys **Setting** 5 Hospitals south central US (3 Adult, 1 Adult/Pedi, 1 Pedi)	**Independent** Nurse Manager Competence and Empowerment **Dependent** 5 Training sessions for orienting new nurse managers.	Interventional pre/post study of pilot program for new nurse managers in hospital system.	Statistical Analysis Software. To examine responses on AONL™ "The Art" "The Science" and "The leader within" measured using Likert scale survey. Spreitzer's psychological empowermen	NM orientation increases perceived competence. Largest increase in financial management, human resource management and foundational thinking. Orientation has a positive effect on empowerment. Self-determination and meaning if work for new NMs.	**Level of Evidence** **III-B** **Worth to Practice** Indicates new nurse managers with more knowledge and competence are more effective in their role. **Strength** Nurse Manager Orientation increases perceived competence. **Weakness** Small sample and homogenous 7 white females.

| | | | | | t tool also series of survey. | Participants 6/7 found the program valuable.

These factors likely improved the effectiveness and enabled new NMs to feel more enabled in their job. | **Feasibility**

Support implementing formal orientation sessions for nurse managers.

Conclusion(s)

Orientation does increase new nurse managers perceived competence.

Recommendations

Formal Orientation for new nurse managers |

AONL™ = American Organization for Nursing Leadership. NM = Nurse Manager.

Abbreviations Key: RCT – randomized control trial, DV – dependent variable, Org – organization, EI – emotional intelligence. NL – Nurse Lead

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Cummings, G., Lee, S., Tate, K., Penconek, T., Micaroni, S.P.M., Paananen, T., & Chatterjee, G. E. (2020) The essentials of nursing leadership: A systematic review of factors and educational interventions influencing nursing leadership. *International Journal of Nursing Studies 115 (2021), 1-13,* https://doi.org/10.1016/j.ijnurstu.2020.103842							
Purpose To Identify determining factors of nursing leadership, and the effectiveness	**Design** Systematic review **Method** Review of factors and education	**Sample** 49,502 titles and abstracts screened, 100 manuscripts (reporting on 93 studies a	**Independent** Targeted educational interventions **Dependent** Development of a variety of leadership styles with relational	Studies included if they 1. Measured nursing leadership 2. Examined factors influencing or associated with nursing leadership. 3.	**Data** PRISMA Diagram Quality Assessment for both groups show strong	**Findings** Targeted interventional education sessions, mentoring and preceptor model all	**Level of Evidence** **III A/B** **Worth to Practice** Targeted education interventions are effective method of leadership development in nurses.

of interventions to enhance leadership in nurses	interventions influencing nursing leadership. Search terms included leadership, education, research, measurement and nurs* to locate relevant studies published between January 2007 and September 2020. The inclusion criteria were also reapplied to articles identified from a previous systematic review (Cummings et al.,2008) Consulted an academic librarian in the adaption of a search strategy Only pre/post interventional studies included. **Conceptual**	combination of 44 correlational and 49 intervention studies.) **Setting** 9 Databases Medline CIHNAL Embase Psychinfo Sociology, ABI, ERIC, Cochrane etc.	leadership styles most common. 58 different instruments used to measure Nursing Leadership**.** Correlational studies were categorized into 5 groups -experience and education, individual traits and characteristics, relationship with work, role in the practice setting and organizational context.	Were primary research. English studies only. For interventional only pre/post studies included. Qualitative and grey literature excluded as well as non-nursing, non-leadership studies. All studies included quality assessment categorized low, medium, high using an adaption of Cummings et al. tool. Significant themes independently identified and agreed upon by researches. 21 studies used Kouzes Posner's Leadership Practice Inventory. 11 used Avolio & Bass Multifactor Leadership Questionnaire. 33 studies used self-reported measures of leadership.	independent variable reliability and validity in major studies.	effective in training nurse managers. Relational Leader interventions most common. EI = proved effective in ¾ studies. Improved NL trait = Age (older), EI, Job Satisfaction. No change in NL findings were position in org. Mixed findings on relationship between job satisfaction and leadership practices. Titled positions had positive correlation to transformational leadership (25) studies.	Mentoring an important aspect of leadership development. **Strength** Large sample size. Solid method and rigor applied, two independent researcher review and assessed each article. **Weakness** Potential in reporting biases of some studies. Only I RCT included Multiple variability in tools and conceptualizations may limit generalization. Some weak study designs. Poorly characterized factors prohibit any clear conclusions regarding the specific factors that can increase leadership in nursing. **Feasibility** Good feasibility for implementing targeted educational interventions. **Conclusion** Mixed results, many contextual variables and characteristics themed had mixed influence on enhancing nursing leadership Age (older), nursing experience (years) and emotional intelligence may have a positive influence on enhancing nursing leadership. **Recommendation/s** Targeted interventions are an effective means of enhancing

	Framework Multiple frameworks employed. N=12 Transformational and Transactional Leadership. Situational awareness, Self-efficacy theory, servant leader, among others.					nursing leadership. Organizational climate and shared governance structure that promote nursing empowerment can contribute to enhanced nursing leadership also.

Abbreviations Key: RCT – randomized control trial, DV – dependent variable, Org – organization, EI – emotional intelligence. NL – Nurse Leader

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APA Reference: Cabral, A., Oram, C., Allum, S. (2019) Developing nursing leadership talent: views from the NHS nursing leadership for south-east England. Journal of Nursing Management, 27(1), 75-83. http://doi.org/10.1111/jonm.12650							
Explore current nursing leadership views of NHS actions and resources required to develop and maintain nursing leadership talent.	**Design** Qualitative **Method** Semi-structured Interviews. Deductive thematic analysis on all interviews by 3 independent researchers. **Conceptual Framework** Corbin and Strass current views on resource required to develop and maintain nursing leadership talent.	**Sample** 18 Participants **Setting** South East England acute and community care areas of the National Health Service/	**Independent** Nursing Leaders **Dependent** Methods thought to develop and maintain nursing leadership talent.	**Measurement** Interview transcript analysis for thematic saturation.	**Data** 5 Key Themes Identified. Several recommendations to support NM development and support in role.	**Findings** Recommends Timeliness – early identification and support of NM development. Practical Experience – Secondment and exposure to higher lever NM roles, encourage succession planning. Personal Support and Personalization – look at individual development need and dedicated time to address. Networking – peer support and development. Especially for deputy's but all levels of NMs. A whole-team approach – executive board	**Level of Evidence** **III AB** **Worth to Practice** Identified key themes for NM development. **Strength** Consistent saturation of themes, independent review of interviews. **Weakness** Focus on more senior leaders, however middle NM discussed. Not generalizable to US. **Feasibility** In line with proposed orientation and onboarding themes – Mentoring, Coaching, structured education. **Conclusion(s)** NM need further support and education to be effective in their roles. **Recommendations(s)** Extremely complex roles that need formal mentoring and support. Improved preparation and knowledge development of ranks.

						support and mutual understanding of role.	

NM= Nurse Manager. NHS = National Health Service. US = United States of America.

Purpose of Article or Review	Design / Method /Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice/Strengths and Weaknesses /Feasibility / Conclusion(s) /Recommendation(s)
APA Reference: Espinoza, D. C., Lopez-Saldana, A., & Stonestreet, J. S. (2009) The pivotal role of the nurse manager in healthy workplaces: Implications for training and development. *Critical Care Nurse Quarterly* 32(4), 327-334.							
Identify EBP Designed to support the selection and development of nursing leaders. Developing a healthy work environment (HWE) and nurse managers role.	**Design** Use synergy model and defined "critical elements" for new nurse managers to master competency as part pf phased program. **Method** Review of literature noted inclusive of themes in recruitment by Gallup, AACN and AONE, RWJENFP, The Alliance HWE. NL competencies Use of AACN Synergy model as a framework. Used 8 characteristics of the model. Nurse manager	**Sample** Design of one hospital nurse manager orientation program **Setting** Literature Review use of current best evidence acute care settings.	**Independent** Orientation method used, ongoing education conducted and organizational environment. **Dependent** Nurse Managers orientation and ongoing education, impact on HWE. Education to new managers on the art the science and the leader within – see nurse manager leadership collaborative 360 Feedback, coaching relationships AACN 40hr Essentials of Nurse Manager Orientation first comprehensive e-learning for frontline managers.	**Measurement** Organizational onboarding, inclusive of basic leadership and management competencies. Competency assessment and ongoing education for nursing leaders. Organizational commitment to HWE and/ or Magnet® type culture, encouraging high education. Clinical judgement, clinical inquiry, caring practices, response to diversity, advocacy/moral agency, facilitator of learning, collaboration, and systems thinking.	**Data** 5 Organizational elements contributing to nurse manager excellence and engagement. 1. A learning culture. 2. A culture of regard. (valued) 3. A culture of meaning (personal engagement) 4. Culture of generativity. (Contribute to next generation). 5. A culture of excellence.	**Findings** Recommend 3 step orientation, Competency review, preceptorship, management classes and resources. Importance of ongoing leadership development. HWE central to reduction of burnout and turn over in all levels of nursing. Nursing leadership and professional development programs appear in literature commencing 2001.	**Level of Evidence** VB **Worth to Practice** Many broad statements that require further investigation. **Strength** Highlights the impact of quality nursing leader orientation, both to the individuals, their teams and the organization. Magnet® concepts help support healthy work environments and increased collaborative styles. **Weakness** Literature reviews really a discussion of single study findings, no clear recommendations. **Feasibility** More a narrative not grounded in formal research or evidence. **Conclusion(s)** Review other more formal research and evidence. Some commonalities to themes in the higher quality articles.

