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Nursing Leadership Team Orientation Program

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NURSING LEADERSHIP TEAM ORIENTATION PROGRAM

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This is to certify that **Sheryl Capelle** has successfully defended her Graduate Project entitled **"Nursing Leadership Team Orientation Program"** and fulfilled the requirements for the Master of Arts in Nursing degree.

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Abstract

Nursing is a dynamic profession. Throughout the history of nursing, leaders have emerged. Some leaders have joined a nursing leadership team to provide care and support to the unit staff and patients. Developing a highly functioning leadership team comes through having a well-developed orientation plan. The nursing leadership team must learn, their roles and expectations from each other. This project explains nursing leadership teams and discusses the development of a new orientation program for the nursing leadership team. A conceptual model of a puzzle is used to describe how nursing leaders bring the puzzle pieces of leading, caring and relationships together to develop an effective nursing leadership team. When the pieces of a puzzle come together a magnificent masterpiece is formed. An outcome of knowledge, leadership and a trusting relationship among the team is gained.

Acknowledgment

I acknowledge my family who supported me on my journey. They kept me motivated and believing I could achieve my dreams. I hope I have inspired my children to know with hard work and determination; you can achieve your dreams. I also want to thank all my teachers as they have shared their insight and wisdom. Thank you for all the guidance and support each one has provided. With faith and hope in ourselves, you can achieve your dreams.

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Chapter One: Introduction

Nursing is a dynamic profession. Nurses continually need to seek out knowledge to enhance practice and develop their leadership skills. Providing nurses with education and leadership development can positively impact the patient experience. In fact, the effective nurse leader can be an important factor in influencing the quality of care on a nursing unit to improve patient safety and outcomes. As nurses transition into a leadership role, a successful orientation should be provided. As new members join leadership teams, it is essential to provide new members with information while supporting their development to become a collaborative member of the team. Watson's (2005) caring caritas number one supports the impact on self and others in developing helping, trusting and caring relationships. Leaders within the team need to be present for each other and authentic within these relationships. This relationship based team approach should be evident in an orientation program as effective relationships are extremely important to a well-functioning leadership team. Consequently, an orientation program within a geriatric medical unit will be developed for the nurse to provide a foundation to become a successful member of the leadership team, supporting patient care and enhancing team effectiveness.

Background

Nursing leadership teams are present on all nursing units at a large academic medical center. An orientation program for the leadership team will be developed on one unit that has a high population of geriatric medical patients. Medical patients over the age of 65 years are assigned to this unit; the average age is 82. These patients have a

multitude of chronic medical conditions: congestive heart failure, diabetes, peripheral vascular disease, and chronic kidney disease, to name a few. The geriatric medical unit has 18 private rooms. The nursing staff that care for these patients consists of registered nurses (RN), patient care assistants (PCA), health unit coordinators (HUC) and the Nursing leadership team (NLT). Each member of the nursing staff has a role in the care of the geriatric patient.

The NLT consists of a Clinical Nurse Specialist (CNS), a Nurse Manager (NM) and a Nursing Education Specialist (NES). The team leads and supports the nursing staff on this geriatric medical unit at a large academic medical center. Having an effective NLT is important to support the nursing staff toprovide safe patient care. This work is accomplished by leveraging the uniqueness of each role (CNS, NM, and NES) to create an effective team. Each member of the NLT brings to the group expertise and knowledge that supports the unit's goals of improving patient outcomes and patient safety.

Information related to practice and continuous improvements are knowledge and skills that the CNS is responsible for bringing to the NLT. Developing and implementing new evidence based practice initiatives within the nursing unit enhances patient outcomes. The CNS continuously looks for quality improvement ideas, monitors data and provides feedback to the nursing unit that supports the unit goal of providing high quality nursing care. The CNS is instrumental in providing direction and leadership that impacts patient care.

The NES is responsible for education and orientation updates for the NLT. Nurses need to continually seek educational opportunities to expand knowledge of their practice. Nurses also need to seek out new roles within nursing and share their skills

through preceptorship. The NES impacts the staff nurses' knowledge allowing them to grow and maintain competency development. Through this growth and development, the staff nurse can positively impact patient care.

Reporting of performance and financial management is the responsibility of the NM to the NLT. The NM continuously focuses on performance management of the staff to assure appropriate skilled nurses are in the correct positions to provide safe patient care. The NM also assures that the nursing units are financially viable. Performance of the staff and financial viability are both necessary to assure that patient outcomes and patient satisfaction are met.

A high functioning nursing leadership team has common characteristics: members have a trusting relationship and feel supported by one another, communication is effective and each member can articulate the vision of the unit promoting a common message for nursing staff. Collegiality is present through mutual respect and enhanced sense of belonging to the team (Mickan& Rodger, 2005). To enhance team effectiveness and collaboration, members should be able to openly share expectations through group decisions ensuring equal accountability and participation. Teams should have ongoing communication, as they learn from each other by leveraging existing knowledge and resources. The team influences the development of systems supportive of nursing practice, education and management. Through this development and function, team members support patient outcomes, patient care, care of staff nurses and each member of the team.

When a staff nurse accepts a leadership position, an orientation to the role specific expectations of the role occurs. The new leadership member is given a role specific

mentor and an orientation plan. During this role specific orientation, the nurse learns

what is expected in his or her role, but nothing is mentioned about how to interact within

the NLT. During the nurse's role specific orientation development, the concept of NLT

is introduced, but no further information is given to what the NLT entails. The NLT

members are introduced to the each other, but are not provided with a specific orientation

program that would define the function or purpose of an NLT. This project will explore

having these key indicators in place during the orientation period to the NLT team to

ultimately support a new team member's development within the team.

Significance of the project

The purpose of the NLT is to provide leadership for the nursing staff to support

the units function and care of the patient. An effective leadership team is important not

only for the discipline of nursing, but to the care of the patient to promote positive patient

outcomes (Mickan& Rodger, 2005). The leadership team provides unit direction in

providing the best patient care through practice initiatives and supporting individualized

staff development. The team works collaboratively to enhance the communication of

institution priorities and how the unit can actualize those priorities. The team helps to

create a caring environment on the unit for the patient and staff. When employees feel

cared for, they will provide quality care for the patients.

Relationships are built when the nursing staff feels cared for; this can be felt by

having a positive leadership presence on the nursing unit. The NLT must be united in

their approach to the unit by sharing a common goal. Each member of the team must

support the goal to have a trusting relationship within the team. Having a highly

functional team with the same leadership focus on the unit also helps to develop the

relationship with the nursing staff. Through this caring relationship, high quality care emerges.

It is essential to develop an orientation program for the NLT team that supports nursing knowledge and practice through common goals and understanding of expectations. A team must share a common understanding of expectations as each team member's responsibility allows the team to focus their energy on these important initiatives. A successful team orientation would identify the specific roles and responsibilities of each team member and focus on the unit priorities.

Nursing theoretical foundation

Watson's (2005) theory of Human Caring supports the philosophy and relationship based concepts of the NLT team and the importance of developing an orientation program.   Watson's (2008) caritas factor shows the importance of developing a helping, trusting relationship and authentic caring relationship within the nursing leadership team. Team members must be willing to help each other with unit concerns. Developing trust is an essential component of a team that displays a united front. This trust will help support the caring relationship and be visible by the staff and patients.

Another of Watson's caritas factors that guides the orientationof the NLT is the formation of a humanistic altruistic system of values. This caritas factor addresses the practice of a caring consciousness. Caring consciousness is mindfulness of a nurse to have presence with the patient or team member through a caring relationship that preserves their integrity (Watson, 2008). While this speaks to the nurse-patient relationship, the openness to be in that relationship can also apply to the relationships with each other. Having the openness to participate in each other's story and to choose to

be in the relationship allows the team to build trust with each other. Developing those relationships can help promote creativity and growth within the team.

Nurses continue to grow and develop their skills and practice. Organizations need to support and encourage nurses to seek out opportunities for growth and leadership development. The profession of nursing has a vast array of opportunities for nurses. Organizations must put into place the orientation programs to help develop the nurses and mentor nurse leaders into the NLT. With a high functioning leadership team on the nursing unit, new initiatives and common goals will be developed to positively impact patient care. Leaders within a highly functioning NLT will be able to realize many positive effects on the staff, unit and patients. Chapter two will explore relevant literature related to orientation for the nursing leadership team.

Chapter Two: Literature Review

An extensive literature search was completed and no related articles on orientation to a NLT were found. The NLT is not a standard leadership team in the country and is unique to this Midwest academic hospital.A more specific review of the literature focused on related concepts such as effective leadership styles, cohesiveness, collaboration, communication and relationships provided a wealth of information related to the staff nurse, but provide limited information specifically to the nursing leadership team members. Literature searches were conducted from CINAHL and MEDLINE and data was based on these key concepts, but were not limited to leadership team members. This chapter will discuss leadership and leadership attributes important to a successful leadership team.

