

A Leadership Training Program Improves Nurse Manager Retention

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice By

Lisa Ann Longley

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Abstract

The need to retain nursing managers is at an all-time high. The turnover rate for a local [REDACTED] (removed to protect privacy) healthcare system is 14% post pandemic compared to 8% pre-pandemic. The nursing management team reported a need for nursing specific management orientation because the current training included all organizational supervisors and covered general concepts, failing to meet the complex needs of frontline nursing managers. Literature confirms that organizations that provide nursing management training develop role competency have higher satisfaction and lower turnover rates. An organizational-specific needs assessment designed within the American Organization of Nursing Leadership competency framework was administered to frontline nurse managers and assistant nurse managers. Training sessions were conducted for the four highest training topics by subject matter experts. The training experience included interactive dialogue during each presentation. All participants were invited to participate in a nine-question, post training session survey to evaluate effectiveness. The target group was nursing management with two or less years of experience in their current role. The quasi-experimental pilot study results confirmed the effectiveness of the evidence-based intervention of nursing management training sessions. The individual and cumulative training session evaluations showed 100% satisfaction. The turnover rate goal was to reduce to 11% during the intervention quarter, and the result was 4.35%, indicating a benefit in providing frontline nursing managers with focused training to support their role. Absolute project success cannot be determined until further review is conducted at the end of the fiscal year.

Keywords: nurse manager, turnover, training sessions, needs assessment, competency framework

Section One: Introduction

The most challenging role in leadership is nurse management for professional nurses. A manager must hold loyalties to both their staff and organization. According to Labrague (2020), “The nurse manager role is considered the most demanding role in the healthcare arena” (p. 1280). The nurse manager role requires a delicate balance of priorities between the demands of upper leadership and the needs of frontline staff who provide hands-on care to the patients. Nurse managers have the “responsibility for new employees, daily management, human resource management, decision making, clinical nursing, development, planning of processes, collaboration, ensuring knowledge, evidence-based management, ensuring care quality, and financial management” (Nurmeksela et al., 2022, p. 245). This intermediate position is the glue that blends business principles with patient-centered care. High nurse management turnover disrupts organizational effectiveness and unit stability. Identifying ways to reduce nurse management turnover improves overall performance and functioning for all parties involved. As Aqtash et al. (2022) stated, “Developing leadership and management competencies for nursing managers is critical to the effective leadership of others and driving team and organizational performance” (p. 1). Developing and implementing training sessions to meet the educational needs of nurse managers within their first two years in management improves competency. An extensive literature review indicates that nurse manager turnover is reduced when implementing a nurse manager training program with the American Organization for Nursing Leadership (AONL) core competency framework. This pilot study of management training sessions validated that training interventions do reduce turnover rates of frontline management nursing staff.

Leadership and other stakeholders were actively involved and supported the pilot study for this Doctor of Nursing Practice (DNP) scholarly project. Stakeholders include the nursing

service line of associate director of patient care services (ADPCS), education and resource learning chief, long-term care chief, managers, and assistant managers within the [REDACTED]. Managers and assistant managers with two years or less of experience in their current role were invited to participate in the educational intervention needs assessment and subsequent training sessions. ADPCS, education and resource learning chief, long term care chief, managers, and others fully backed this project and encouraged participation. The education and resource learning staff assisted with session preparation, needs assessment and post-evaluation surveys. Subject matter experts for each topic conducted the training and as the project lead, this writer facilitated all training interventions.

Background

The management turnover rate in the [REDACTED] climbed to 20.7% during the COVID-19 pandemic and has not fully recovered. The cumulative management turnover rate for the first three quarters of the 2023 fiscal year was 14%, which was much higher than pre-covid turnover rate that was approximately 8.2%. The lack of a nursing-focused leadership program likely contributed to the high turnover. The organization is seeking solutions to reduce turnover and improve nurse management training. An informal survey through Kahoot was conducted at a collaborative meeting with the Pathway to Excellence coordinator, associate director of patient care services, and managers. The question asked management team members about satisfaction with management orientation. The overwhelming response was that the attendees received little to no orientation. The management staff did not feel like they were properly oriented to their management position; thus, a huge training gap was identified. Nurse managers participate in supervisor orientation that includes all [REDACTED] supervisors from all departments. Seventy-two percent of the supervisors that participated in the 2023 fiscal year organizational training were

non-nursing. Although the training does cover general supervisor information, it is not specifically designed for or address nursing management needs. The key stakeholders that were included in this evidenced-based project were frontline nursing management team that includes nurse managers and assistant nurse managers from within the entire organization.