	Leadership collaborative Learning domain framework **Conceptual Framework** None noted.						**Recommendations(s)** Encourage healthy work environment and robust new nurse leader orientations.

Abbreviations: EBP – Evidence-based practice. HWE – healthy work environment. AACN American Association of Critical-Care Nurses, AONE -American Organization of Nurse Executives, Robert Wood Johnson Executive Nurse Fellowship Program.

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APA Reference: Fischer, J. P., Nichols, C. (2019) Leadership practices and outcomes in Magnet® vs non-Magnet hospitals, *Nursing Management*, *50*(5), 26-31. https://dio.10.1097/01.NUMA.0000553496.63026.95							
Comparison of leadership practices in frontline NMs their impact on patient outcomes in Magnet® v non-magnet hospitals	**Design** Observational Study comparison of LPI against NDNQI data from Magnet® and non-magnet facilities. **Method:** Nurse Manager Survey and Data extraction from unit level data in NDNQI. **Conceptual Framework**	**Sample** 50 Nurse Managers **Setting** 6 Acute Care Facilities, 2 community 4 tertiary referral centers. (4 Magnet®, 2 non-Magnet)	**Independent** Magnet® v Non-magnet facility **Dependent** Nurse Manager LPI score NDNQI Data set and unit level rates of falls with injury, CLABSI, HAPI and CAUTI.	LPI used to capture nurse manager transformational leadership ratings. NDNQI Database used to obtain 1-6 quarters of data per unit.	Descriptive and Inferential statistical analysis. Pearson's correlation for LPI and NDNQI data. Paired t-tests significant if greater than .05.	Magnet® NMs had statistically significant higher LPI scores in "Challenge the process" and "inspire a shared vision" areas. Magnet® hospitals had lower patient falls, CAUTI and CLABSI rates. Variation in HAPI was not statistically significant.	**Level of Evidence** **III A/B** **Worth to Practice** Transformation Leadership improved patient outcomes. **Strength** LPI well validated and highly reliable. Consistency in NDNQI data. **Weakness** Small number of hospitals limited to Michigan. No external validation of LPI scores. Many other potentially compounding factors effect nursing outcomes. **Feasibility** Good feasibility for transformational management and Magnet® journey. **Conclusion(s)** Magnet® facilities demonstrate improved outcomes in 3 of 4 metrics. Stogner LPI seem to positively influence patient outcomes. **Recommendations** Educate new nurse managers about transformation

							leadership LPI.

NMs = Nurse Managers, LPI = Leadership Practice Inventory, NDNQI® = National Database of Nursing Quality Indicators, CLABSI = Central Line Associated Blood Stream Infection, HAPI = Hospital Acquired Pressure Injury, CAUTI = Catheter Associated Urinary Tract Infection.

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Galuska, L.A. (2014) Education as a springboard for transformational leadership development: listening to the voices of nurses. *The Journal of Continuing Education in Nursing*, 45(2), 67-76. https://doi.10.3928/00220124-20140124-21							
Metasynthesis of 27 studies to provide an understanding of the contribution and effectiveness of leadership competence, from a perspective of nurses whom have experienced it.	**Design** Metasynthesis **Method:** 27 Qualitative and mixed method studies **Conceptual Framework** Noblit & Hare's (1988) Meta-ethnography approach	**Sample** 27 Studies **Setting** Mindjet MindManager software used to identify themes CINHAL, PubMed and ProQuest 2000-2013. Keyword and reverse reference exploration. Multiple studies included frontline nurses thru to leaders, in many countries and settings. Captured voices of participants following leadership education.	**Independent** Nursing leadership training programs. **Dependent** Nurses' perspectives of training, outcomes and effectiveness of training, demonstrated competence following trainings.	Synthesis of major themes. Mostly self-reported by participants. Effectiveness of training, its delivery and use in practice.	Review of themes, synthesis and translation of themes.	Four themes 1. evidence-based relevant content, help link theory and practice for leaders. 2. optimized learning strategies, pre-work, cohort models and multi-modes of education available. 3. benefits to the learner and others, healthy workplace, increase quality ++ 4 tensions and threats to the application of learning Senior leader support critical to nursing leadership development. Maintain awareness of organizational tensions and threats	**Level of Evidence III A/B** **Worth to Practice** A number of key themes to be cognizant of when developing nursing management training **Strength** Strong methodology, Nurse Leader training valued by participants, with a number of keys suggestions to optimize learning **Weakness** Some findings hard to generalize as most self-reported **Feasibility** The principles recommended could be easily applied to local nurse manager training. **Conclusion(s)** Potential importance of pre-work. Evidence base relevant content that connects theory and practice. Nurse focused scenario's, Multi-method teaching, include project management principles to assist with leading change, group learning improves networking.

							Recommendations Ensure critical mass training for whole team.

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Gunawan, J., Aungsuroch, Y., & Fisher, M. (2017) Factors contributing to managerial competence of first-line nurse managers: A systematic review. International Journal of Nursing Practice https://doi.org/10.1111/ijn.12611							
To determine factors contributing to managerial competence of first-line nurse managers characteristics	**Design:** Systematic Review **Method:** Content analysis – categorizing factors into themes Data extraction and analysis on all studies. **Conceptual Framework:** Multiple, this article a literature review. Data extraction using appraisal tool of qualitative studies included.	**Sample** 13,343 Articles from databases Title review = 343. Abstract review= 23 Final Yield 18 Articles = 10 quantitative and 8 qualitative. **Setting** Science direct, PROQUEST, Medline, CINAHL, EMBASE, Google Scholar, Manual Search. Search terms were "nurse manager" and "competence" "ward manager" "charge nurse" "leadership" "determinant" Date range 200 and July 2017	**Independent** Managerial Competency and factors influencing managerial/leadership effectiveness. **Dependent** 18 Influencing factors in three categories. 1.Organizational Factors, 2. Characteristics and personality traits of individual managers, 3. Role factors that influence managerial competence.	Data extraction and comparative analysis of major variables from content of articles was narrowed into themes. 13 criteria evaluated in correlational studies for a possible 14 points, categorized into low (0-4), moderate (5-9) and high quality (10-14) All 10 articles graded moderate. CASP Tool used to assess qualitative methodologies. Research design, sampling, data collection, ethical issues, and data analysis were assessed. 2 qualitative studies	Quality Review and rating tool used from previous cummings study was guide for correlational studies review Research design, sampling, measurement and statistical analysis were assessed. For correlational studies	**Quantitative** Multifactorial drivers of competence in frontline nurse managers (FLNM) **Qualitative** Total of 18 factors were synthesized into 3 categories of, 1. Organizational factors (development of managerial competence, HR, mentoring succession planning, interpersonal relationships), 2.Personality traits (education level significant, older and more experienced nurse more effective leaders), big 5 personalities (extraversion, agreeableness, conscientiousness, neuroticism and openness to	**Level of Evidence III A/B** **Worth to Practice** Identifies, organizational, personal and role factors all play significant role on nurse manager success. Qualitative and Quantitative studies validated the need for better recruitment and selection process, HR development within the role to deal with the complexities that will arise. Coaching for all nurse managers recommended (not mentoring). Customize managerial evaluation and

| | | | | did not discuss rigor | | experience).
3.Role factors (role preparation, work complexity and job demand). Training and development, succession planning and HR management.

Genders do not differ greatly; span of control negatively impacts managerial relationships and effectiveness as it gets larger.
Higher Education

Years of Service

Openness, conscientiousness and agreeableness seem particularly important to NM success. | assessment tools to the organization, plus 360 evaluations.

Strengths

Identified 3 major themes of Front-Line Manager Competency.

HR Management and Succession planning advised.

Weaknesses
Hard to generalize given narrow range of literature on this phenomenon. Only 18 articles

Difficult to define the FLNM role in many studies.

Feasibility

Helps solidify themes and concepts common in this in other systematic reviews.
Recommendations
Further longitudinal study of specific nurse manager competencies.

Mandatory graduate education recommended for nursing leadership |

							positions, seem influential.
							Executive focus on role and scope, competence and ongoing development. Coaching, develop rewards and benefits program.
							More targeted recruitment and selection.
							Conclusions Identified three key themes in nurse manager competency and development; Organizational factors, personality traits and role factors.
							Personal traits such as higher educational level, and experience lead to increase leadership and managerial competence.