Leadership

Nursing is a dynamic profession with many focus areas of study. As staff nurses prepare for the future and their career, they must not only continue their education towards their specialties of interest, but also understand that a leadership component is always present. Researchers have studied the concept of leadership for decades and developed many definitions of leadership. Sherman (1995) defines leadershipas one's ability to align people towards a common goal and empower them to take action to reach those goals. Roussel (2009) agrees and states that leadership can be exhibited by one person influencing others. He also identifies that leading and influencing people does not occur through authority alone. Effective leaders utilize their authority along with their leadership skills to achieve their goals. Leadership is a series of complex relationships

that change over time (Roussel, 2009) and leaders are dynamic people who lead through different leadership styles.

Leadership styles

Leadership can be practiced utilizing many different leadership styles. These leadership styles include transformational, transactional and laissez-faire (Casida& Parker, 2011). Transformational leadership is a profound leadership style that can be observed in many work settings. This type of leadership combines ideals, inspiration, intellectual stimulation and individual consideration to influence behavior and attitudes of others (Bass &Avolio, 2000). Transformational leadership occurs when one or more persons engage with others in such a way that the whole group raises one another to a higher level of motivation. The leader and follower in a transformational leadership relationship are both impacted positively. These relationships become fused in a collective purpose and with consistent values. Transformational leadership fosters followers to grow and develop; their needs are met and new needs, aspirations and values emerge. The followers may become leaders as they grow and develop; this is a great compliment to the leader. Transformational leaders stimulate the follower's commitment to a shared vision and goal. Having a transformational leadership style on the leadership team will allow the team to function at a higher level. These leaders are able to cultivate relationships, build coalitions, and have excellent communication, which further enhances the team (Crowell, 2011).

Transactional leadership style is based on setting clear expectations and goals for the followers. Transactional leadership uses punishment or rewards to influence followers to achieve the goals and encourages compliance with those goals (Business

Dictionary, 2013). Transactional leaders typically set expectations and then monitor and control the outcomes. These rewards can be either material things or psychosocial rewards. Both Vesterinen, Isola, and Paasivaara (2009) and Casida and Parker (2011) believe that transactional leaders manage to the expectation by leading to ensure that the standards are met and focus solely on managing the tasks.

Another leadership style described in the literature is Laissez-faire. Laissez-faire is a non-authoritarian leadership style. This is seen when leaders give the least amount of guidance as possible. These leaders feel they get the best result from their followers when they are given the opportunity to do things their own way (Business Dictionary, 2013). Laissez-faire leaders avoid making decisions and do not use their authority (Casida& Parker, 2011).

The Midwestern academic medical center has many different leaders exhibiting different leadership styles. Knowing one's leadership style and the leadership style of the people one works with is extremely beneficial. Knowledge of one's leadership styles when developing a leadership team is crucial for that team to be successful. Leadership teams within our health care environment can promote quality care and enhance the patient care unit.

Leadership teams

The healthcare environment is reliant on health care leadership teams to achieve high quality patient care. The use of these teams to guide patient care units to meet patient care goals and quality metrics has become more widespread. High functioning leadership teams utilize a variety of resources, communicate effectively and produce outcomes that impact patient care. To be a high functioning leadership team, the

individuals must communicate well and have a certain level of self-knowledge and confidence in their own professional role (Mickan& Rodger, 2005). In the work setting described in this paper, these leadership teams are made up of a variety of different professional roles including CNS, NES and NM. There was no literature that reflected the effectiveness of a leadership team consisting of the CNS, NES, and NM. However there is literature that supports health care teams and becoming an effective team member. In many situations, teams are developed through volunteers or with professional colleague's that have a high level of autonomy. However there are things one should do to engage their peers in a team. The leadership team should keep the purpose and goal of the team meaningful for the team and its followers. It should exhibit confidence in all they do and manage relationships and any obstacles within those relationships (Weinberg, Conney-Miner, Perloff, Babington, &Avgar, 2011). To do this, the leadership team must respect each other and the staffs, have confidence in their values, and are able to support each other by working collaboratively (Johnson et al., 2012). In these leadership teams, an aspect of collaboration, shared decision making and accountability can be seen.

Key Attributes of Effective Leadership Teams

In the healthcare environment many different leadership teams promote and assure quality health care is delivered. Leadership teams need to provide high quality leadership to the staff to engage them in change and support them in the care of the patient. To have a successful leadership team, there are many qualities one would like to have in those teams. This section will discuss a few of those qualities, such as collaboration, shared decision making and conflict.

Collaboration

Collaboration is a key concept to team work and is seen through working towards shared team goals. Collaboration is seen when one works with another person or group to produce something (Merriam Webster, 2013). Collaboration is listening to other's perspectives and being open to trying new ways of doing things. It understands the strengths of others in order to capitalize on them. According to Roussel (2009), collaboration nurtures relationships and is needed to accomplish tasks and work within a health care organization. This collaboration focuses on both accomplishing the tasks and concerns over the relationships that are created.

San Martin-Rodriguez, Dominique Beaulieu, D'Amour, and Ferrada-Videla (2005) conducted a literature review that showed a number of elements that determined the success of efforts to develop collaboration in the health care team. The success of collaborative practices is based on factors that include interpersonal process, process inside the organization, and the organization's external environment. These processes are dependent on many different determinants including: willingness to collaborate, trust in each other, mutual respect and communications. San Martin-Rodriguez, Dominique Beaulieu, D'Amour, and Ferrada-Videla (2005) agreed with Roussel (2009) that collaboration is an interpersonal process that requires both the willingness and skills to be successful. Individuals must be able to acquire a vision and develop common goals. Having a common vision and goals is important to developing those relationships with one another. Successful collaboration is essential in developing trusting relationships with the leadership team. The leadership team must understand that in order to have collaboration succeed, there are essential key elements that must exist and cannot be

treated separately. The group must have a willingness to use the processes of working together, developing a sense of trust in each other, be respectful of each other and engagement in effective communication in order to be effective (San Martin-Rodriguez, Dominique Beaulieu, D'Amour, &Ferrada-Videla, 2005).

Collaboration is essential in team effectiveness, but can vary between leadership teams depending on whether there is clear direction for the team. Effective team collaboration can also be seen if there is a supportive organizational structure and leaders that promote the use of leadership teams. In a survey done by Wienberg, Conney-Miner, Perloff, Bebington and Avgar (2011), the team with clear task direction with an emphasis on patient care and organizational support demonstrated an environment of successful collaboration. Collaboration improved when there was an emphasis by the leadership team on patient care.

Shared decision making

Another key attribute of an effective team is the use of shared decision making. Shared decision making is displayed when a group communicates together using the best information available to help make a decision. The group is supported to discuss both the attributes and consequences of the options, and then the group arrives at the best decision by consensus (Merriam Webster, 2013). Consultative shared decision making is collaborating with the group to make the best decisions, taking into account the groups values and beliefs.

The term shared decision making is also referred to in the literature as shared governance. Shared governance has been used in nursing since the early 1970's, but the concept was heightened when the American Nurses Credentialing Center announced that

in order to obtain Magnet Recognition, a core concept and criteria was to have shared

governance embedded within the nursing department (Johnson, Johnson, Nicholson,

Potts, Raiford& Shelton, 2012). Roussel (2009) stated that shared governance

contributes to satisfaction of staff nurses when working with the unit leaders. Shared

governance decentralizes decision making and involves each NLT member in

management, education, quality, practice issues, as well as supports a strong unit

relationship.

Shared governance is seen in many organizational structures. It is one catalyst

that a nursing unit uses to improve patient outcomes. This can be accomplished by

engaging staff in the process and ownership of improvement processes. The nursing unit

can use some key principles in a shared governance model, such as creating a partnership

with patients and staff, and developing an ownership in the process. Shared governance

is a process of decision making used within the team to promote collaboration and respect

for each other's perspectives and unique contributions to the team. Shared governance

takes planning, but has a positive impact on patient care and staff development (Watters

2009).

Shared governance has also been researched around the questions of autonomy.

A convenience sample of RN's working in a rehabilitation unit revealed that "shared

governance and professional practice models enhanced RN's decision making authority

within an organization structure by specifying areas of accountability at the unit level"

(Pierce, Hazel &Moin, 1996, p.48R). This study demonstrated that RN's who were able

to increase their autonomy through shared governance showed their leaders a willingness

to increase their activities on the unit through their own development and the implementing of standards of care.

Within shared governance, the leadership team needs to encourage open communication with each other and empower each other to actively revise goals and encourage an environment that supports learning and growing. The staff must trust their leadership team to provide effective communication utilizing shared governance. Having effective communication from the leadership's team to the staff helps promote change and is important in achieving the unit goals (Johnson et al., 2012).

Within shared governance is accountability. Accountability is the acknowledgment of responsibility for actions and decisions within the scope of the team role (Merriam Webster, 2013). According to Roussel (2009), accountability has areas in health care that include practice, quality, education, and management. Accountabilities in practice and quality include practice standards, job descriptions, and care delivery systems. Educational accountabilities include needs assessment, staff development of new standards and evaluation of educational outcomes. Accountabilities of management include resources utilization, problem solving and decision making. All of these areas of accountability are seen within the expectation of the NLT. Thus shared decision making is an essential component of the NLT orientation.