The first formal leadership position that nursing leaders assume is assistant nurse manager or nurse manager, who oversees frontline staff and operations on unique units. The educational level for management varies between associate, baccalaureate, master's, and doctorate degree scholarly training. Management positions are selected through an interview process with reference check verification. Since this is an entry level supervisor position, previous formal training may not be a requirement. As such, leadership training gives managers tools to lead teams effectively. The organization is focusing efforts on management retention, and implementing evidence-based training sessions did meet new managers' needs and decrease turnover rates to 4.35 in the first quarter of 2024. The project goal was to reduce turnover by at least 11%. Other stakeholders included frontline staff, management colleagues, upper leadership, educational department, and interdisciplinary team members.

Problem Statement

█ nurse management turnover rate was 14% from October 2022 through June 2023. Data is collected monthly and cumulatively compiled annually. There is not a nurse manager specific training program for new managers. Although current management participates in facility supervisor orientation training, they did not feel it was adequate and stated that overall, they received little to no structured orientation. The organization identified a need to address the management training gap. The informal conversation following the Kahoot questionnaire identified that managers felt that the training they received was very reactive. When an issue

arose, they sought out a colleague to help. The information they received from colleagues was based on personal practices and was inconsistent and sometimes inaccurate. Professional development is substantially linked to management turnover. Nurse managers who perceive a positive organizational culture, one that lifelong learning, professional advancement, and employee respect are valued, tend to persist in their positions, overall decreasing turnover (Labrague, 2020, p. 1276).

Purpose of the Project

The purpose of this project was to decrease nursing management turnover by implementing an evidenced-based structured leadership program. The primary aim was to implement an evidenced-based nurse management leadership training program to give managers tools to support their role. Providing structured training to nurse managers “will ensure optimal development and outcomes” (Ficara et al., 2021, p. 330). During the first phase of the project, four training needs were identified through a needs assessment utilizing the AONL core competency framework.

The program consisted of four weekly training sessions on differing topics for up to 26 managers who have two or less years of experience in their current role. When managers have necessary leadership tools for their professional role, they are likely to feel supported by an organization. Organizational support improves job satisfaction and retention rates. A reduction in management turnover rates improves unit, service, and organizational functioning through management stability. It was anticipated that the turnover rate would be reduced by at least 3% during the first quarter of implementation.

Clinical Question

Will implementing an evidenced- based leadership training program decrease nurse management turnover rate by 3% in eight weeks?

Section Two: Literature Review

This literature review provided evidence that validated the nursing management retention doctoral project. Permission was obtained to utilize the Iowa conceptual model to frame this study (see Appendix B). Section One identified the trigger and confirmed the priority of nurse manager retention for the organization. Evidence to support this pilot was completed through a thorough appraisal and literature synthesis. The literature identified several elements associated with nurse manager retention, including satisfaction, interventions, impact of organizational commitment, training sessions, and organization support. All elements are linked to organizations devoting resources to and providing training to management in order to retain them. After an extensive review of the multiple factors associated with the retention of managers, there was sufficient evidence to develop and conduct an evidenced-based leadership training program for new manager officials.