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APA Reference: Labrague, L. (2020) Organizational and professional turnover intention among nurse managers: A cross-sectional study. *Journal of Nursing Management 28*(6) 1275-1285 https://doi.org/10.1111/jonm.13079							
Examination of factors associated with turnover intent among nurse managers.	**Design** Cross Sectional Survey **Method:** Use of Survey Tools. **Conceptual Framework** From previous studies on Individual, Unit, Hospital Variables, Work-family conflict, Psychological Distress and how all impact Organizational and Professional Turnover Intention	**Sample** 240 Nurse Manager **Setting** 17 Acute Care Hospital in the Philippines	**Independent** Nurse, Unit and Hospital Characteristics **Dependent** Professional and Organizational Turnover intention.	Work Family Conflict Scale, Job Satisfaction Index, 4 Item Perceived Stress Scale, single question professional and organizational turnover intention items.	SPSS for Analysis Strong Turnover intent were significantly correlated to High Work-Family conflict .127 Job Satisfaction - .315 Job stress .200	Younger managers more likely to leave their organizations. Span of control >16. High job stress and burnout increase intent to leave. More autonomy improves intent to stay. Smaller facilities lower turnover.	**Level of Evidence** **III A/B** **Worth to Practice** Organization factors, span of control, onboarding/orientation stress management and coaching can influence nurse manager job satisfaction and intent to stay. **Strength** Use of five validated and standardized tools for survey. **Weakness** Focus on Philippines may not be generalizable. Possible self-reporting bias as all survey input. **Feasibility** Supports structured transition program for new nurse managers to improve job satisfaction and retention. **Conclusion(s)** Provide NM orientation, autonomy, tools to address family and work stressors. Organizational support in career growth, work

| | | | | | | | environment. |
| | | | | | | | **Recommendations**
 Engaged and ongoing organization support of NM and their autonomy, well-being. |

SPSS= Statistical Package for the Social Sciences. NM = Nurse Manager.

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Lawson, C. (2020) Strengthening new nurse manager leadership skills through a transition-to-practice program. *Journal of Nursing Administration, 50*(12) 618-622. http://doi.org/10.1097/NNA.0000000000000947							
New nurse manager program implementation using evidence-based practice and AONL™ framework.	**Design:** Quasi-experimental. Literature Review and evidence-based program development AONL™ tools. **Method:** Full-day training delivery, once monthly for two months. **Conceptual Framework** AONL™ Nurse Manager Framework	**Sample** 13 Nurse Managers completed both surveys. 27 Nurse Managers attended the sessions. **Setting** 7 Hospitals	**Independent** AONL™ Competency self-assessment TTP – Nurse Manager Sessions. **Dependent** . Nurse Managers	Paired t-test pre and post the intervention. All competencies did see a strong improvement, participants moved from advanced beginner to competent self-ratings. Competencies were: Finance, Human Resources, Performance Improvement, Foundational Thinking Skills, Technology, Strategic Management, Human Resource Leadership Skills, Influencing Behaviors, Diversity, Personal and Professional Accountability, Career Planning and Personal Journey Discipline.	AONL™ competency self-assessment during first session and 4 months following the training. Paired t-tests used to assess pre-post intervention survey results.	100% of participants would recommend the program. 0% turn-over four months following the program. (14% was organizational baseline, new trend 4%).	**Level of Evidence** **III AB** **Worth to Practice** TTP program for NM is able to impact retention and support in filling the nurse manager gap. **Strength** Reliability and validity of AONL™ assessment tool. Clear reduction in NM turnover. Clear advantage of learning organizational specific policies. **Weakness** Interrupted by COVID pandemic delivery in 2 day instead of 4 days. One healthcare system may not be generalizable. Program content not evaluated. **Feasibility** Require TTP for NM as part of Magnet® Journey. AONL™ competencies did strengthen NM team performance. **Conclusion(s)** Successful in TTP for NMs.

							Recommendations Implementation of a structured transition to practice program for new nurse managers with specific organizational orientation.

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APA Reference: Penconek, T., Tate, K., Bernardes, A., Lee, S., Micaroni, S. P. M., Balsanelli, A. P., de Moura, A. A., & Cummings, G. G. (2021) Determinants of nurse manager job satisfaction: A systematic review. International Journal of Nursing Studies, 118(2021). https://doi.org/10.1016/j.ijnurstu.2021.103906							
A systematic review of literature measuring determinants of job satisfaction among nurse managers

Intent to identify these factors will help leaders understand what development strategies could enhance satisfaction and sustain retention | **Design**

Systematic Review

Method:

See PRISMA diagram, double independent review and quality assessed

Conceptual Framework
Not mentioned | **Sample**
38 Studies.

Setting

Multiple countries and settings primarily acute care. Front line manager studies.

All moderate to high quality studies. | **Independent**

Job Satisfaction

Dependent

- Job Characteristics
- Organizational characteristics
- Personal Characteristics | Mapping of job characteristics by study, and effect of increase, or decrease or no change on job satisfaction | N/A | Increased satisfaction = Autonomy, job control, role overload, workload, span of control, social support among team members, organizational empowerment, organizational support. Physical and mental health. Negative = job stress, intent to stay, exhaustion | **Level of Evidence**

III A/B

Worth to Practice
Highlights are a need for positive work culture, autonomy, mental and physical health to drive positive job satisfaction in nurse managers

Strength
Strong design and correlation of evidence. Many studies used a theoretical framework

Weakness
Limited by any reporting biases of the original studies. Varied definitions and or conceptualizations of studies

Feasibility
Could be used to influence interventions and policy to improve job satisfaction, NM health and wellness.

Conclusion(s)
Promoting prosocial groups, team-building and wellness programs warrant attention to potentially improve nurse manager job satisfaction |

							Recommendations Identified common drivers of job satisfaction for frontline nurse managers. - Usable findings

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APA Reference: Pilat, M., Merriam, D. H. (2019) Exploring the lived experiences of staff nurses transitioning to the nurse manager role. *The Journal of Nursing Administration, 49(10),* 509-513. http://doi.org/10.1097/NNA.0000000000000795							
Explore the experiences of RNs transitioning to NM roles.	**Design** Qualitative phenomenological study. **Method:** Phenomenology Colizzi's 7 procedural steps. Semi-structured Interviews. **Conceptual Framework** Meleis Role Transition theory.	**Sample** 10 New NMs (8 female, 2 male). **Setting** 1 Acute Care Hospital.	**Independent** New Nurse Manager (at least 6 months) **Dependent** Nurse manager experience of transition to NM role.	Theme Identification Expectations not clear, Onboarding not provided. Essential Knowledge and Skills. (Finance, balance, EI.) Grad. Ed. Preparation. Support and mentoring from colleagues. Role mastery not possible.	Interview transcription, theme identification and classification. Once statements of phenomenon identified, validated by the participants.	The implementation of a NM onboarding, mentoring and support process could prepare staff nurses for the challenges of nursing management and leadership role.	**Level of Evidence** **III A/B** **Worth to Practice** Support for transition to nursing leadership program. **Strength** Common themes in lived experiences of transition clearly identified. **Weakness** Limited N and setting 1 acute care hospital. **Feasibility** Development of onboarding program for NMs is highly recommended by those who have navigated the experience. **Conclusion(s)** Onboarding and mentoring supported for NM transitions. **Recommendations** Implementation of a NM onboarding, mentoring and support program recommended to role transition.

NM = Nurse Manager. EI =Emotional Intelligence.

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APA Reference: Radovich, P., Palaganas, J., Kiemeney, J., Strother, B., Bruneau, B., & Hamilton, L. (2011) Enhancing leadership orientation through simulation. *Critical Care Nurse,* 31(5), 58-63. http://doi.org/10.4037/ccn2011463							
Explore the usefulness of nursing leadership orientation through designing and piloting several simulation scenarios.	**Design** Two phase scenario training. With debriefing following each. Phase one included 3 scenarios. Phase two had five clinical, staff and patient family scenarios. Development and testing with experienced nursing managers. **Method** Nurse Managers audio and visually recorded in simulated scenarios for use in debrief.	**Sample** 4 Nurse Managers **Setting** 1 acute care facility in simulation lab training scenarios.	**Independent** Simulation staff, experience, openness to feedback and debriefing participation. **Dependent** Nurse Managers and their level of experience.	Post simulation debriefing, reflection and discussion of experiences, repeating of same scenario to hone skills.	No data, self-evaluation in participant debriefings.	Findings of debriefing were: Participant indicated that the debriefings were very helpful because it allowed them to see and hear their communication. Participants were also able to view the reactions of other participants and identify their own body language thru the video. Participants indicated that they had not been aware of the expressions and communication during the actual simulation. Participant from the first phase felt scenarios lead to clarification of hospital policy and guidelines regarding communication and an opportunity to explore own communication style. Those in second phase (negotiation) simulations were amazed at their increased ability to	**Level of Evidence** **III A/B** **Worth to Practice** This application could be an additional tool in nurse manager orientation, supporting the to be successful in developing a healthy work environment. **Strength** Value in preparing new managers in simulated experiences. HR, expert opinion and community resource use. **Weakness** Very small number of managers included. Needs detailed tailoring to specific facilities, their guidelines and policies. **Feasibility** Potential for learning in transformational communication and area greatly needed in new nurse managers. Would require strengthening of community partnerships with sim labs. **Conclusion(s)** Simulation provides a safe environment for learning and mentoring. Simulation provides opportunity for cognitive, technical and behavioral learning that is measurable. **Recommendation(s)**

						diffuse a situation and negotiate satisfactory conclusion.	Need to formalize the research and include a larger cohort with a theoretical framework to explain the observations, may be measurable.