Conflict resolution

Another essential component of an effective leadership team is conflict resolution. Roussel (2009) states if the leaders on the unit create a work environment that promotes productive work within the team, many causes of conflict within the team and on the unit will be eliminated. Conflict is not always a negative; it can be constructive and positive.

It provides a source of energy and creativity if the leadership team manages it correctly. If it is not managed correctly, is can cause disruptive behavior, loss of relationships, and the inability to work towards common goals. The NLT needs to understand these concepts to build working relationships with each other.

Conflict resolution can be seen in all aspects of daily life. Conflicts can exist between employee and leader, nurses and patients, as well as between leaders. Having an understanding of different conflict resolution styles and how they work can be a benefit to all. Conflict resolution styles can vary according to work settings. A cross sectional design study identified two main styles of conflict resolution- compromised and collaborating. The compromised style of conflict resolution is described as the no win- no lose situations. The collaborating style, which is a more assertive and cooperative type of conflict resolution (Iglesias & Vallejo, 2012), is used less by nurses. The study concluded that the compromised style of conflict resolution was used more frequently than the collaborating style.

Effective communication is essential for conflict resolution. One must understand their role in effective communication so conflict can be resolved. As a leader one must use factual information and consider all aspects of the situations in resolving conflict. Leaders must also use active listening when involved in conflict resolution. Paraphrasing can be used to help clarify what is being said and allows the person to hear the perceptions of the leader. When the leadership team devotes time to conflict resolution, it can create a climate where some conflict can even be eliminated (Roussel, 2009). Leadership teams will come in contact with conflict and understanding conflict resolution can lead to effective relationships.

Relationship Building

Another key attribute of an effective nursing leadership team is relationship building. Watson's Theory of Human Caring describes a transpersonal connection in which both persons are influenced through their relationship and being together in the moment. Building this relationship helps bring harmony to one's self. This relationship building in the leadership team can also bring harmony to the team (Alligood, 2010). The concepts of caring, presence, and communication are embedded into relationship building.

Caring

One concept important to relationship building is caring. Caring can be defined as being present, listening to needs and having open dialogue. Caring is about building trust. Trust is needed in all aspects to have the ability to express ideas and feelings. Caring is attending to needs. Caring is encompassed by the mind, body and spirit (Watson, 2005). Nursing is caring shown through intentionality, common goal setting, trust, and collaboration when working with patients or a collaborative practice team.

Watson (2005) identified ten carative factors that served as the foundation for the science of nursing. Through Watson's ten carative factors and caritas processes, a few of these carative's are important factors in a developing a leadership team. Watson's carative factor of the development of a helping and trusting relationship is needed in a leadership team. Developing this trusting relationship, the team would develop a degree of trust and openness, and show a willingness to disclose information to the team, as well as validate needs and priorities which would translate into goals for the team. Another of Watson's caritas factors that guides trusting relationships is the formation of a humanistic

altruistic system of values. This caritas factor addresses the practice of a caring

consciousness. Caring consciousness is mindfulness of a nurse to have presence with the

patient or team member through a caring relationship that preserves their integrity

(Watson, 2008). Another of Watson's carative factors that promote caring in a team is

the systematic use of scientific problem solving method of decision making. Using one's

self and one's knowledge of caring process, one can than engage in a caring healing

process. This is seen as one who is open to creative interventions and approaches to care,

and developing roles for change. One final carative that supports caring in a leadership

team is the instillation of faith and hope. This is seen when one is authentically present in

a group and team. One builds this presence through storytelling and supporting one

another (Alligood, 2010). Throughout Watson's (2012) theory, there is an emphasis on

caring and the value system that has a high regard for the person, human life and

relationships. Caring is an important aspect to a leadership team.

Presence

The concept of presenceis critical to caring and even a requirement of caring.

Presence is an interpersonal process and presence can be characterized by sensitivity,

holism, intimacy, vulnerability and adaptation to unique circumstances (Papastavrou,

Efstathiou, Tsangari, Suhonen, Keino-Kilpi, et al., 2012). Fingold-Connett (2008)

conducted a qualitative study to better understand the concepts of nursing presence and

caring. Her study demonstrates similarities between nursing care and presence.

Recipients of presence and caring reported an improvement in mental wellbeing,

decreased stress, and enhanced capacity to cope. Her findings suggest that presence and

caring are synonymous.

A multi-center descriptive and correlation design study was conducted to determine if patients and nurses had a different perspective of clinical care and presence. The study showed that there was a difference in how much care and presence the nurses thought they were providing and the patient's perception of what was being given. The authors identified that nurses and teams should periodically evaluate the congruence between patients and themselves to allow for improvement in the patient nurse relationship. As each patient's needs were different, the nurses needed to enact their presence differently to meet those needs (Papastavrou, Efstathiou, Tsangari, Suhonen, Keino-Kilpi, et al., 2012). As leadership teams will vary, one must assess the teams' needs and adjust their approach to the team. Caring and presence are complex processes involving actions and interactions of teams. Having this knowledge is important if one plans to encompass these behaviors.

Presence can also be described as not only being fully aware of the present moment, but also to go beyond that to a point of deep listening and an awareness of one's preconceptions. Presence leads one to a state of being able to take in what is around them and consciously participating in what is happening around them. Allowing this process to happen shifts one's awareness to a more spiritual or relationship presence. When one quiets his/her mind, only then he/she can truly be present and care for the patient (Peter, Scharmer, Jaworski, & Flowers, 2004). Caring and presence is an essential attribute that needs to be included in orientation for the NLT.

In other literature, presence is described as an act of being. Zyblock (2010), a manager of clinical practice at Bayshore Home Health, did a research study to enhance the understanding of the concept of presence in nursing. According to Zyblock (2010),

nursing is more than just providing a level of care, but requires being present in a moment of need. The presence of a nurse in whatever situation shows a caring and healing relationship between those individuals. Having the experience of a nurse connecting and being present has the potential of significantly impacting patient and nurse satisfaction.

Communication

A fundamental aspect of any relationship is communication. Congruent communication includes being aware of one's experiences, identify feelings associated with those experiences and articulating those feelings openly. A successful relationship can be exhibited through the process of being honest with thoughts and opinions. Within the relationship one must be open to feedback (Crowell, 2011). A leadership team must be able to say caring things as well as the difficult things, if the team will be successful. The leader must learn skills to be successful with their communication. The dialogue process must demonstrate how it is up to each person to be committed to the best possible outcomes to the conversation. This can be done through the process of making it safe for the conversation to occur by taking accountability for one's own emotions. Another process is to state one's intention of the conversation and seek to invite the other person's views. Following these few steps can help facilitate any conversation (Crowell, 2011).

Creating a safe and trusted space is essential in promoting and allowing this type of communication. One must set the expectations and create congruent conversation that allows experts from various roles and different points of view to emerge to enrich the team relationship. Based on Watson's (2012) theory of Human Caring, when one is fully

present within the team, this leads to effective team work, communication, and decision making (Crowell, 2011).

All team members must have an awareness of relationships within the team. The team must co-create with each otherand support each other to grow together recognizing each member of the team may be at a different point in their learning and development. The team's needs must be met to allow the team to grow. The team must develop and outline its vision as the team is being formed and then continuously adapt and change as the NLT's needs change. The responses are then shared by the team to allow the team to evolve. Each member of the NLT must be able to anticipate needs and determine the right response. To do this, the team leader must understand those needs and guide the team's evolution. Leading by being present, one gives of themselves and allows the team to build relationships and trust. Creating strong relationships through caring and presence will provide the team the tools to be successful (Chopra, 2010).

Orientation

Orientation is strategically important to an organization because it provides the individuals with a first and lasting impression of the facility as they develop an understanding of the organization and its values. Most of the nursing orientation programs described in the literature review focused on the orientation of staff nurses and consisted of formal programs to help new staff master specific tasks critical to their roles. There were a few articles written on orientation for a nurse manager to their role. Most of these programs consist of a preceptor or a mentoring component and report difficulty as the preceptor has little time to spend with the new nurse manager. An orientation program was developed at a cancer center in Massachusetts specifically for new nurse

managers that paired them with their supervisors. Having the supervisor as their preceptor benefited the new nurse manager by giving them knowledge of the organization and promoted development of a mentoring relationship that lasted beyond the orientation period (Conley, Branowicki, & Hanley, 2007). Having a high quality orientation program developed around the learning needs of the new nurse manager can assure success.

Reviewing the literature for developing an orientation program for the NLT produced no results. However there were many articles on the importance of a nursing orientation program and the relationships that are developed with the employer (Kotecki& Eddy, 1994). The importance of supporting the nurse through their first year of employment was evident in many articles (Wallis & Kennedy, 2013). Newly hired nurses struggle with clinical skills, applications and critical thinking skills as well as relationship building with their unit culture (Cockerham, Figuerora-Altmann, Eyster, Ross, & Salamy, 2011). A post orientation educational program in a general pediatric unit at Children's Hospital in Philadelphia, Pennsylvania, was developed highlighting attributes that would be applicable to a leadership program. The program included orientation to the patient population, relationship building, critical thinking and integration to the unit culture. Throughout this program, the nurses built critical thinking skills, fostered relationships and built trust among colleagues. The participants reported increased confidence, enhanced communication during patient rounds, increased knowledge surrounding each diagnosis, improved critical thinking skills, increased ability to deliver a clear nurse to nurse handoff, and anticipate patient needs, as well as gained knowledge from more experience nurses (Cockerham, Figuerora-Altmann, Eyster, Ross, &Salamy, 2011).