Search Strategy

A thorough review of the literature was conducted in the following databases: CINAHL Ultimate, MEDLINE Ultimate, EBSCOhost, and Health Source: Nursing/Academic. All articles were peer reviewed and published by an assortment of academic and leadership journals. The parameters of the search were that the articles were written in English and published within the past five years. The keywords searched were nurse manager, retention, turnover, intent to stay, leadership development, and training. A total of 102 articles were screened and 24 were selected for review based on inclusion criteria. Of the 24 reviewed, 20 were critically appraised and

supported leadership training initiatives. Inclusion criteria included managers as cohort, retention, or turnover focus with the intervention of training. The 78 excluded articles were expert opinion, limited focus on staff retention or did not have an educational strategy for training regarding management retention. The studies that were critically appraised include mixed integrated review (1), systematic review (3), systematic review of systematic reviews (1), scoping review (1) cross sectional studies (3), cohort studies (1), phenomenological (2), pilot (1), descriptive analysis (1), qualitative (2), quasi experimental (1), and expert opinions (3).

Critical Appraisal

The critical appraisal connects the associations between organizational support through evidenced-based training programs to enhance competencies that will improve job satisfaction that impact nurse manager retention. The appraisal also supports including the organization and managers in identifying the training needs by using the American Organization for Nursing Leadership core competency framework.

Satisfaction

There is substantial literature that explores nurse management retention and training. The study, *Factors that influence nurse manager job satisfaction: An integrated literature review* authored by Keith et al. (2020), includes 14 publications. The review concluded that the seven quantitative and seven qualitative studies identified four themes that improve nurse manager satisfaction and intent to stay. Competency and training were one of the themes identified to promote retention because when managers feel unprepared, they will not stay in their management role. Seven publications equated proficiency “to job fulfilment,” and managers felt that they “lacked the foundational knowledge to execute the duties of their job” (Keith et al.,

2020, p. 382) There is a clear association with competencies, satisfaction, intent to stay, and retention for nurse managers.

In these articles, identity management training is a meaningful way to improve retention. Warshawsky (2018) provides an expert opinion in the article *Promote nurse manager job satisfaction and retention*. This publication recommends that nurse managers receive education necessary for competencies to uphold roles and responsibilities of management. According to Warshawsky (2018), “Organizations that implemented competency- based programs” report higher level of competent managers (p. 34). Warshawsky (2018) surmised that proper training is one factor that will promote job satisfaction and retention for nurse managers. The second expert article that discussed leadership development in the article, *Addressing manager retention with pathway to excellence framework* by experts McCright et al. (2018). The authors reviewed the retention success of a 255-bed hospital that established a multi modal nurse manager training program. This example was used to support the Pathway to Excellence Framework designation. It was determined that “creating essential infrastructure that supports nurse managers help increase satisfaction and retention” (McCright et al., 2018, p. 6). The formal leadership training program was one of four elements identified in the infrastructure and was not described in detail. Although great resources, these publications are limited due to expert opinion.

Other studies do support the experts’ opinions, such as a cross sectional study of 240 nurse managers in the Philippines was conducted by Labrague (2020) in *Organizational and professional turnover intention among nurse managers: A cross sectional study*. Intent to leave was associated with role education, and Labrague identified the four educational elements that impact nurse retention, including nurse manager orientation, coaching, mentorship, and peer support. Additionally, Labrague suggested that hospitals develop structured transition programs

with these fundamentals. The self-reported subjective scales by participants were limitations in this study. Other studies also gave more insight into educational interventions.

Interventions

The study *Interventions to reduce adult turnover: A systematic review of systematic reviews* by Halter et al. (2017) is a synthesis of seven systematic review studies that recognized that retention does increase with interventions. This was a large-scale, systematic review that included retention for all nurses and not exclusively nurse managers. Interventions that were identified to improve retention are residency, internship, orientation, mentoring and preceptorship (Halter et al., 2017, p. 16). A similar study was conducted in *Common components of nurse manager development programmes: A literature review* by Ullrich et al. (2020), which included a synthesis of 14 articles. This study focused on effective means to train managers and concluded that successful training is structured and completed through didactic and interactive methods. The specific curriculum was not identified and should be based on a process of evaluation and updated routinely to meet new managers' needs. Ulrich et al. noted that training programs should be associated with the overarching competencies of the American Organization for Nursing Leadership (AONL) that includes "the science: managing business, the art: leading people and the leaders within- creating yourself a leader" (Ullrich et al., 2020, p. 368).