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APA Reference: Roth, T., Whitehead, D. (2019) Impact of a nurse manager peer mentorship program on job satisfaction and intent to stay. *Journal of Excellence in Nursing and Healthcare Practice, 1*(1), 4-14. https://doi.org/10.5590/JENHP.2019.1.1.02							
Develop evidence-based mentorship program for NMs in an effort to impact retention. Secondary to assess impact on NM mentorship program on, NMs job satisfaction and intent to stay	**Design** Quasi-experimental Pre/Post intervention design **Method:** Two surveys' NMPE and PLI conducted pre/post intervention. 6 Month mentorship program 2hrs per month. **Conceptual Framework** Mentoring Enactment Theory (MET) and Kouzes Pozner's "The 5 practices of exemplary leaders" are used.	**Sample** 15 Nurse Manager (NMs) **Setting** 2 Hospitals in Oregon, USA.	**Independent** Formal NM mentoring program. 6 x 2hrs formal sessions, expectation to meet 1 time in person and read 1 chapter of leadership book. **Dependent** Nurse Managers intent to leave and job satisfaction.	NMPE scale to measure intent to stay and job satisfaction pre/post mentorship program. LPI used to determine NM self-assessment of leadership behaviors, pre/post. This correlates to high retention rates.	SPSS version 24 used in data analysis.	Demographics 53.5% less than 2years experience, 60% had bachelor degrees, 46/7% had 12-16 years of nursing experience, 86.7% had no experience being a manager outside their hospital system. 20% participant report this program influenced the to stay in current position. Improvement in leadership competency post-program. Slight improvement in job satisfaction, around culture of generativity. Turnover improved 25.8 > 11.9%.	**Level of Evidence** **III AB** **Worth to Practice** Structured mentorship program beneficial to NMs. **Strength** Improved sense of job satisfaction and reduced intent to leave. Improved strength in leadership skills and sense of team across hospitals. **Weakness** Small N=15. Possible labor contract negotiations impacted performance. Heavily reliant on mentorship relationship, ensure intra program meetings of dyads. **Feasibility** Peer-to-peer mentorship feasible in teaching transformational leadership skills. **Conclusion(s)** Structured mentorship with common language building tool, book improved relationships and self-assessed performance as a manager.

							Recommendations Explore structured mentorship as an onboarding mechanism.

NMPE = Nurse Manager Practice Environment. Leadership Practice Inventory = LPI. SPSS = Statistical Package for Social Sciences.

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Majo Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Seabold, K., Sarver, W., Kline, M., McNett, M. (2020) Impact of intensive leadership training on nurse manager satisfaction and perceived importance of competencies, *Nursing Management*, *51*(1), 34-42. https://doi.org.10.1097/01.numa.0000580592.92262.40							
To examine the impact of an intensive training program and the perceived importance of leadership competencies, 6 & 12 months after implementation	**Design** Prospective observational **Method:** CNMCI - Nurse Manager competency instrument MMSS Job satisfaction tool **Conceptual Framework** Not formally stated	**Sample** 45 Nurse Managers **Setting** From inpatient and ambulatory care, 2-day training session	**Independent** Intensive Leadership Training **Dependent** Perceived importance of competencies Nurse manager job satisfaction	Pre/post anonymous survey	33 participants responded with completed survey's at 6 and 12 months, responses on a Likert scale	-no consistent pattern in trends on job satisfaction. -significant gain on all perceived importance of competency measures over time.	**Level of Evidence** **III A/B** **Worth to Practice** Value in exposing managers to expected core competencies & ongoing tailored professional development **Strength** Consistent with many studies, focus on routine practice and applicable content Multimodal learning **Weakness** Single site design limits generalizability Self-reported competence **Feasibility** Integrating evidence-based competencies such as AONL™ good **Conclusion(s)** New nurse managers find applicable knowledge most helpful **Recommendations**

							Train new and resident nurse managers on expected competencies. Communication, conflict resolution

MMSS = McCloskey/Mueller Satisfaction Scale. CNMCI = Chase Nurse Manager Competency Instrument. AONL™ = American Organization of Nurse Leaders.

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Spiva, L., Headenstrom, L., Ballard, N., Buitrago, P., Davis, S., Hogue, V., Box, M., Taasoobshirazi, G., Case-Wirth, J. (2021). Nurse leader training and strength-based coaching: Impact on leadership style and resiliency, *Nursing Management 52*(10), 42-50. http://doi.org/10.1097/01.NUMA.0000792024.36056.c0							
Investigation of nurse leader training and strength-based coaching as an evidence -based modality to improve leadership style and resiliency.	**Design** Quasi experimental. Pre/post intervention survey **Method:** Survey pre/post intervention with MLQ-5Xshort, CD-RISC-25 and CliftonStrengths-Finder Surveys. Demographic information was also collected. A three-pronged approach - 1 Day in person intensive, Online training modules, In-person coaching	**Sample** 46 Nurse Managers **Setting** 11 Hospitals in South West United States.	**Independent** 1 Day resiliency program. Pre/post Surveys and coaching sessions. **Dependent** Nurse Managers	Descriptive statistics and multivariate analysis using software.	Significant differences in Resiliency, transformational leadership, Leadership effectiveness and satisfaction post intervention No change in avoidance scores post intervention. Certification found higher resiliency improvement at end-of-study. However, no such correlation pre study.	The effectiveness of a comprehensive program to support NM resiliency and transformational leadership ability was supported.	**Level of Evidence** **II B** **Worth to Practice** Value in structured resiliency training and transformational leadership training for NMs **Strength** Use of valid and reliable tools for pre/post assessment. Strength based coaching effective in tailoring to individuals. Adult learning principles. **Weakness** Higher resiliency scores post program with those certified may represent self-confidence, need to explore. Long-term retention data and operational impacts not captured. **Feasibility** Structured training improved NM resilience and transformational leadership. **Conclusion(s)** Valuing strengths should lead to improved teamwork, and healthy work environment**.** Leading to retention of NMs and improved

	sessions. **Conceptual Framework** Not Stated.					interest in role for pipeline RNs to become NMs. **Recommendations** Include strengthening components in nurse manager orientation and onboarding.

MLQ-5XShort = Multifactor Leadership Questionnaire. CD-RISC-25 = Connor-Davidson Resilience Scale. NMs = Nurse Managers.

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Warshawsky, N., Caramanica, L., & Cramer, E. (2020) Organizational support for nurse manager role transition and onboarding: strategies for success. *The Journal of Nursing Administration*, 50(5), 254-260. https://doi.org/10.1097							
This study was to provide guidance for nurse manager role transition practices.	**Design** A cross-sectional, exploratory, mixed method design. **Method:** Survey of nursing leaders who self-selected to attend conference and participate in research activities. Presentation of data Nurse Manager data. Participants completed 4 question paper survey (quantitative) Focus group interviews conducted with 41 nurse leaders,	**Sample** N = 41(discussion) qualitative N= 36 surveys quantitative **Setting** Study conducted as a roundtable discussion entitled evidence-based Nurse Manager Competence Development, held at the 2019 American Organization of Nurse Leaders (AONL™) annual meeting held in San Diego, California.	**Independent** Current and ideal organizational practices for nurse manager role transition **Dependent** Role transition of new nurse managers. Formal onboarding program existed. Requisite knowledge base	Surveys summarized using frequency distribution. Discussion interviews analyzed for themes.	Paper Survey summarized using frequency distributions. Focus Group interview was analyzed, for themes, four identified.	**Quantitative** 2.6% of organizations have formalized onboarding for NM; many used selected individual onboarding 64% or Department Leaders 54% Highly variable practices of nurse manager onboarding 1 week to 1-year programs. Informal/formal programs. Ten organizations with no program. Several use nurse manager competency checklists. **Qualitative** Four themes identified. 1. Structured onboarding with processes 2. Mentoring and Coach 3. Knowledge	**Level of Evidence** **III B** **Worth to Practice** Gives overview of best content and sustainability framework for Nurse Manager transition programs. **Strength** Lists ideas on nurse manager role transitions and orientation topics inclusive of structure. Identifies increasing need given national benchmarking, Magnet® Program becoming a driver for improvements. Recognizes no single best practice for supporting role transition to novice nurse manager. **Weakness** Cross sectional study not widely generalizable. Based on a convenience sample. **Feasibility** Highlights common themes pf the phenomenon.

	consisted of 3 questions (qualitative), search for themes **Conceptual Framework** Review current practice and survey for best onboarding					development course 4. Program evaluation Recommends content on finance, budgeting, performance improvement, human resource management, conflict management and communication skills for all novice managers.	**Conclusion(s)** Nurse executives need to support nurse manager role transition and onboarding programs inclusive of regular evaluation. Need to support further education for nurse managers, establish mentoring and coaching cultures in nursing organizations. Nurse executives need to create psychologically safe climates to promote risk taking and learning. **Recommendations** Rigorous program evaluation, demonstration of ROI, coaching of mentors, structured knowledge and policy development.