Though there is not an abundance of literature to support the transition of a nurse to a leadership role, there was literature to support the role transitions from newly graduated nurses and their experience of transition entering the professional practice Duchscher (2008) researched for ten years the new graduate transition experience. Transition has been defined as passage from one state, condition or place to another. A new graduate goes through the stages of doing, being and knowing. Having an institutional process or program to advancing the career pathway of newly graduate nurses and being open to challenges will help retain nurses for the future (Duchscher, 2008).

Development of an orientation program needs to encompass many aspects to make it successful. One of those aspects is the flexibility with in the orientation program to meet the orientee needs. Another aspect of a successful orientation program is the involvement of the leadership team in the process. Having this involvement during the orientation shows collegiality among the leadership team and develops the relationship within the leadership team (Kotechi & Eddy, 1994). Chapter three will describe an enhanced orientation of a new member to the leadership team.

Chapter Three: Development of Innovative Practice Model

In the healthcare environment, leadership teams constantly change as their members seek out other opportunities within their organizations. The NLT of a geriatric medical unit is one of those teams that recently went through a change of one of its members. The membership of the geriatric medical unit NLT consists of three specific leadership roles: the Clinical Nurse Specialist (CNS), the Nursing Education Specialist (NES) and the Nurse Manager (NM). The CNS, NES, and NM roles work to complement each other on the unit promoting the best patient care. Each specific role has a unique job to fulfill within the leadership team as well as carrying out their role specific functions.

A CNS is an advanced-practice registered nurse who graduated with her masters or doctorate in CNS (Merriam Webster, 2013). A CNS is a clinical expert in a specialized area of nursing practice and in the delivery of evidence based nursing interventions (Mayo Clinic, 2013). Advancing nursing practices, improving patient outcomes, and providing clinical expertise to affect system-wide changes are a few job specific roles of a CNS (Mayo Clinic, 2013). The CNS identifies unit and specialty nursing practice trends and issues and provides and promotes evidence based solutions while also delivering advanced practice nursing interventions for patients. Developing new evidence based practice initiatives and bringing those to the nursing unit enhances patient outcomes. The CNS continuously looks for quality improvement ideas, monitors data and provides feedback to the nursing unit that supports the unit goal of providing high quality nursing care. The CNS is also instrumental in providing direction and leadership that impacts patient care. The CNS is involved in unit, specialty and departmental

committees. This committee involvement consists of unit based practice and continuous

improvement committees as well as the development of departmental procedural

guidelines. The CNS helps lead practice and change by developing relationships with

staff nurses, understands the practice, provides evidence base and aligns goals with the

NLT and promotes a constant message from the team.

A NES is a graduate of an accredited master's program with a focus on nursing

education. The NES is responsible for planning, implementing and evaluating

educational activities for nursing personnel to improve the knowledge and skills

necessary for patient care.   They assist the staff by acting as leaders, teachers, facilitators

and educators (Mayo Clinic, 2013). The NES leads educational initiatives of the unit,

specialty and department of nursing from orientation through ongoing professional

development.   The NES provides direction and leadership that impacts patient care

through the staff nurse. One way a NES provides direction and leadership is through

his/her involvement as an advisor to the unit, specialty, and departmental committees.

The NES is involved in preceptor and staff development committees and well as

departmental educational programs. The NES impacts the staff nurses knowledge

allowing them to grow and maintain competency development (Mayo Clinic, 2013).

Through this growth and development, the staff nurse can then positively impact patient

care.

A nurse manager is an RN who has obtained their BSN or masters in nursing.

The NM supervises staff which includes registered nurses, patient care assistants and

health unit coordinators (Mayo Clinic, 2013). The NM is responsible for the operations

of the unit and unit practice with twenty-four hour accountability. There is a vast amount

of daily tasks a NM undertakes. Some of these tasks include coordinating and developing schedules; providing feedback through performance evaluations and problem solving; interviewing and hiring new staff; overseeing the unit budget; and communicating to staff changes in policies and practice (Mayo Clinic, 2013). Nurse Managers work closely with members of a multidisciplinary team that includes physicians, CNS, NES, physical therapists, social workers, discharge planners and dieticians. The nurse manager also deals with concerns from patients and their families. The NM represents the patient care unit or the nursing discipline on various committees within the unit, specialty, and department. One way the NM provides direction and leadership to the unit is by advising the unit based charge nurse and coordinating council committees as well as being the key facilitator of the NLT. Enhancing communication and leadership skills of the NLT members is also a key aspect of the NM role. These skills ultimately impact the functioning of the entire unit in a positive manner.

Each individual within the NLT plays a key role in the leadership on the unit. Understanding each other's strengths is an important factor when developing an effective leadership team on a unit. Each member of the NLT must also understand their role within the team to assure it functions at the highest level and are able to meet the vision and goals of great patient care. Having an orientation plan to help guide the development of a cohesive nursing leadership team is a key component that has been missing within the geriatric medical care unit. Creating an orientation would enhance the development of the NLT and thus positively impact the unit staff and in turn the patients.

Process

In the healthcare environment, leaders are consistently transitioning to new roles, allowing new leaders to join an existing NLT. In the academic medical center, each new leader is assigned a role specific preceptor. These preceptors are responsible to mentor and teach the new leader their role utilizing a job specific competency tool. These competency tools are a list of expected skills and core principles that reflect the role and responsibilities of the specific job.   The competency tool is broken into two components: the needs assessment and the competency validation. The needs assessment component helps the orientee identify learning needs and orientation goals. This assists the preceptor in developing an individualized orientation plan. The competency validation component is the documentation on the progress towards meeting those orientation goals. The orientee and preceptor utilize competency tools to help guide and successfully complete the role specific orientation. This competency tool is a wonderful guide and is integral in the success of the new leader in their role specific job.

However within the geriatric medical unit, there is no formal orientation tool to help guide the new NLT member on their specific role within this team. No orientation checklist or process for orientation of a new NLT member has ever been developed at my medical center. Thus the need for an orientation check list (Appendix I, p.54) for the NLT was identified.

To begin the process, I choose to meet with the previous NLT members who were on my unit with the intention of learning about what went well and what could have been improved within our NLT. The previous NLT was a high functioning group that worked together for ten years. I asked each of the former NLT members "What made this group

function well" and "What might be needed to help a new team become cohesive?" I met with each previous NLT member individually to gain knowledge and insight to their perceptions on how the team functioned and what made a good NLT. Some key components that the CNS, NES and NM identified for an effective functioning team on the geriatric medical unit were to have an understanding of each other's roles within the department and unit. They all identified the importance of knowing their own role and how that role fits into the leadership on the unit. Each member of the NLT had a good understanding of the population of the geriatric medical unit and some of the challenges within that patient population. They identified learning came from experience working with the patient population and maintaining current knowledge on evidence based practices. An additional aspect each member of the team expressed was they felt their relationship with each other had both a professional aspect, but also one of an interpersonal level. This relationship on an interpersonal level supported a caring nature within the NLT.

As well as meeting with previously established team members, I asked other NLT groups if they had developed any type of orientation to their group. Each team stated they had no formal orientation. Each NLT took a few minutes to introduce one another but beyond that, the new members only focused on their role specific orientation, and did not have any specifics inregards to an orientation to their team. Each of the nursing leadership team state they would find an orientation to be beneficial, but nothing was developed.

A review of the role specific competency tools was completed. These role specific competencies tools within the department only focus on the role specific duties:

none focused on the NLT and the expectations within the group. Having reviewed the role specific competencies allowed the orientation checklist to specifically focus on the expectations within the team. I identified specific expectations that should be focused on during the leader's orientation period. The NLT orientation check lists contain specific expectations that must be considered during specific weeks, but it is important to individualize the checklist to the needs of the new leadership team member.

I developed the NLT orientation checklist (AppendixA, p.54) for the geriatric medical unit. This NLT orientation checklist is still being used as the new member to our team is continuing through their role specific orientation and their orientation to the NLT at the present time. The NLT orientation checklist is being used by all of our team members.

One of the specific expectations of the NLT is that the group must meet on a routine basis. Having these meetings allows each member to bring their ideas and thoughts to the group. Also with a standard meeting time, the team members stay in touch with each other and share both positive things, as well as areas to focus on. The standard meeting time also allows the NLT to share their understanding of expectations of the department and develop a plan on how to meet those expectations. The group shared with the new member that they would like to meet weekly for an hour and asked the new members when it would work best for their schedule. Our leadership team chose to meeting weekly on Monday morning to help structure the week for the team. I set up these meetings on all the calendars.