Chen et al.'s (2022) study, *A mixed-method systematic review of interventions to improve leadership competencies of managers supervising nurses*, was a robust review of 69 studies that included quantitative, qualitative, and mixed method studies with 68 interventions. According to Chen et al. (2022), when competencies are developed "it is imperative to consider practice environments for managers to be successful in applying the competencies they learned in practice" (p. 4156). Competencies are individualized based on needs. Successful interventions

involved multimodal activities including lectures, action learning, and mentoring. The last high-level study was *Factors facilitating or inhibiting the capacity for effective leadership among front-line managers: A scoping review* by Frangieh and Jones (2022). This study synthesized 26 studies that included qualitative, quantitative, mixed method, grounded theory, and phenomenology. Some strategies that retain nurse managers include leadership development programs, mentorship, and peer support. All of these studies fell into one or two levels of evidence on Melnyk framework, indicating the strength of the studies (Melnyk, 2016, p. 338). the reliance on primary study methods, tools, and results was a weakness. Specific interventions were not conclusively identified, and publication bias may impact individual studies included in systematic reviews. It is important to note that turnover and retention were treated as opposites in these studies, but this may not always be the case.

Impact of Organizational Commitment

Evidence demonstrates that turnover rates are decreased when nursing staff feel supported by their organization. Commitment to staff is required for successful retention interventions through job satisfaction. In their article, *Effects of job satisfaction and organizational commitment on nurse retention: A systematic review*, by Putra et al. (2020) synthesized 25 articles in a systematic review that included cross sectional and quasi-experimental designs. This study promoted retention through organizational support by leadership development programs for all nursing staff. This was also confirmed by a smaller phenomenological study, *Nurse manager job satisfaction and retention: A home healthcare perspective*, with 20 nurse managers using face-to-face interviews that identified that organizational support influences retention (Cox, 2019). Staff development was identified as a nursing satisfier. Modaresnezhad et al.'s (2021) cross-sectional study, *Anxiety, job satisfaction,*

supervisor support and turnover intentions of mid-career nurses: A structural equation model analysis, reinforced the impact supervisors have on retention. Survey results of 1,080 participants concluded that supervisors “mitigate the negative effect of dissatisfaction on turnover intentions, suggesting supervisors play a key role in enhancing retention among nurses” (Modaresnezhad et al., 2021, p. 939). Limitations of this study include survey instrument validity and quality of evaluation tools in primary studies.

Additional professional literature focused on organizations committed to structured programs to aid in management competence. In Warshawsky and Cramer’s (2019) non-experimental, cross-sectional study, *Describing nurse manager role preparation and competency: Findings from a national study*, 647 nurses from 54 different hospitals participated in an electronic survey. The Warshawsky and Cramer concluded that “nurse managers identified that formal orientation and mentorship” facilitates role transition’ and vary by organization (p. 250). In addition, the expert opinion of James and Arnold (2022) provided professional guidance in *Using coaching and action learning to support staff leadership development*, promoting action learning as an approach to professional development to incorporate in training modalities. Both studies support mentorship and active learning as a training tool for professional development. James and Arnold encouraged utilizing the art and science AONL elements in learning experiences. As with all expert opinions, limitations exist with the author’s knowledge and experience in the subject.

Training Sessions

Several cohort studies have identified that organizational support through training programs specifically designed for nursing management promotes competency. The common theme in these studies was the use of AONL competencies as a framework and that the training

occurred during a two-day timeframe. A structured training program was evaluated in the Seabold et al.'s (2020) study, *Impact of intensive leadership training on nurse manager satisfaction and perceived importance of competencies*. The training included 33 participants who completed a pre- and post- survey for the observational, prospective cohort design. Perceived competency scores improved post training. Another two-day workshop was studied in Patrician et al.'s (2018), *Mapping and sustaining leadership development: An innovation academic service partnership*. Patrician et al. collected quantitative evidence through pre- and post-tests of 17 participants. Post-test learning scores were statistically higher than pre-test scores, and eight months after the workshop there were substantial improvements in the Nurse Manager Skills Inventory of the managers who participated.