NM =Nurse Manager. ROI = Return on Investment.

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Warshawsky, N., Cramer, E. (2019) Describing nurse manager role preparation and competency: Findings from a national study. *The Journal of Nursing Administration, 49*(5), 249-255. http://doi.org/10.1097/NNA.0000000000000746							
Describe the role preparation and competency development of nurse managers.	**Design** Cross sectional study **Method:** Survey Electronic questioning. **Conceptual Framework** Benner's Theory of Competency Development.	**Sample** 647 nurse managers. **Setting** Managing 964 units in 54 US hospitals	**Independent** Nursing Manager **Dependent** Survey of NMLDF Science 18 items Art 9 items In 5-point scale using Benner's progression. Leader Within measured using demographic questions education and certification.	Self-rating assessments Average age 45, 86% Female, 62% BSNs Avg. 6.7yrs as NM. 37% NMs have < 2 years' experience.	Statistical data analysis, bivariate statistics, descriptive statistics. 7 yrs. NM experience before self-rating proficient. ? Overestimation of competency for those with less than 2 years' experience.	Loss of leadership wisdom with retirements. Programs recommendations include Didactic sessions, EBP learnings, mentorship and reflective practice. Significant influence of education on NM performance in Art and Science domains of NMLDF. 60% NM <4yrs Experience. 2.6 Years in first position as NM. Executives need to review bench strength. Org. systems competence of finance, strategy, PI and foundational thinking lowest rated skills.	**Level of Evidence** III A/B **Worth to Practice** Highlight need to evaluate onboarding and development practices of NMs. **Strength** Large sample, good insight into NM self-assessed competence. **Weakness** Difficult to draw inferences, as cross-sectional snapshot. **Feasibility** Experienced coach program, formal orientation and development of NMs **Conclusion(s)** Skills crucial for leading transformation are lacking. **Recommendations** Formal orientation and mentoring.

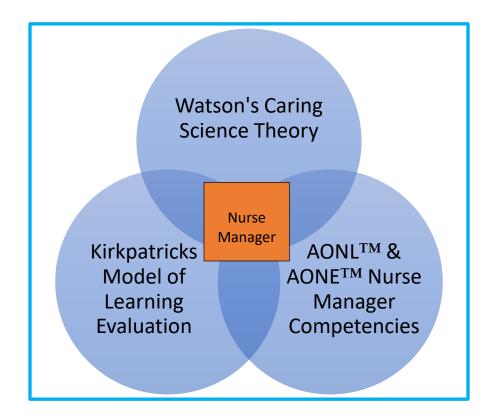|						Diversity, Tech and Clinical competency are strengths.	

PI = Process Improvement. NM = Nurse Manager. US =United States. NMLDF = Nurse Manager Leadership Domain Framework. BSN =Bachelor Science in Nursing. Org. = Organization.

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Warshawsky, N., Rayens, M.K., Stefaniak, K. (2013) The effect of nurse manager turnover on patient fall and pressure ulcer rates. Journal of Nursing Management. 21(5) 725-732. http://doi.org/10.1111/jonm.12101							
Review the effect of nurse manager turnover on the occurrence of adverse events.	**Design** Longitudinal study **Method:** Data analysis, convenience sampling of IU and MS units, with and without NM turnover **Conceptual Framework** Theoretical complexity science theory	**Sample** 23 Units (13 with NM turnover) 9 Quarters of patient outcome data. Oct 2009 – Dec 2011. **Setting** 2 Acute Care Hospitals one academic one community. Critical Care or Medical Surgical Units	**Independent** Nurse Manager Turnover **Dependent** Falls rates and pressure ulcer rates	9 Quarters of NDNQI Data Fall and Pressure Ulcers rates per 1000 days. Pressure Ulcer converted to binary indicator, Zero for none and 1 for anything above 1 day of HAPI.	Descriptive Analysis Used MIXED procedure in SAS for Windows.	. 83% of units were from one hospital. 65% were medical surgical units. 43% of units retained the same nurse manager for 9 quarters. 67% ICU v 50% MS turnover	**Level of Evidence** **II B** **Worth to Practice** Formal leadership development & succession planning indicated. Other patient outcome measures are likely affected by NM turnover. **Strength** Standardized NDNQI Data used. Significant effect of NM turnover demonstrated in pressure ulcer prevention. **Weakness** Small number of units and hospitals in the study. One healthcare system. **Feasibility** Formal NM development in relational leadership styles and ongoing support are indicated to improve patient care and reduce NM turnover. **Conclusion(s)** NM turnover may negatively

							effects patient outcomes **Recommendations** Formal NM training to build relationships with their frontline teams and prevent patient harm events. Getting to Zero.

Appendix B

Conceptual Framework

Watson's Caring Science Theory

Kirkpatricks Model of Learning Evaluation

Nurse Manager

AONL™ & AONE™ Nurse Manager Competencies

Appendix C

Gap Analysis

Gap Analysis of New Nurse Manager Orientation		
Area under consideration: New Nurse Manager (NM) Orientation Program for Small Acute Care Facility.		
Desired State	**Current State**	**Action Steps**
Formal new NM orientation and onboarding process	Not standardized, poor knowledge of existing resources	Stakeholder Meetings, integrate available regional tools into the learnings.
Acute Care Facility Managers formally meet and go over key departmental relationships and processes	Sporadic introductions to departmental leaders and understanding of process relationships.	Local and Regional Leaders meet and review key inter and intra departmental reporting and relationship processes, to inform new NM of available resources and key stakeholder in each area.

Ability to track NM turnover locally & across the region and benchmark this against national trends	No tracking of turnover and retention metrics of NMs and ANMs in the targeted facility.	Data collection, local, regional, national from workforce analytics and Human Resource Department.
Integrated approach to training nursing leadership teams in alignment with mission, vision and values of the enterprise.	No structured program in place, introduction to nursing model dependent on preceptor, senior leader orienting the new NM.	Explore conceptual framework/s to cross walk nurse manager role and function to divisional and organization strategic directions.
New NM program that integrates current best-	No new Nurse Manager orientation or onboarding program.	Literature evaluation, integration of best-evidence for targeted nurse manager orientation and onboarding.

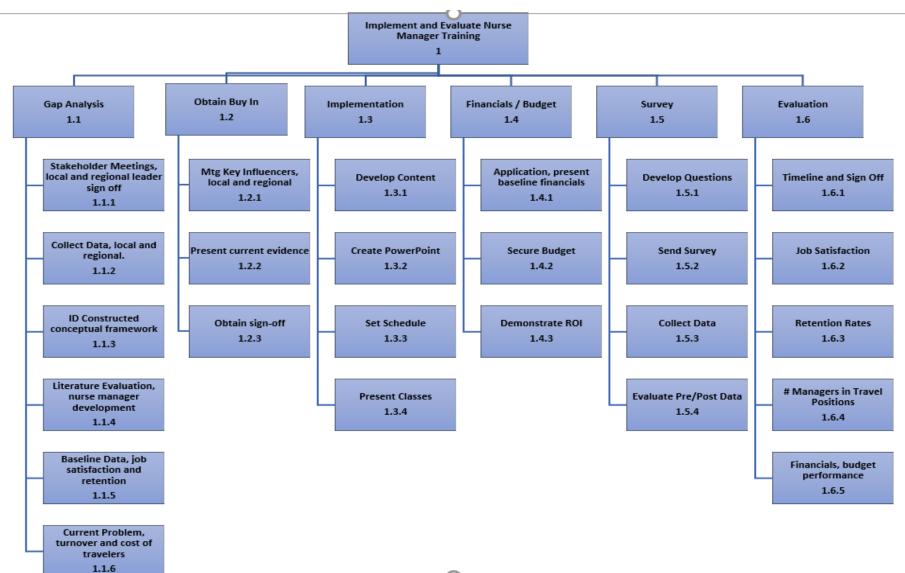|		
evidence for leading in acute care hospitals.		
Current NM job satisfaction unknown.	Integrate pre/post evaluation of new NM job satisfaction to each cohort.	Baseline job satisfaction collection versus post implementation survey, investigate impact of program on participant perceptions.
Structured budget and allocation of resources to support new NM orientation.	No program manager for new NM orientation and onboarding.	Budget securement, allocate resources to new manager onboarding. Clearly illustrate current cost problem and potential return on investment.
Competency checklist for all NMs that integrates all key roles, responsibilities and best-evidence.	No formal checklist specific to this facility.	Review and cross walk historic local and regional orientation checklists for NMs. Integrate best evidence into revised current edition.