Orientation Process

At the initial meetings of the NLT I focused the group on getting to know each other. The NLT focused this time on introducing themselves, their work history, and shared something personal about them.This was a great opportunity for each member to get to know each other. I facilitated the start of this meeting by introducing myself first. I shared a bit about my work history, as I have been a Nurse Manager for thirteen years and have been on the same unit that entire time. I also shared a fun fact about myself personally. With me being willing to share information about myself, helped the other members feel more comfortable to openly shared with each other and get an idea of what to share with the group. Doing introductions in this manner helped to build trust between the team members.

Within the initial meeting, the team members discussed what ground rules they would like as a group for the weekly meetings. These ground rules were developed and mutually agreed upon by all members. I led the discussion on ground rules, transcribed them and gave a copy to each member. I assured that at each meeting, there would be a copy present of the ground rules available for the group to reference. The NLT's ground rules for each meeting included being on time, listening to each other, asking questions, and to be open to feedback. Having the first meeting focused on getting to know each other and setting the expectations for the rest of the meetings, helped build rapport with the group for future meetings.

The second meeting of the NLT focused on the unit patient population, staff on the unit and the unit's vision and goals. It is very important to have each team member understand the patient population on the unit. At this second meeting, it was discussed

the importance to the team that the new member should follow the unit staff to observe

and get to know them. We reviewed the list of staff with the new member, giving some

history of each staff. We also reviewed the unit goals and vision, discussing the process

the unit took in developing these goals and how the NLT supports them in these goals.

To further enhance the orientee's knowledge of the unit culture, I showed our unit web

site and reviewed the unit routines.

During the second meeting, I arranged for the new team member to follow the

unit staff and observe their routines on the unit. I selected two preceptors from the unit

that had good communication and education skills. The new member of the NLT

participated in direct patient cares, which helped develop their knowledge on the disease

processes common within the patient population. The unit staff member also shared the

roles and responsibilities of the staff on the unit. The unit staff and NLT member joined

the physician team during their rounding process on the unit. The new member had the

opportunity to observe the nurses and physicians interactions and began to develop a

relationship with them. Observing how the nursing staff and physicians work

enhancesnot only their understanding of the patient population, but also builds their

knowledge of the unit routines as well as developing relationship with the team members

on the unit.

The new team member had just finished spending four weeks following the unit

staff preceptors. Once the orientee has a good grasp of the unit culture, patient

population and staff, the next step was to identify each member's roles and

responsibilities within the unit. During the third meeting, the team members shared their

specific roles and responsibilities with each other as well as created a list of all the

committees, shared data and identified expectations for each member. Each team

member assumes an advisory role on particular committees that best fits their roles. I

provided a list of committees and committee members for the orientee and discussed the

committee structure on the unit and how each member of the NLT advises these

committees. I added the committee meetings on the new orientee's calendar, so she

could attend the unit meetings and observe. I also discussed expectations on unit specific

data review of core measures and institutional quality metrics and how to share that

information throughout the unit. At each meeting, the agenda varied to meet the

individual needs of the new member of the NLT.

During the NLT meetings, discussion of the leadership orientation checklist

continued and the plan for the next week was facilitated. The use of the orientation

checklist was important as the orientee continued to meet with specific individuals. A

self-assessment was completed as well. Discussion in the NLT meetings helped each

member understand where the orientee was in the development, thus helping mentor and

precept the orientee. The orientee is expected to develop questions for the individuals

they meet with during the orientation process. This process of the orientee developing

specific questions engages the orientee and the orientor invested in this process, thus

motivating the orientee to seek out needed information.

The nursing leadership team continued to meet and adjust the orientation checklist

to allow time for the orientee to participate in unit meetings. Allowing the orientee to

observe other members of the NLT facilitate a meeting helped the orientee develop their

own leadership style, ask questions of the members and gain insight on the process of

facilitating meetings.

The NLT orientation checklist was at the point where we need to plan the rest of the orientation. Having a list of specific unit needs developed by the team and list who is responsible for the tasks that need to be completed by the leadership and expectations of staff members. Once this list is identified, the NLT members will review it and discuss who from the team best fits the need. It is important to identify who in the team is responsible for specific tasks on the unit based on their job description.

As the NLT continues to work through the orientation of their new member, meetings with the Nurse Administrator and the Physician Liaison need to be added to the orientee calendar. The leadership teams needs to explain to the orientee the purpose of the visit. After the orientee meets with these individuals, they will come back to the NLT meetings to discuss what they learned.

As the members begin to work closely we continue to work on the process of the standing weekly meetings. Having a standing NLT meeting is very important and the meetings need to remain structured to help facilitate discussion. Having a standing agenda helped to facilitate this discussion and makes sure everyone remains committed to the meetings. An example of a standing agenda is the following: sharing unit committee updates, sharing division committee updates, sharing expectation from leadership, quality data review, and discussion of the plan for the week, discussion of expectations for committee meetings, and to answer questions and plan for future events (Agenda, Appendix B p.58). These agenda items can be utilized by the Nurse Manager who would facilitate the meetings.

Conceptual Framework

In developing a NLT orientation process, a conceptual framework can be helpful. A conceptual framework outlines possible courses of action one can take or an approach to an idea. Utilization of a specific conceptual framework can help develop a process and organize knowledge. The puzzle conceptual model fits within the NLT as the individual team members focus on the importance of leadership, relationship and orientation development.

The working of the NLT can be expressed using the conceptual model of puzzle pieces. Each member of the team is a piece of the puzzle and has a specific role and purpose. The puzzle pieces are colorful objects on their own, but are not able to show the whole picture as when the puzzle pieces are together and in harmony.

Figure I: People with a puzzle piece
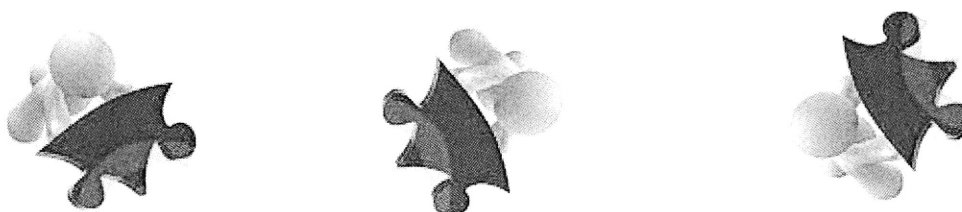
Pulling together each puzzle piece allows the observer to see more and more of the picture that lies underneath until finally when all the pieces of the puzzle are together the picture is visualized and all pieces are working in harmony.

Figure II: Puzzle coming together
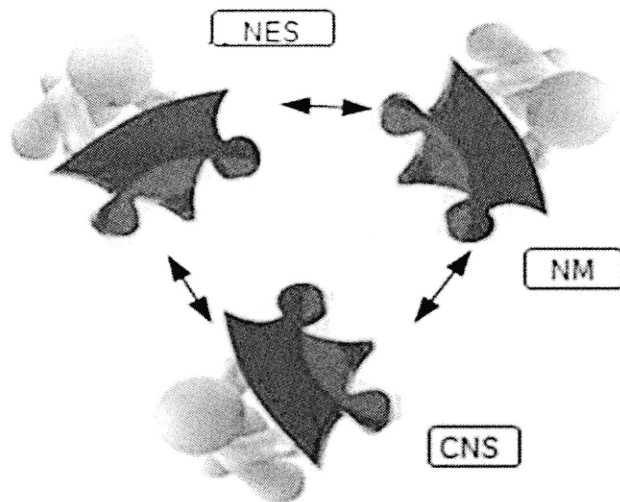
When all the pieces are together, the observers can truly appreciate the majestic features

of the puzzle. This is also seen when the nursing leadership team has come together and

the puzzle is complete. The NLT is then working together to lead the unit. To do this,

each person or puzzle piece, must understand its purpose in the picture and contribute to

the whole.

Figure III: The whole team who cares

It is important that the whole nursing leadership team works together, putting the

puzzle together. If the NLT doesn't understand their role, or has a different idea of what

the puzzle should look like then, the puzzle won't come together. My assumption during the orientation process is that each member of the team has a clear understanding of what puzzle piece they held and what the final puzzle should look like. I also had the assumption that the leadership members understood their role in the orientation process and that each member was ready to learn and develop caring relationships.

Watson's (2005) theory of Human Caring supports the philosophy and relationship based concepts of the NLT team and the building of the puzzle. Watson's (2008) caritas factor shows the importance of developing a helping, trusting relationship and authentic caring relationship within the nursing leadership team and bringing the puzzle together. Once the puzzle pieces are together, it will show the bigger picture of the team willing to help each other, developing trust, and caring relationships.

Another of Watson's caritas factors that guides this puzzle conceptual model is the formation of a humanistic altruistic system of values. This caritas factor addresses the practice of a caring consciousness. Caring consciousness is the mindfulness of a nurse to have presence with the patient or team member through a caring relationship that preserves their integrity (Watson, 2008). While this speaks to the nurse patient relationship, the openness to be in that relationship can also apply to the NLT relationships with each other and seen in the development of the puzzle picture. Having the openness to participate in each other's story and to choose to be in the relationship allows the team to build trust with each other. Developing those relationships can help promote creativity and growth within the team.