Other training programs were evaluated over a longer timeframe in divided sessions spread out over months and up to one year. One study evaluated the effectiveness of a nurse manager residency program that included two-hour training sessions over 12 months for 21 nurse managers in an 867-bed academic medical center (Ficara et al., 2021). Ficara et al. noted in *Leading change and transformational practice* that nurse manager retention reached 90% one year after completion. Again, the AONL framework was used in this study. Each session included explanation and demonstration with discussion and received positive feedback from participants. The American Association of Critical Care Nurses served as the framework for the final study instead of AONL. Flatekval and Corbo (2019) researched a multimodal training curriculum in *Nurse manager self-reported competency levels*. The training included 40 hours of the Essentials of Nurse Manager Orientation course that was purchased from American Association of Critical Care Nurses, weekly lunch and learn sessions, and two days of instructor-led classes. Eight nurse managers in one organization participated in the study and self-reported

an increase in competency after the study. The two common themes found in all articles were utilizing a professional framework, with AONL being the most common, multimodal education, and dedicated time to conduct training with the goal of improving management competencies. The small sample size with limited diversity was a study limitation in all these studies, but overall findings support training programs for managers.

Organization Specific

Other studies recognize that training programs need to meet organizational needs. McGill (2017) conducted a ground theory study, *Hazardous terrain and tranquil waters*, that included 19 nurse managers in two hospital systems. McGill's aim was to identify how nurses transition to managers through semi-structured interviews. Respondents felt that formal and informal training provide support for the managerial role and should align with organizational context. Response bias and limited sample size were limitations. A quasi-experimental study with 18 voluntary first-line managers supports conducting a needs assessment when training managers. Goktepe et al. (2018) indicated in *Development of managerial competencies for first-level managers in Turkey* that competency and decision making improved after training. A needs assessment was conducted, and curriculum developed around identified needs. The training sessions were eight hours a week for 10 weeks. Twenty-one out of 20 management competency areas had considerably increased post-test scores (Goktepe et al., 2018, p. 1101). Training was very specific to needs identified by managers in one organization and cannot be generalized. A similar study reviewed was phenomenological interpretation of 11 nurse managers' narrative writings describing management experiences. A trained facilitator led the two-hour workshop, and writings were interpreted by several trained executives. In Graham-Hannah et al.'s (2017) *Composing growth: Reflection through narrative*, the findings also supported including learners

in identifying training needs. Providing experiential training in ever-changing situations based on management need contributes to manager competency in all studies. Since all organizations are different, organizations and managers will have different practical and training needs to be considered. All information in both the narrative writings and interpretation studies suggest that there was high bias in addition to small sample size as a limitation.

Four peer reviewed articles were assessed in the matrix (see Appendix A) but excluded from review because the article focused on leadership style or did not address training needs. These include *Preparing nurse managers for authentic leadership* (Frasier, 2019), *Current turnover intention among nurse managers, directors, and executives* (Warden et al., 2021), *Effect of nurse managers' leadership styles on predicted nurse turnover* (Suliman et al., 2020), and *The effect of leadership interventions on staff nurse enjoyment and leadership perception* (Correa & Bacon, 2019).

Synthesis

Substantial evidence among studies indicates that managers must receive structured, formal leadership education and perceive the adequacy of this training to improve retention. Manager role preparation is significantly linked to satisfaction. When managers are fulfilled in their occupational role, they are less likely to leave that position. A lack of knowledge makes managers feel as if they are floundering and only learn through on-the-job training, which is a reactive approach and not optimal. An integrated literature review, cross sectional study, and expert opinions convey the importance of manager role preparation in association with retention (Keith et al., 2020; Labrague, 2020; McCright et al., 2018; Warshawsky, 2018). Although satisfaction is subjective, it is important to all individuals. Clear associations of management training and retention are made in these studies. The experts also relate the Pathway to Excellent

Standards to leadership development. Organizations who have Pathway certification build strategies to grow staff, train managers, and maintain leaders. Additionally, it was noted that Pathway to Excellent designated organizations do have lower turnover rates when compared to non-Pathway organizations.