Appendix D

Gantt Chart

ID #	EL-DNP ProjectTimeline The Influence of evidence-based Nurse Manager Orientation on Job Satisfaction and Retention.	Target Date	Status & Date
1	**Assessment Phase****		
1.1	Conduct Gap Analysis	June -July 21	Completed 12/2023
1.2	Create PICOT and Search Databases	June -July 21	Completed 7/2021
1.3	Develop Conceptual and Thoertical Framework	June -Nov 21	Completed 11/2021
1.4	SWOT and WBS Development	June -Aug 21	Completed 8/2021
1.5	Literature Review and Synthesis	June -July 25	Completed 12/2023
1.6	Obtain permissions IRB, Org. Letter of Support	Nov -Dec 21	Completed 01/2022
2	**Design Phase**		
2.1	Identify Key Stakeholders and create charter and content of Orientation and Mentoring for new NMs.	Aug 21 - May 22	Completed 05/2022
2.2	Complete Prospectus and Manuscript	Jan 22 - April 22	Completed 05/2022
2.3	Develop Implementation Plan and Timeline	Jan 22 - April 23	Completed 05/2022
3	**Implementation Phase**		
3.1	Review plan with key stakeholders	May 22 - Jun 22	Completed 05/2022
3.2	Finalize implementation plan and timelines	May 22 - Jul 22	Completed 06/2022
3.3	Finalize onboarding resources and stakeholders	May 22 - Aug 22	Completed 12/2022
3.4	Conduct rapid cycle PDSA steakholder feedback	May 22 - Jul 22	Completed 12/2022
3.5	Administer pre/post implementation survey	Jul 22 - Dec 23	Completed 12/2022
4	**Analysis Phase**		
4.1	Obtain baseline data and expense projections	Jul 22 - Mar 23	Completed 2/2023
4.2	Analyse actualt cost of development and implementation	Dec 22 - Mar 23	Completed 2/2023
4.3	Collect pre/post interventional data and analyse	Jul 22 - Mar 23	Completed 2/2023
4.4	Review quantitative and qualitative outputs of survey	Dec 22 - Mar 23	Completed 2/2023
5	**Culmination/Sustainability Phase**		
5.1	Complete analysis of project results	Dec 22 - Jun 23	Complete 12/2022
5.2	Evaluate project content, reccomendation and write final report.	Jan 23 - Mar 23	Complete 2/ 2023
5.3	Facilitate ongoing PDSA for ongoing relavence and improvement for site.	Jan 23 - Jun 23	Cyclic 3/2023

Timeline columns: 2021 (May, Jun, Jul, Aug, Sep, Oct, Nov, Dec), 2022 (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec), 2023 (Jan, Feb, Mar, Apr, May, Jun).

Appendix E

Work Breakdown Structure and Dictionary

Appendix E

Work Breakdown Structure Dictionary

Level	WBS Code	Element Name	Definition & **Team Member** Assigned
1	1	Implement Nurse Manager Onboarding Program	All work to implement new nurse manager onboarding program completed and evaluated. **PM.**
2	1.1	Gap analysis	Conduct SWOT analysis, structure content and align with AONL™ nurse manager competencies. **PM, CNE/COO.**
3	1.1.1	Evaluating and collecting current data	Compile local and regional data, turnover, travel ANM and People Pulse. **PM, HRL.**
3	1.1.2	Meeting and discussing problem and drivers with local and regional leaders	Schedule agenda and meeting times with local, area and regional leaders. **PM**.
3	1.1.3	Identify conceptual framework	Cross walk Watson's Caring Science with Kirkpatrick's Model and link to ANOL nurse manager competencies. **PM, MCEPI**.
3	1.1.4	Evaluate best evidence and literature	Search literature, assess for level and quality of evidence and integrate recommendations into program materials. **PM.**

3	1.1.5	Obtain baseline job satisfaction and retention data from human resources	Develop pre/post survey, using Kirkpatrick Model and obtain baseline survey results from existing nurse managers. **PM.**
3	1.1.6	State current problem and cost of travel management positions.	Integrate current professional themes from research to local and regional data to quantify problem. **PM.**
2	1.2	Obtaining buy-in	Get sign-off from CNE prior to commencement. **PM, CNE.**
3	1.2.1	Meeting key influencers, locally and regionally	Review current ANM Optimization work from region and ensure SWOT review and agreements. **PM, MCEPI, CNE.**
3	1.2.3	Presenting current best evidence	Have impactful Power Point consolidating problem, best-evidence and project scope to deliver to key audiences. **PM.**
3	1.2.3	Obtaining Sign-off	Obtain signature from CNE/COO. **PM.**
2	1.3	Implementation	Collection of WPs to needed to operationalize program. **PM.**
3	1.3.1	Content development	Develop content using AONL™ competencies and regional best practices. **PM, MCEPI, SMEs.**

3	1.3.2	Power Point creation	Create agenda, and presentations for orientation. Crate onboarding template, key meet and greets, 30,60,90 day check-in's scheduled. **PM, EOS, MCEPI.**
3	1.3.3	Scheduling of Onboarding	Schedule new manager orientations and onboarding. **EOS, MCEPI.**
3	1.3.4	Presentation of Classes	Subject Matter Experts. **SMEs.**
2	1.4	Financials and Budget	Tracking of project budget, work hours against budget**. PM.**
3	1.4.1	Application, present baseline financials	Develop budget from WBS dictionary, work hours per nurse manager onboarding program. **PM,EOS.**
3	1.4.2	Secure budget	Obtain Budget Approval – **COO.**
3	1.4.3	Demonstrate return on investment	Collate data on cost versus benefit analysis, for inclusion at completion of four-month evaluation. **PM.**
2	1.5	Survey	All Work Related to Survey of Project **PM, EOS.**
3	1.5.1	Develop questions	Question selection and identification for evaluation of program, job satisfaction and intent to leave. Use survey software. **PM.**
3	1.5.2	Send survey	Distribute survey to all current and new managers pre/post implementation of the program. **EOS.**

3	1.5.3	Collect data	Use survey software to collect data and prepare for interpretation. **PM**.
3	1.5.4	Evaluate pre/post data	Review data, compare and contrast pre/post findings of Nurse Manager perceptions. **PM, SMEs, MCEPI.**
2	1.6	Evaluation	Analyze data and evaluate performance, adjust content to address any identified opportunities, build on strengths. **PM, MCEPI, SMEs.**
3	1.6.1	Metrics	Compile survey results. **EOS.**
3	1.6.2	Job satisfaction	Review responses to Job Satisfaction Specific Questions. **PM.**
3	1.6.3	Retention rates	Review responses to retention Specific Questions. **PM.**
3	1.6.4	Number of managers in travel positions	Collect data from **SOM, HRL**.
3	1.6.5	Performance against financials and budget.	Review project performance against plan and deliver final report. **PM.**

POSITION KEY: PM – Project Manager, CNE – Chief Nurse Executive, COO – Chief Operating Officer, HRL – Human Resource Leader, MCEPI -Manager Clinical Education Practice and Informatics, EOS- Education Operations Specialist, SMEs -Subject Matter Experts, SOM – Staffing Office Manager

Appendix F

Responsibility / Communication Plan

<u>**New Nurse Manager Orientation and Onboarding DNP Project**</u>

Level of Power	**Keep Satisfied** **High Power, Low Interest**	**Manage Closely** **High Power, High Interest**
	• Nurse Manger ICU, Manager Medical/Surgical Services, Manager Perioperative Services, Manager Post Anesthetic Care Unit. • Directors and Managers of support services departments, clinical managers and directors of Pharmacy, Palliative Care, Nutritional Services, Inpatient rehabilitation services.	• CNE/COO local and regional CNE. • Area Manager, Nursing Services Directors. Professional Development Director • Business strategy and finance leaders • Human Resources Leaders
	Monitor **Low Power, Low Interest**	**Keep Informed** **Low Power, High Interest**
	• Current staff nurses • Clinical Nurse Specialist and ANMs • Frontline staff in other departments.	• Targeted population newly hired ANMs and NMs.