The NLT orientation checklist is a practical and useful guide to help structure conversations, meeting times, activities and objectives. Having an orientation process

provides a great way to help build the team, as all team members are aware of the process and expectations. Each leadership team member understands they are a piece of the puzzle and finishing the puzzle together takestime and patience. Each member plays a unique role in the team and those roles have to be fostered and developed. Watson's theory of caring and developing caring relationships can be visualized through the completion of the heart puzzle. When the NLT cares for one another, then the team can care for the unit.

Chapter four: Discussion/evaluation of the model

Leadership teams continue to evolve and change. To help facilitate this change the leadership team can utilize the NLT orientation program. This program can help provide a structured approach to the orientation of a new member on the leadership team. On a geriatric medical unit, the NLT had the opportunity to use the orientation program to facilitate adding a new team member to their team. The new team member is currently in the process of following the orientation checklist, thus no formal end of the program evaluation has been completed.

The leadership team began using the orientation checklist (Appendix A, p.54) when a new member was added to their team. The orientation program is built using an ongoing evaluation process throughout its duration. The leadership team on the geriatric medical unit had not changed their team members in a few years, so this change gave the group the opportunity to utilize the new checklist and expectations were identified early in the orientation process. Having set the expectations and use of the checklist at the beginning of the orientation was beneficial for all members of the team. Each member verbalized that knowing what the plan was for the orientation helped them prioritize how they needed to interact and communicate with one another. Another benefit seen by using the orientation checklist was setting up the meetings on the leadership teams calendars. This facilitated the meetings taking place. At the meeting, each member of the team had opportunity to get to know each other and continue to learn from one another. Having the decision of the frequency of the meetings was also seen as a benefit as each member could identify the need for the meetings and stated it was very helpful to structure the week. The team members chose to meet weekly on Monday morning to

help structure the week. When discussing with the team members they all identified that meeting at the beginning of the week was a goal that all NLT members should have has it had many benefits such as structuring the week, identifying what the needs of the week were and providing direction for the team. The NLT proceeded to create the ground rules for each meeting including being on time, listening to each other, and all questions must be asked and to be open to feedback. Having set ground rules provided direction for the team. During one of the meetings a team member was interrupting the other members with her ideas. The team was able to direct the particular team member back to the ground rules and the team was able to continue with the meeting. At the next meeting the team members brought out the ground rules and were able to follow them and supported the team in the discussion. Using these ground rules supports Watson's (2012) theory of human caring through intentionality, common goal setting, trust, and collaboration within the nursing leadership team.

The NLT was set to meet the following week but due to the orientee's needs the team did not meet for a couple weeks. Even though the team was not able to meet they continued to utilize the checklist and spent the hour introducing the unit. Using the checklist allowed the appropriate staff selected to meet with the orientee. This allowed the orientation to continue and not be stopped or be postponed. This is important to keep orientee's moving through the orientation process and helps them understand their role in the team.

Within the NLT orientation checklist, there is a self-assessment component for the orienteeat each step. A self assessment refers to the pursuit of accuracy for the orientee, as the orientee is concerned with improving the accuracy of their knowledge, skills, and

performance (Dauenbeimer, D. G., Stahlberg, D., Spreemann, S., &Sedikides, C., 2002). The utilization of self-assessment could motivate the individual to seek out information to assure understanding and provide a component of ownership to their learning (Sedikides, C., 1993). Having the orientee complete a self assessment allowed the NLT to continually evaluate the progress of the orientee and make adjustments to the orientation plan in a timely fashion.

Part of the self assessment is engaging the orientee in an active learning component. Active learning is an approach to learning that engages the orientee in many concepts including writing and reflection. The orientee puts their learning at the center of the orientation. The benefits of the use of active learning are improved critical thinking skills, increased retention and transfer of new information, increased motivation, and improved interpersonal skills (Prince, 2004).

Using both the self assessment and active learning in the orientation checklist and plan provided the NLT many opportunities to evaluate the progress of the orientee. The orientee, prior to meeting with the identified people on the checklist, was asked to come up with a relevant question for each person they meet. This question should be based on the orientee's understanding of the contributions the individual has to the NLT and what information the orientee wants to gain about the individual. The orientee created many questions for the identified people she was to meet with. During the creation of the questions the orientee was first a bit confused about all the roles within the department and how those roles would interact with the leadership team. Throughout the process mentoring and coaching was done by the NLT in developing the questions. The orientee

quickly caught on to how to develop leadership specific questions and did a nice job in the interviews.

Progress reviews happen during the weekly NLT meetings as well. During these weekly meetings part of the expectation was to review what has happened the week prior and discuss any relevant topics the orientee had questions on or would like to discuss. Also during these weekly meetings the NLT would discuss the orientee's participation in meetings with the key individuals that happened the week prior. As part of this discussion, the orientee shared knowledge gained from those key individuals including the orientee's understanding of the individual's roles and responsibilities along with expectations of how they would interact with the NLT. The orientee would then share the question asked of the key individual and the answer. Sharing of the information by the orientee is part of the evaluation process, and adjustments can quickly be made to the orientation plan and feedback was provided. When the orientee can articulate the important factors of the relationship with the individuals, the NLT can be assured the information was learned and the particular concept has been accomplished.

Another form of evaluation happened when the orientee and NLT meet together. This meeting is designed to be a time where the orientee can ask questions to help foster learning and allow for expectations and goals to be further developed. The orientee may have helpful insight as to how they learn best and be able to relate this to previous experience. The other team members and the orientee developed goals and then at each meeting discussed if the goals were met. During these meetings a relationship developed between the current team member and the orientee. This relationship building is an important factor in gaining and supporting a trusting relationship with the NLT as a

whole and with each member individually. When the orientee felt cared for and supported, the orientation appeared to go more smoothly. Watson (2008) supports this concept and is seen through caring consciousness; having the mindfulness of the preceptor to have presence with the orientee preserves their integrity.

An additional consideration that should be a part of the evaluation process of evaluating the new NLT member is seeking input from the nursing staff on the effectiveness of the entire leadership team. The NLT has a direct impact on the nursing unit which can be felt by the nursing staff. Seeking input from the nursing staff on how the team is functioning is important. The nursing staff can provide feedback on their perception of the team's cohesiveness, unity, consistency and effectiveness of communication to staff. This feedback can be gathered through the use of the employee satisfaction survey given to all employees. The large academic medical center gathers this data from the employees every other year. Comparing the data from survey to survey could help provide insight from the staff on the NLT leadership.

Another evaluation to be done is obtaining nursing staff feedback to the NLT through the committee structure. This will occur with the NLT members using part of each committee meeting on the geriatric medical unit to solicit feedback on their individual and collaborative performance of the NLT. Specifically, the NLT is asking for feedback on the staff's views regarding some key components to the team including collaboration, shared decision making, presence on the unit and communication. A specific evaluation needs to be developed to gather this feedback from the staff.

Analysis and Critical Reflection

As nursing constantly changes and adapts to different situations, the orientation process for the NLT adjusts to meet expectations and answer questions from the members. The orientee checklist will continue to be refined throughout the process from feedback by the NLT and the orientee. As the checklist was refined, a question arose within the NLT regarding the need to assess individual's knowledge of each other's leadership styles and experience. Individual's knowledge of leadership styles and experience was not addressed in the beginning of the orientation process. Throughout the conversations, it became evident that there was a large gap between each member's leadership ability and knowledge around leadership. If this project were to be replicated, the author thinks it would be important that a leadership or personality inventory be completed on theorienteeprior to starting the orientation program. One such assessment tool that has been referenced throughout the literature is the Leadership Practices Inventory (LPI) developed by Kouzes and Posner (2002). The LPI is a questionnaire that contains 30 behavioral statements that asks the participants to rate the questions related to leadership assessment based on five practices of exemplary leadership. These five practices approach leadership as a measureable, learnable and teachable set of behaviors. The five practices are: model the way, inspire a shared vision, challenge the process, enable others to act and encourage the heart. The NLT could rate personal leadership behaviors and answer personal reflection questions on the inventory. The inventory tool would evaluate initial understanding and application of leadership concepts as well as evaluate change in the behavior following the orientation to the NLT.

The author also feels the NLT could benefit from taking some training or classes together on leadership, team building, or feedback. Having a tool kit that could identify some classes that the institution supports would be helpful. One such training this large academic medical center participates in is training done by the Foster and Hicks Corporation. The Foster and Hicks Corporation provide seminars for larger groups, but also provide some on line modules that the leadership team could do together. This training could support training in the area of team culture, leadership and health care (Foster& Hicks, 2013). By participating at the same time, team members develop support, collegiality and similar knowledge of how each member of the NLT works and the best way to work with each other.

If this program was to be replicated to other NLT's, the development of a tool kit would be extremely important as each NLT's and orientee's need will be different. Having a central location that would highlight programs or resources the institution has available to help customize the orientation would be beneficial. During the weekly meetings and evaluation process, when learning needs are identified, having a tool kit or online resources to use to help develop a more specific orientation process for each individual is important. This would also support the self assessment process for the orientee, giving them a reference to search for information needed. The tool kit could include: classes offered by the institution on leadership, communication, and accountability; online resources available, and a list of books that could be read discussed by the leadership team. Having a large amount of resources available would help customize the orientation to the needs of the specific NLT development. The

customization of the orientation program to meet the needs of the orientee helps build relationships and provides the creativity needed to build a caring team.