Compelling evidence to establish a leadership training intervention is supported in various ways. Halter et al. (2017) studied seven systematic reviews and concluded that organizations must focus on retention strategies in *Interventions to reduce adult turnover: A systematic review of systematic reviews*. Although most individual retention strategies result in improved retention, multiple interventions produce a higher success rate. Targeted training interventions for role enhancement appear in many forms including a structured, needs-based orientation. Intervention strategies to enhance leadership training are vast and confirmed in all study types including a mixed method systematic review and a scoping review that included qualitative, quantitative, mixed method, grounded theory and phenomenological methods. The combined assessment of an additional 109 studies captured at least 68 different training interventions to develop leadership competency. Training interventions were multimodal (didactic and interactive) and targeted skills and affective competencies (Chen et al., 2022; Frangieh et al., 2018; James & Arnold, 2022; Labrague, 2020; Ullrich et al., 2020).

Another aspect that impacts retention is organizational support. It is important for managers to feel like they are supported by leadership in their role. When managers are not supported, they have lower job satisfaction, which has a direct association with retention. Over 1000 survey participants and an additional 20 face-to-face interviews confirmed that leadership support does impact retention (Cox, 2019; Modaresnezhad et al., 2021). Leadership development and orientation programs are requested by managers to support manager competence, and

retention is associated when leadership development programs exist within organizations (Putra et al., 2020; Warshawsky et al., 2019).

Many different variations of manager preparation through training sessions have been tried and evaluated. Participants self-report higher competency after completion of either two to three days or routinely schedule (weekly or monthly) training sessions (Ficara et al., 2020; Flatekval & Corbo, 2019; Patrician et al., 2018; Seabold et al., 2020). The commonality in these studies is that the curriculum was clear utilizing a professional framework, programs were scheduled, and provisions were made for management to attend. A multimodal approach including didactic, interactive, experiential and action learning showed success when training managers (Chen et al., 2022; Ficara et al., 2021; Flatekval & Corbo, 2019; Graham-Hannah et al., 2017; McGill, 2017; Patrician et al., 2018; Ullrich et al., 2020).

The variation in leadership training programs is rooted in organizational needs. Most effective training programs focus on the needs of the organization and the managers receiving the training. Interventions for leadership development education to aid managers in competency should start from within (McGill, 2017; Ullrich et al., 2020). Management leadership training needs can come from managers themselves in various forms including narrative writings and needs assessments (Goktepe et al., 2018; Graham-Hannah et al., 2017). The variation in leadership training is a result of differences in organizations.

Evaluations from needs assessments, understanding organizational requirements, and following the AONL competency framework can provide a good foundation for leadership development for managers to be competent and feel satisfied in managerial role. AONL has outlined competencies in at least three domains including nursing as an art, science, and developing leaders. These are utilized as training foundations for individual organizational

training programs (Ficara et al., 2021; Ullrich et al., 2020; Warshawsky, 2018; Warshawsky et al., 2019). Studies have validated the AONL professional framework for development of management training programs (Ficara et al., 2021; Patrician et al., 2018; Seabold et al., 2020).

Conceptual Framework

The Iowa Model is a frequently used and an effective guide that promotes successful outcomes through evidence-based practice (EBP) endeavors. According to Howe et al. (2022), “The Iowa Model was chosen because of its clear and concise steps organized to guide nurses as they plan evidence-based practice change” (p. 274). The Iowa Model framework assists the clinician in the development of the project purpose with the identification of a trigger that needs to be evaluated. The Iowa model guides the clinician through a systematic approach to address a purpose question. Although progression through the model may be linear, there are feedback loops to previous steps when progression is not possible. Following the Iowa Model ensures that the scholarly project is methodically conducted and will yield optimal results to translate into sustainable practice. Permission to utilize the Iowa model is in Appendix B.