Level of Interest

KEY: CNE = Chief Nursing Executive, COO = Chief Operating Officer, ANMs = Assistant

Nurse Managers, NMs = Nurse Managers,

Adopted from: Power-interest matrix.png. (2020, September 16). Wikimedia Commons, the free media repository. Retrieved 23:42, August 13, 2021 from

Appendix G

SWOT Analysis

	Favorable/Helpful	Unfavorable/Harmful
Internal (attributes of the organization)	**Strengths** • Cost saving from reduction in NM turnover and increased job satisfaction. • Leadership development is popular at local, region and national to increase innovation and outcomes • Project development team has creativity grounded in the reality of environment current culture and innovations • Strong executive leadership support CNE. COO, AM. • Educators and directors willing to engage in project Dollars already allocated to support ANM and NM onboarding	**Weaknesses** • Scalability and sustainability (depending on delivery mode) and facility resources, size ongoing support of departments involved. • Base skills and competencies vary of targeted new ANMs and NMs (can also be strength) • Resentment of existing ANMs and NMs that training would only be provided to new leaders. • Potential for regional or national ANM and NM development programs that compete

	Opportunities	Threats
External (attributes of the organization)	• Partnerships with simulation, leadership training by subject matter experts. • Mix types of leaders across specialties to create shared learning • Explore new delivery modes, including structured mentorship • Significant potential return on investment • Improved reputation, experience metrics tied to leaders who participate in the program	• Leaders perceived lack of time with customers • Addition of targeted project, creates too much work, too many competing priorities • Potential lack of support (priority) from their senior leaders • Targeted new NM project perceived as too much work, too many priorities by senior leaders • National formalization of nurse manager competencies may change content and focus over time • Leader of project leaves the organization

Appendix H

Project Budget

New Nurse Manager Budget				
Item (Expenses, Supplies, Services)	**Per Item Cost /hr.**	**Number / Total Hours Needed**	**Projected Cost**	**Actual Cost**
Revenue				
Cost Avoidance*	$60	$1, 872	$112, 320	$112, 320
Salaries and Wages (S&W)				
Program Coordinator	$100	400	$40, 000	$40,000
Quality Nurse Consultant	$100	14	$1, 400	$1,400
ANMs + NMs	$90	32 / 192	$17, 280	$16, 960
HR Consultant	$90	20	$1, 800	$1,800
Clinical Educators	$85	10	$850	$850
Safety Leaders	$75	2/16	$1, 200	$1, 200
Operations Specialist	$50	60	$3, 000	$3, 000
Org. Development Consultant	$150	10	$1, 500	$1, 500
Supplies			**Sub Total S&W**	**$65,090**
New Nurse Manager Binders	$40	10	$400	$400
Office Supplies – Miscellaneous	-	$250	$250	$250
Catering for Sessions	$400	4	$1, 600	$1, 600
			Sub Total Supplies	**$4250**
Total Expenses			**(S&W + SUPPLIES)**	**$67, 340**
Total Cost Avoidance - Expenses				**$44, 980**

Appendix I

Financial Analysis

ROI = (cost avoidance measure) (X) – Cost of investment in program – new costs or + new savings.

New Nurse Manager Orientation - 3 Year Proforma

For 2022 through 2024

REVENUE	2022	2023	2024
Cost Avoidance Travel S&W*	112,320	224,640	336,960
HAI and Harm Reduction*	102,500	92,259	83,024
Net Cost Avoidance	214,820	316,899	419,984
OPERATING EXPENSES			
Project Manager Time	40,000	42,500	43,500
Curriculum Development	23,090	3,410	3,741
General Administrative Expenses			
Salaries and Wages (ops. Specialists)	2,650	3,360	3,668
Supplies, Marketing, Celebrations	1,600	1,800	2,000
Total Expenses	67,340	51,070	52,909
NET COST AVOIDANCE	**287,050**	**265,829**	**367,075**

*Assumptions:

- Cost avoidance based on projected 50% reduction in NM agency travelers on assignment.
- Hospital Acquired Infection and Harm Reduction 10% annually assumed
- Program is FTE neutral, salaries calculated based on time dedicated to the program by each participant.

Return on Investment (cost avoidance)		
Net Profit	951,703	
Cost of Investment	171,319	
Investment Gain over 3 years	919,954	
ROI %	**537%**	Totals

Appendix J

Qualtrics Survey Responses

StartDate	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Start Date	Q1. Th	Do you	Q3. How do	Q4. Ra	Q5. De	Q6. How w	Q7. Rate t	Q8. Ov	Q9. Hypot	Q10. What would you add to this Nu	you remove from this Nurse
9/6/2022 8:55	Masters Degree	Strongly Agree	Extremely Good	Good	Good	Extremely well	Extremely good	Very Good	Lack of Growth	Nothing	Nothing
9/6/2022 9:00	Bachelor Degree	Agree	Good	Very Good	Good	Very well	Moderately good	Very Good	Higher pay, less hours	Experienced managers as mentors	Unknown
9/6/2022 9:10	Bachelor Degree	Agree	Good	Neutral	Limited	Very well	Neither good nor bad	OK	Overloaded with duties	I'm very pleased after 1 year of working to have this program for us.	Nothing
10/17/2022 12:54	Bachelor Degree	Strongly Agree	Good	Very Good	Good	Slightly well	Extremely good	Very Good	Lack of mentorship	This was such a comprehensive overview. It might be nice to offer some role plays and emotional intelligence work to support some of the daily challenges	Nothing
10/17/2022 13:13	Masters Degree	Strongly Agree	Good	Very Good	Good	Extremely well	Extremely good	Very Good	Growth	Information about the Union	Nothing
10/17/2022 13:15	Bachelor Degree	Agree	Good	Good	Good	Extremely well	Moderately good	Good	Family move	More time with the skill of direct report negative coaching	Nothing

QUALTRICS RECAPTURE RESULTS (Pre Intervention)

Q1	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q1	Q1. Thank you for participating in survey. Your answers will be used to improve the nurse manager onboarding experience at San Rafael Medical Center. What is your highest level of education?	4	5	4.33	0.47	0.22	3

#	Answer	%	Count
1	High School Diploma, GED	0.00%	0
2	Some College	0.00%	0
3	Associate Degree	0.00%	0
4	Bachelor Degree	66.67%	2
5	Masters Degree	33.33%	1
6	Doctoral Degree	0.00%	0
	Total	100%	3

QUALTRICS RECAPTURE RESULTS (Post Intervention)

Q1	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q1	Q1. Thank you for participating in survey. Your answers will be used to improve the nurse manager onboarding experience at San Rafael Medical Center. What is your highest level of education?	4	5	4.33	0.47	0.22	3

#	Answer	%	Count
1	High School Diploma, GED	0.00%	0
2	Some College	0.00%	0
3	Associate Degree	0.00%	0
4	Bachelor Degree	66.67%	2
5	Masters Degree	33.33%	1
6	Doctoral Degree	0.00%	0
	Total	100%	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q2	Do you know the company Mission,	1	2	1.5	0.5	0.25	3

#	Answer	%	Count
1	Strongly Agree	33.33%	1
2	Agree	66.67%	2
3	Neither	0.00%	0
4	Disagree	0.00%	0
5	Strongly Disagree	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q2	Do you know the company Mission,	1	2	1.5	0.5	0.25	3

#	Answer	%	Count
1	Strongly Agree	66.67%	2
2	Agree	33.33%	1
3	Neither	0.00%	0
4	Disagree	0.00%	0
5	Strongly Disagree	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q3	Q3. How do you rate your current networking with key	1	2	1.83	0.37	0.14	3

#	Answer	%	Count
1	Extremely Good	33.33%	1
2	Good	66.67%	2
3	Neutral	0.00%	0
4	Limited	0.00%	0
5	Very Limited	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q3	Q3. How do you rate your current networking with key	2	2	2	0	0	3

#	Answer	%	Count
1	Extremely Good	0.00%	0
2	Good	100.00%	3
3	Neutral	0.00%	0
4	Limited	0.00%	0
5	Very Limited	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q4	Q4. Rate your understanding of management and leadership models?	1	3	1.67	0.75	0.56	3

#	Answer	%	Count
1	Very Good	33.33%	1
2	Good	33.33%	1
3	Neutral	33.33%	1
4	Slightly limited	0.00%	0
5	Very limited	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q4	Q4. Rate your understanding of management and leadership models?	1	2	1.67	0.75	0.56	3

#	Answer	%	Count
1	Very Good	66.67%	2
2	Good	33.33%	1
3	Neutral	0.00%	0
4	Slightly limited	0.00%	0
5	Very limited	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q5	Q5. Describe your understanding of regulatory policies, and laws as they relate to the Nurse Manager position?	2	4	2.33	0.75	0.56	3

#	Answer	%	Count
1	Very Good	0.00%	0
2	Good	66.67%	2
3	Neutral	0.00%	0
4	Limited	33.33%	1
5	Very Limited	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q5	Q5. Describe your understanding of regulatory policies, and laws as they relate to the Nurse Manager position?	2	2	2	0	0	3

#	Answer	%	Count
1	Very Good	0.00%	0
2	Good	100.00%	3
3	Neutral	0.00%	0
4	Limited	0.00%	0
5	Very Limited	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q6	Q6. How would you rate your work life balance?	1	2	1.83	0.37	0.14	3

#	Answer	%	Count
1	Extremely well	33.33%	1
2	Very well	66.67%	2
3	Moderately well	0.00%	0
4	Slightly well	0.00%	0
5	Not well at all	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q6	Q6. How would you rate your work life balance?	1	4	1.83	1.07	1.14	3

#	Answer	%	Count
1	Extremely well	66.67%	2
2	Very well	0.00%	0
3	Moderately well	0.00%	0
4	Slightly well	33.33%	1
5	Not well at all	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q7	Q7. Rate the scope for your personal growth such as skill development, self-care and nurse manager competence?	1	3	1.67	0.75	0.56	3

#	Answer	%	Count
1	Extremely good	33.33%	1
2	Moderately good	33.33%	1
3	Neither good nor bad	33.33%	1
4	Moderately bad	0.00%	0
5	Extremely bad	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q7	Q7. Rate the scope for your personal growth such as skill development, self-care and nurse manager competence?	1	3	1.67	0.75	0.56	3

#	Answer	%	Count
1	Extremely good	66.67%	2
2	Moderately good	33.33%	1
3	Neither good nor bad	0.00%	0
4	Moderately bad	0.00%	0
5	Extremely bad	0.00%	0
	Total	100%	3

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q8	Q8. Overall, how well do you rate your Care Experience knowledge?	1	3	1.5	0.76	0.58	3

#	Answer	%	Count
1	Very Good	66.67%	2
2	Good	0.00%	0
3	OK	16.67%	1
4	Limited	0.00%	0
5	Very Limited	0.00%	0
	Total	100%	3

Q9. Hypothetically, if you were to leave tomorrow what would be your reason?