Watson (2008) caritas factor supports developing a helping, trusting relationship and authentic caring relationships within the NLT. Developing trust early in the orientation process is an essential component for the orientee and NLT. This trust will help support the caring relationships being built both in the NLT and be visible to the nursing staff -key individuals to the NLT and patients.

Watson's (2008) caring consciousness is also evident in the orientation process and the use of the checklist. Having the openness to participate in the orientee's progress, listen to their story of how the orientation is going and having the NLT choose to be in the relationship and part of the orientee's progress builds trust within the NLT. This allows the relationships to be built together, allowing the NLT to learn as they go and adapt to the learning. This creativity and growth for the NLT builds trust and a bond that can be seen by the nursing unit as a united leadership front.

Being a member of a NLT on the geriatric medical unit is a wonderful part of the job. Building a relationship with the NLT based on Watson's human caring theory is a great joy. Some insights have been gained by the author on how things may be done the same or differently in the future. One insight is to assure that clear expectations throughout the orientation plan and checklist is made known to the NLT. During this process, the orientee will also be going through their role specific orientation which is significantly different then the NLT orientation. The NLT facilitator needs to make sure all members of the NLT are aware of the two orientation plans and how and why they are different.

Each member of the NLT needs to have a common understanding and be ready to engage in each other's story to develop relationships with each other. All NLT members are busy and having many initiatives and projects in process consistently. Therefore each member must commit to being present and engaged in the NLT weekly meetings. Having a component or ability during these meetings to debrief or reenergize could help build those relationships in the NLT.

The author's vision of building an orientation program for the NLT has not changed. Leaders within the NLT need to be present for each other and authentic within their relationships. Having a relationship based team approach in an orientation program is important to a highly functioning NLT. Also, having an orientation program than can be adapted to each individual NLT member is extremely important. If implemented by another nursing leadership team, a key component to keep in mind is that the expectations are outlined but that each NLT will be able to adjust how it meets those expectations. It can be seen that ongoing evaluation/progress review during orientation is critical to the success of the program and thus the orientee and the other team member. Watson's (2008) theory of caring specifically supports the component of being present and learning self-reflection as part of our own awareness and awareness of those around us. It allows one to appreciate the dynamic structure of relationships and how they must be not only developed but maintained through ongoing mindfulness and purposeful actions to achieve the expected outcomes.

Chapter Five: Conclusions, Reflections, and Summary

Nursing is a dynamic profession that continues to change. Leadership teams continue to change and adapt to new members. Using an orientation program and orientation checklist for new leaders will help to develop the caring relationships necessary to lead a unit as a leadership team. Within the academic medical center there are many NLT's. Having many leadership opportunities, these nursing leadership teams will continue to have change within their team members, and the utilization of a checklist would be beneficial.

Future projects would be to use this NLT orientation checklist for other leadership teams that have a member change. Implementing the checklist for other NLT's could give structure and expectations for each member. Prior to implementing this checklist to other NLT's, each leader within the department should completing a Leadership Practices Inventory. This information could provide insight into how to structure the NLT.

Implications for professional nursing practice include the development of the NLT orientation program for nurses based on understanding leadership styles, key attributes that make an effective leadership team, and relationship building using the theoretical foundation of caring and presences. Having a program to foster leadership development will allow professional nursing to grow in their leadership development and thus have a positive impact on the unit and patients.

Implications for leadership and the organization include the provision of an environment that supports the orientation program within a leadership team based on theoretical foundations of caring, relationship building and trust. A supportive environment would value presence and authentic relationships which would lead to a

highly functional NLT on the nursing units where new initiatives and common goals would be developed to positively impact patient care.

The NLT orientation program within the academic medical center also addresses the disparities related to leadership readiness and development. It would further develop and maintain professional nursing across the continuum of care from inpatient to outpatient environment. As a result, the disparity of the support for leadership development within the organization will be minimized or resolved.

Having a consistent orientation program for the NLT will also address the disparity in the care of the leadership team member. Nurses continue to seek out leadership roles and have the expectation to learn those roles quickly. With a strong orientation program, the leadership team can more readily focus on and anticipate the needs of the orientee, rather than attempting to create a system where the leader needs to fit the team. Orientation programs focused on the needs of the orientee allows the leader to more readily identify their needs and be part of their journey.

To address the needs of all leadership teams, as each team is unique, perhaps an evaluation on all leadership teams should be done. An evaluation of all NLT's, seeking information into how leaders think their current leadership teams are working and what aspects each team should have would be important in implementing the orientation checklist. This knowledge of what makes a leadership team functional would help develop and refine the orientation checklist making the checklist universal to all leadership teams.

Leaders within the department are looking for ways to help foster leadership development, and having an orientation to the leadership team would be an answer.

Leaders within the leadership team will understand the orientation process which will lead to trust within the team, resulting in a positive impact on the unit. This positive impact on the unit will lead to increase in staff morale and retention, which positively impacts the patients.

Orientation programs have shown to be a positive impact on practice. Having the orientation to the NLT supports leaders advancing their knowledge and gaining insight on their practice. An orientation program that supports learners to learn and ask questions positively supports the nursing practice as nurses take the opportunity to continue their education and seek leadership opportunities. The orientation program supports nurses in their quest for knowledge. Supporting the nurse in their new role will have a positive impact on patients and other staff.

Implication for Practice

Future implications for nursing practice is the need for an increasing body of evidence to support the value of an orientation program for leaders and a continued inclusion of caring, trusting relationship building in nursing programs, orientations and development of preceptors. Nursing leadership perceptions of the quality of the orientation and impact to patient care should be studied.

Nurses will always seek out new opportunities. As they do, one needs to support the knowledge of both their new role and the expectations with the new team. Having an orientation program for the NLT is an important aspect in supporting nurses in their leadership roles. Understanding their role in the team and the unit positively impacts all they come in contact with. A well-developed orientation program that is flexible to meet the orientee's needs is important.

Perhaps the greatest insight I have gained through the process of developing a NLT orientation program is our work in developing nursing leaders will never be complete. All nurses come with a different understanding of what leadership is and the impact it has on the unit staff and patients. However I believe with the appropriate attention, the possibilities of creating a highly functional team related to the art and science of nursing are limitless.

References

Alligood, M. R. (2010). *Nursing Theory. Utilization& application* (4 ed.). Maryland

Heights, Missouri: Mosby Elsevier.

Casida, J., & Parker, J. (2011). Staff nurse perceptions of nurse manager leadership styles

and outcomes. *Journal of Nursing Management*, *19*, 478-486.

http://dx.doi.org/DOI:10.1111/j.1365-2834.2011.01252.x

Chopra, D. (2010). *The soul of leadership*. New York, NY: Crown Publishing Group.

Cockerham, J., Figuerora-Altmann, A., Eyster, B., Ross, C., &Salamy, J. (2011, October-

December). Supporting Newly Hired Nurses: A program to increase knowledge

and confidence while fostering relationships among the team. *Nursing Forum*,

446(4), 231-239.

Conley, S. B., Branowicki, P., & Hanley, D. (2007, November 2007). Nursing

Leadership Orientation: A Competency and Preceptor Model to Facilitate New

Leader Success.*The Journal of Nursing Administration*, *37*(11), 491-498.

Crowell, D. M. (2011).*Complexity Leadership: Nursing's role in health care delivery*.

Philadelphia, PA: F.A. Davis Company.

Dauenbeimer, D. G., Stahlberg, D., Spreemann, S., &Sedikides, C. (2002).Self

Enhancement, Self Verification, or Self Assessment the Intricate Role of Trait

Modifiability in the self evaluationprocess. *RevueInternationale De

PsychologieSociale*, *15*(W3-4), 89-112. Retrieved from www.southampton.ac.uk

Duchscher, J. B. (2008, October, 2008). A Process of Becoming: the stages of new

nursing graduate professional role transition. *The Journal of Continuing

Education in Nursing*, *39*(10), 441-450.

Finfgeld-Connett, D. (2008, July-September). Qualitative comparison and synthesis of

    nursing presence and caring. *International Journal of Nursing Terminologies and*

    Classifications, *19*(3), 111-119.

Iglesias, M. E., & Vallejo, R. B. (2012). Conflict resolution styles in the nursing

    profession. *Contemporary Nurse*, *43*(1), 73-80.

Johnson, K., Johnson, C., Nicholson, D., Potts, C. S., Raiford, H., & Shelton, A. (2012,

    October). Make an impact with transformational leadership and shared

    governance. *Nursing Management*, 12-17.

Kotecki, C. N., & Eddy, J. R. (1994).Developing an Orientation Program for a Nurse

    Educator.*Journal of Nursing Staff Development*, *10*(6), 301-305.

Kotecki, C. N., & Eddy, J. R. (1994).Developing an orientation program for a nurse

    educator. *Journal of Nursing Staff Development*, *10*(6), 301-305.