In the first phase of the Iowa model, a trigger or opportunity is identified. This writer, in conjunction with a preceptor, identified the trigger of nurse manager retention. The practicum site has a high turnover of nurse managers, including assistant nurse managers. The question that was identified focuses on retention through training endeavors. The question is: does participating in a nurse manager training program decrease turnover rate? At this stage in the model, a decision point emerges to ensure that the question is a priority. Both the long-term care chief and organization identified retention and training as a priority. The education department has been active in providing managers with educational resources post pandemic to aid in addressing this concern. A team was formed to aid in the development and implementation of

this scholarly project to address the training priority that was substantiated. Team members include this writer, the learning and resource chief, the learning and resource administrative officer, and the long-term care chief.

The body of evidence was gathered and synthesized. There is significant evidence that role development through training improves job satisfaction and retention. After approval of this scholarly project was granted, the team designed and piloted the change. The training needs for nurse management were identified through a needs assessment. After reviewing the needs assessment data, four topic areas were identified for training. The pilot project included weekly 39-50-minute sessions led by subject matter experts for management staff.

Evaluation of the training program is turnover rate. The data that was collected at the conclusion of the pilot project determined that the project was a success. The decision point after this phase determines if this practice will be adopted long term. If not, alternatives will be considered such as incorporating training into the routine orientation process. If the practice is deemed to be appropriate for adoption, the next phase focuses on sustainability.

The sustainability plan is vital for success and will include involvement of different stakeholders and likely a spread of practice. The change will have to be strategically hardwired into the system. Quality measures of retention will be followed, and the results of the practice change will then be disseminated. The Iowa Model consists of feedback loops. Dissemination of results loops back up to the top of the model. When the results of the practice change are no longer effective, this will elicit a trigger that will again guide clinicians down the EBP model. Continuing in this process promotes ongoing changes to continuously prompt improvements.

Theoretical Framework

Combining John Kotter's change theory with the Iowa Model is complementary and builds a strong framework for true practice change with the nurse manager retention scholarly project. Kotter's model proposes "that successful change is achieved by following a rolling eight-step process" (Cohen, 2005, p. 3). The eight steps of the change theory are (1) create a sense of urgency, (2) form a team, (3) develop a vision/strategy, (4) communicate the strategy, (5) introduce the change, (6) generate short term wins, (7) identify gains, and (8) institutionalize the new approach (White et al., 2021, pp. 63–64).

The sense of urgency was identified in the nursing retention trigger. The team was formed with varying stakeholders and experts. The team identified the vision (intervention) that training can improve nurse retention and was validated through evaluation of post-training data and retention rates. The training sessions were communicated widely throughout the nursing service lines, and the educational interventions were conducted over a four-week timeframe. Short term wins (gains) included staff participation in each intervention and post-session survey results. The long-term gain is favorable turnover rates. Finally, the new approach may become engrained or adapted to suit culture needs and hard wired within the organization through sustainment efforts.

The feasibility of John Kotter's process for leading change fits in nicely for the scholarly project. Any gains in the nurse manager retention arena are encouraged in any organization. The nurse manager retention scholarly project interventions have the potential to make a lasting impact on the entire organization. Urgency is already present; thus, the stage is set for change. Successful interventions will likely be adopted by the organization. The goal of the scholarly

project is to make a positive impact that will promote a thriving team of nurse managers to enhance the entire organization through evidenced-based practice change.

Summary

The question, “does participating in an evidenced-based leadership training program decrease nurse management turnover rate?”, was endorsed by the organization and backed through literature. The [REDACTED] was concerned with retention of nursing management and identified a training gap. Evidence supports that lack of training impacts nurse manager satisfaction and retention. Organizations who strengthen managers through competency development and training retain managers because managers feel supported. Training initiatives vary because of organizational needs. All organizations operate differently and have unique needs, and the AONL provides a good foundation for grouping necessary competencies. Identifying the training needs in any organization is vital. The Iowa model was used to guide the project through a systematic and reflective approach while John Kotter’s change theory establishes the foundation for change. Training sessions were developed based on the results of the needs assessment. Each session was conducted with a subject matter expert, and different sessions were held weekly for four weeks. It is anticipated that evidenced- based leadership training will sustain a reduction of turnover rates for nursing management.