Lack of growth

Overloaded with duties

Higher pay, less hours

Q10. What would you add to this Nurse Manager orientation and onboarding program?

Nothing

Experienced managers as mentors

I'm very pleased after 1 year of working to have this program for us.

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Q8	Q8. Overall, how well do you rate your Care Experience knowledge?	1	3	1.67	0.75	0.56	3

#	Answer	%	Count
1	Very Good	66.67%	2
2	Good	33.33%	1
3	OK	0.00%	0
4	Limited	0.00%	0
5	Very Limited	0.00%	0
	Total	100%	3

Q9. Hypothetically, if you were to leave tomorrow what would be your reason?

Family move

Lack of Mentorship

Growth

Q10. What would you add to this Nurse Manager orientation and onboarding program?

This was such a comprehensive overview. It might be nice to offer some role plays and emotional intelligence work to support some of the daily challenges

Information about the Union

More time with the skill of direct report negative coaching

Appendix K

IRB Non-Research Determination

Doctor of Nursing Practice

Statement of Non-Research Determination (SOD) Form

The SOD should be completed in NURS 7005 and NURS 791E/P or NURS 749/A/E

General Information

Last Name:	Deegenaars	**First Name:**	Leanne
CWID Number:	20647251	**Semester/Year:**	Spring 2022
Course Name & Number:	N792E Practicum III: Meso-Systems		
Chairperson Name:	Dr. J. Maxworthy	**Advisor Name:**	Dr. K. Colonnelli
Second Reader Name	Dr. N. Webb		

Project Description

1. **Title of Project: Making an Impact with Onboarding Nurse Managers**

2. **Brief Description of Project** *(Clearly state the purpose of the project and the problem statement in 250 words or less):*

   This Evidence-Based Practice change project to develop, Implement and evaluate the impact of a structured orientation and onboarding nurse manager program on job satisfaction and retention rates among assistant nurse managers and managers at a San Rafael Medical Center.

Evidence suggests that structured multi-modal orientation programs among nurse managerscan improve retention and job satisfaction.

In other organizations, structured orientation and onboarding of nurse managers is a standardof care, and adoption at KP may offer benefits in terms of improved nurse manager job satisfaction and retention.

We anticipate the project to begin on November 30th 2021 and conclude on January 31st 2023.

3. **AIM Statement: What are you trying to accomplish?**

- Provides clear, well-defined, and concise statement regarding the purpose of the project and describes the specific aim in the IHI format: What?; How much?; For whom?; Where?; By when? The Aim Statement needs to follow the SMART guidelines: specific, measurable, achievable, realistic, and timely.
- To improve (your process) from (baseline)% to (target)%, by (timeframe), among (your specific population)

Specific Aims

Aim 1: To evaluate whether a structured nurse manager orientation improves job satisfactionand retention among nurse managers at a San Rafael Medical Center.

Aim 2: To determine the impact of implementing a structured multi-modal nurse manager orientation at a San Rafael Medical Center.

   By January 1, 2023, develop, implement and evaluate a nurse manager professional development program.The objective is to improve nurse manager self-assessed job satisfaction, conflict leadership and role preparedness, by 20% from baseline data in this medical center by January 1, 2023.

4. **Brief Description of Intervention (150 words):**

A structured orientation and onboarding process for nurse managers will be developed utilizingcurrent best evidence and implemented starting in May, 2022. This program will include a full day didactic

orientation, followed by structured mentoring and onboarding resources. All newlyhired nurse managers will be invited to volunteer in anonymous pre/post intervention survey assessments of their, job satisfaction and intent to leave. All data will be collected via Qualtricsand completely deidentified to analysis if any change is observed following the intervention.

These procedures are part of standard of care, and they are not experimental.

4a. How will this intervention be implemented?

- Where will you implement the project? **Kaiser Permanente San Rafael Medical Center**
- Attach a letter from the agency with approval of your project. **Attached**
- Who is the focus of the intervention? (Needs to match population [for whom?] in Aim statement.) **Nurse Managers and Assistant Nurse Managers.**
- How will you inform stakeholders/participants about the project and the intervention? **Flyers and group email asking for anonymous volunteers**

5. Outcome measurements: How will you know that a change is an improvement?

- Measurement over time is essential to QI. Measures can be outcome, process, or balancing measures. Baseline or benchmark data are needed to show improvement. **Pre/Post interventional survey data collection**.
  - Align your measure with your problem statement and aim. **Survey will include questions around perceived job satisfaction and intent to leave, conflict resolution and role preparedness pre and post intervention using a standard survey.**
  - Try to define your measure as a numerator/denominator. **The intention is to demonstrate a significant improvement using a paired t-test to demonstrate. Pre/Post interventional data will be collected using a standard survey.**
  - What is the reliability and validity of the measure? Provide any tools that you will use as appendices. **Intending touse established tools with known reliability and validity in the self-assessment surveys in relation to job satisfaction and retention.**
  - Describe how you will protect participant confidentiality. **No identifying participant data will be collected or stored; all survey data will be maintained behind medical center firewalls.**

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

DNP Statement of Determination

Evidence-Based Change of Practice Project Checklist*

Project Title:

New Nurse Manager Orientation and Onboarding Program

Mark an "X" under "Yes" or "No" for each of the following statements:	Yes	No
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	X	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. <u>All</u> participants will receive standard of care.	X	
The project is **<u>not</u>** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **<u>not</u>** follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **<u>not</u>** develop paradigms or untested methods or new untested standards.	X	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **<u>not</u>** seek to test an intervention that is beyond current science and experience.	X	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	X	
The project has **<u>no</u>** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	X	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **<u>not</u>** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	X	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	X	

- If the answer to <u>all</u> of these items is "Yes", the project can be considered an evidence-based activity that does <u>not</u> meet the definition of research. IRB review is not required. Keep a copy of this checklist in your files.
- If the answer to <u>any</u> of these questions is "No", you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: http://answers.hhs.gov/ohrp/categories/1569

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

DNP Statement of Determination

Evidence-Based Change of Practice Project Checklist Outcome

☐ **X** This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). **Student may proceed with implementation.**

☐ This project involves research with human subjects and **must be submitted for IRB approval before project activity can commence.**

Comments:

Student Last Name:	Deegenaars	**Student First Name:**	Leanne
Student Signature:		**Date:**	12/05/2021
Chairperson Name:	Dr. J. Maxworthy		

Chairperson

Signature: **Date:** 12/23/2021

Second Reader

Name: Dr. N. Webb   **Date:** 12/21/2021

Second Reader

Signature:

DNP SOD

Review Committee

Member Name:

DNP SOD

Review Committee

Member Signature: **Date:**

KAISER PERMANENTE

PATIENT CARE SERVICES

NORTHERN CALIFORNIA

1950 FRANKLIN STREET, OAKLAND, CA 94612

November 27, 2021

The University of San Francisco2130

Fulton Street

San Francisco, Ca 94117-1080

To Whom It May Concern:

This letter is to express my enthusiastic support for Leanne Deegenaars, RN, MSN as she moves forward with her proposed scholarly evidence-based change of practice and quality management project in partial fulfillment of her Doctor of Nursing Practice degree through the University of San Francisco's Executive Leadership DNP Program.

Leanne's proposed project is intended to improve nurse manager orientation to the Kaiser Permanente San Rafael Medical Center. The purpose she has outlined is to improve the orientation and onboarding experience of nurse leaders and increase their effectiveness in their roles. The project will investigate; "In Nurse Managers and Assistant Nurse Managers how does a formalized onboarding program(I) compare to a just-in-time onboarding and are manager job satisfaction and retention affected (O) within four months of completion (T). In, addition there is an opportunity to measure the impact on team performance and clinical outcomes, with spread to other medical centers throughout the system.

This letter also serves to verify that Kaiser Permanente and the KP Scholars Academy have an existing and valid contract for clinical projects conducted in support of student academic programs and progression in partnership with the University of San Francisco School of Nursing and Health Professionals. In addition, Kaiser Permanente offers all DNP students a Quality Exemption Process that complements the USF Institutional Review Board (IRB) requirements to support and guide the successful implementation and evaluation of Leanne's project.

If there are any questions or requirements I can assist with, please do not hesitate to contact me directly.

Sincerely,

Ann Williamson

Ann Williamson, Ph.D., RN, NEA-BC

Regional Chief Nurse Executive and VP of Clinical Integration Regional Patient Care Services
Kaiser Permanente Hospitals/Health Plan, Northern California, 1950 Franklin Street, Oakland, CA.
94612. Ph: (510) 987-4502