Kouzes, J. M., & Posner, B. Z. (2002).*The Leadership Challenge*. San Francisco, CA:

    Wiley & Sons, INC.

Matusak, L. R. (1997). *Finding your voice learning to lead anywhere you want to make a*

    difference. San Francisco, CA: Jossey-Bass Inc.

Mayo Clinic.(n.d.). http://www.mayoclinic.org/careerawareness/ce-nursing.html

Merriam Webster. (n.d.). http://www.merriam-webster.com/dictionary

Mickan, S. M., & Rodger, S. A. (2005, August 2005). Effective Health Care Teams: A

    model of six characteristics developed from shared perceptions. *Journal of*

    Interprofessional Care, *19*(4), 358-370.

    http://dx.doi.org/10.1080/13561820500165142

Papastavrou, E., Efstathiou, G., Tsangari, H., Suhonen, R., Leino-Kilpi, H., Patiraki, E.,

    ...Balogh, Z. (2012). Patients' and nurses' perceptions of respect and human

    presence through caring behaviors: a comparative study. *Nursing Ethics*, *19*(3),

    369-379.

Pierce, L. L., Hazel, C. M., &Moin, L. C. (1996, February). Effect of a professional

    practice model on autonomy, job satisfaction and turnover.*Nursing Management*,

    48M-48T.

Prince, M. (2004). Does Active Learning Work? A review of the research. *Journal of*

    Engineering Education, 1-9. Retrieved from

    www4.ncsu.edu/unity/lockers/users/f/felder/public/papers/prince_al.pdf

Roussel, L. (2009). *Management and Leadership for Nursing Administrators* (5th ed.).

    Sudbury, MA: Jones and Barlett Publishers, LLC.

San Martin-Rodriguez, L., Dominique Beaulieu, M., D'Amour, D., &Ferrada-Videla, M.

    (2005, May). The Determinants of successful collaboration: a review of

    theoretical and empirical studies. *Journal of Interprofessional Care*, 132-147.

    http://dx.doi.org/DOI: 10.1080/13561820500082677

Sedikides, C. (1993). Assessment, Enhancement, and Verification Determinants of the

    Self Evaluation Process. *Journal of Personality and Social Psychology*, *65*(2),

    317-338.

Senge, P., Scharmer, C. O., Jaworski, J., & Flowers, B. S. (2004).*Presence.Human*

    Purpose and the field of the future. New York, NY: The DoubledayBroadway

    Publishing Group.

Sherman, S. (1995). How tomorrow's best leaders are learning their stuff. *Fortune*, *27*,

91-92.

Vesterinen, S., Isola, A., &Paasivaara, L. (2009). Leadership styles of Finnish nurse

managers and factors influencing it. *Journal of Nursing Management*, *17*, 503-

509.

Wallis, A., & Kennedy, K. I. (2013).Leadership training to improve nurse

retention.*Journal of Nursing Management*, *21*(), 624-632.

Watson, J. (2005). *Caring Science as Sacred Science*. Philadelphia, PA: F. A. Davis

Company.

Watson, J. (2008). *The Philosophy and Science of Caring* (Rev. Ed.). Boulder, CO:

University Press of Colorado.

Watson, J. (2012). *Human Caring Science: A Theory of Nursing* (2nd ed.). Sudbury, MA:

Jones and Bartlett Learning, LLC.

Watters, S. (2009, January).Shared Leadership.*The Journal of nursing Administration*,

39(1), 26-29.

Weinberg, D. B., Conney-Miner, D., Perloff, J. N., Babington, L., &Avgar, A. C. (2011,

August).Building Collaborative Capacity. Promoting interdisciplinary teamwork

in the absence of formal teams. *Medical Care*, *49*(8), 716-723.

Zyblock, D. M. (2010, April-June 2010). Nursing Presence in contemporary Nursing

Practice.*Nursing Forum*, *45*(2), 120-124.

Definition of transactional leadership. (2013). Retrieved 6/2/2013, from

http://www.businessdictionary.com/definition/transactional-leadership.html

NURSING LEADERSHIP TEAM ORIENTATION CHECKLIST

Nurse Administrator

	Nurse Administrator		Done X
1	Make initial contact with new NLT member:	Determine welcome event and introduction to NLT	
		Assess need for HR and DON orientation.	
2	Determine lead facilitator of NLT	NES:	
		CNS:	
		NM:	
3	Provide names of leadership members (initial meeting to be scheduled by the Nurse Administrator's administrative assistant):	NES:	
		CNS:	
		NM	

Purpose: To learn the responsibilities of the NLT on _____ (specify location).

Objectives:
1. Develop an understanding of performance expectations of the NLT.
2. Identify and discuss key leadership principles with attention to individual strengths and plan for continued leadership growth.
3. Discuss the roles of the NLT: NES, CNS and NM as it relates to the unit and staff.
4. Discuss the role of the NLT in promoting and enhancing clinical nursing practice and improved patient outcomes.
5. Develop an understanding of the overall unit structure, mission, philosophy and respective relationships with the Department of Nursing.

Outcomes:
1. NLT members will be competent to perform role expectations.
2. NLT members will identify resources and support for ongoing performance.

1

NLT Orientation Checklist

Date/Time/ Location of Orientation Meeting	Date/Time/ Location of meeting with Preceptor to review orientation meeting	Name/Position/Contact	Purpose of Visit
		NLT Welcome Reception (Facilitated by the nurse administrator)	• Opportunity to meet staff on the unit and multidisciplinary colleagues. • Include nurse administrator, physicians, nursing leadership, staff on unit, HR service partner, NM administrative assistant.
		NLT facilitator: • First week – 1 hour • Weekly for 2 months - 1 to 2 hrs	• Review orientation plan and customize to orientee • Review progress with orientation plan. Revise plan based on progress. • Discuss Nurse Administrator role, division structure and division structure roles of members • Provide support, mentoring, and coaching • Discuss role expectations and relationships to nursing leadership team (information on how to best work together, potential issues; information that is important to share with the nursing leadership team) • Discuss the roles and responsibilities of the Nursing Leadership team members • Discuss the Department of Nursing strategic plan and responsibilities related to the nursing leadership team
		Orientee self evaluation: • Develop question for NLT facilitator	
		Nursing Administrator • Meet with the Nurse Administrator to each NLT member	• Discuss nursing leadership team expectations • Identify goals for the NLT • Provide information and direction from the Nurse Executive group
		Orientee self evaluation: • Develop question for Nurse Administrator	
		Nursing Education Specialist	• Describe examples of how NES can be utilized for assistance with educational needs • Discuss primary issues for the unit • Provide an overview of the process for orientation of new staff
		Orientee self evaluation: • Develop question for Nurse Education Specialist	

Date/Time/ Location of Orientation Meeting	Date/Time/ Location of meeting with Preceptor to review orientation meeting	Name/Position/Contact	Purpose of Visit
		Unit staff nurse: Respective relationship to orientee is:	• Describe the role and responsibilities of the staff nurse • Discuss involvement in unit committees • Discuss involvement in patient care • Discuss collaborative relationship related to Nursing Leadership Team
		Develop question for Staff nurse	
		Nursing Education Specialist Respective relationship to orientee is:	• Describe the role and responsibilities of the NES • Describe examples of how NES can be utilized for assistance with educational needs
		Develop question for Nurse Education Specialist	• Discuss the NES's expectations of the NLT team member • Discuss primary issues the NES has identified for the unit • Provide an overview of the process for orientation of new staff • Discuss collaborative relationship related to Nursing Leadership Team
		Clinical Nurse Specialist Respective relationship to orientee is:	• Discuss the role and responsibilities of the clinical nurse specialist • Discuss primary issues the CNS has identified for the unit.
		Develop question for Clinical Nurse Specialist	• Discuss the CNS's expectations of the NLT team member • Discuss collaborative relationship related to Nursing Leadership Team
		Nurse Manager Respective relationship to orientee is:	• Discuss the role of the nurse manager • Discuss the nurse manager's expectations of the NLT team member
		Develop question for Nurse Manager	• Discuss primary issues the nurse manager has identified for the unit • Describe an over view of nurse manager responsibilities related to budget, staffing and scheduling
		Physician Liaison Respective relationship to orientee is:	• Discuss the role of the physician liaison • Discuss the physician liaison's expectations of the NLT team

3

Date/Time/ Location of Orientation Meeting	Date/Time/ Location of meeting with Preceptor to review orientation meeting	Name/Position/Contact	Purpose of Visit
		Develop question for Physician liaison	member • Discuss primary issues the Physician Liaison has identified for the unit • Discuss the communication process and essential meetings to attend

Appendix **B** – NLT Minutes Template

NLT
Agenda-Minutes-Responsibilities

Date:

Agenda Item	Notes/Action/Person
Staff: *New orientees/hires *Summer III's *Staff issues	
Tracers	
Pilots /Initiatives	
Education: *PDD *Transplant Classes *Unit Based Classes *Conferences	

Committees: *Updates *Issues				
Newsletter/Notices				
Unit				
Upcoming PTO				
Roundtable				