Section Three: Methodology

A quasi-experimental, evidenced-based intervention pilot project was conducted for the nurse manager retention scholarly project. Data were collected and analyzed after the training session implementation. All nursing managers with two or less years in their current role were invited to participate. After completing and analyzing a needs assessment, four specific training topics were identified. Subject matter experts were recruited and conducted the training.

Sessions were evaluated individually as well as collectively. The aims were to develop training sessions that improve manager skillset and reduce turnover rate by 3% in eight weeks. The [REDACTED] setting includes a wide array of inpatient and outpatient services on the main campus as well as satellite locations. All nursing management report up through the same service line and are held to the same organizational [REDACTED] standards. [REDACTED] has the greatest mission of all, to serve [REDACTED], and efforts are always made to improve the healthcare environment because inefficiency will negatively impact [REDACTED] care. As a Pathway to Excellence designated facility, this leadership development project was directly associated with the organizations' goal to maintain all Pathway standards. Ethical considerations were vetted through CITI training (see Appendix C). The [REDACTED] Institutional Review Board (IRB) chair and the Liberty University (LU) IRB approved the project proposal (see Appendix H and I). Turnover rate was calculated with routine methodology by utilizing staffing sheets that are maintained by the nurse [REDACTED]. Two tools were utilized in the study and included a needs assessment and participant satisfaction Likert-scale questionnaire. Data analysis was completed with descriptive statistics for turnover rate and training session effectiveness. HIPAA was protected through use of an electronic survey tool that does not individually identify users.

Design

The study design is an evidence-based practice project utilizing the Iowa model. A quasi-experimental, evidence-based intervention pilot study was conducted. A needs assessment was offered to all nursing management roles with two or less years of experience in their current role. Sixteen out of 26 eligible managers participated in the needs assessment in Appendix E. Twenty training opportunities were listed on the needs assessment that nurse management utilizes in their role. Participants were asked to select two areas of interest in each of the four quadrants outlined

by the AONL core competency framework. Results were evaluated, and four topics were identified as target areas. Subject matter experts were enlisted to aid in education. Four weekly training sessions were conducted, and session time ranged from 39-50 minutes. Each session was evaluated via a post-participation survey for effectiveness using a Likert scale (see Appendix F). Turnover rate was the outcome measure calculated at the conclusion of study to evaluate impact.

Measurable Outcomes

The nursing management turnover rate for the 2023 fiscal year was 14 % through the third quarter (October 1, 2022- June 15, 2023). Seven out of 46 managers transitioned from manager roles. One was removed from turnover calculation because it was a promotion from assistant nurse manager to nurse manager; thus only six were calculated in turnover rate for purposes of this study. The goal is to reduce turnover by at least 3% during quarter one fiscal year 2024 (October -December 2024). Training session outcome was measured through post-evaluation surveys. A score of three or greater on the Likert scale for at least seven out of nine items per training session is considered successful. Overall training is considered successful if 80% of all training activities scored three or better on the Likert scale.

Setting

██████. The ██████ has provided a variety of inpatient and outpatient services on one campus with associated satellite offices since 19█████. Services include inpatient and outpatient mental health treatment, acute care, critical care, community living centers, hospice and palliative care services, surgical services, emergency department, and community-based outpatient clinics. This project serves the ██████ by providing a stable management environment for the staff that care for them. The core values of commitment, respect and excellence are

demonstrated in this project. The facility shows commitment to managers by supporting the project, respect for managers by addressing educational need, and excellent through ongoing training opportunities.

Additionally, [REDACTED] Pathway to Excellence designated facility. To ensure that the culture maintains designation, nursing service has dedicated one staff to perform 0.5 full time equivalent (FTE) duties to that role. The Pathway to Excellence framework includes a leadership development standard that fosters a culture of “engagement and empowerment, interprofessional collaboration, and staff well-being” (McCright et al., 2018, p. 6). This scholarly project focused on training to enhance leadership development in managers, which aligns with organizational goals. The ADPCS, education and learning resource chief, geriatrics/long term care chief, and Pathway to Excellence coordinator approved this pilot. Written approval has been granted by [REDACTED] IRB (see Appendix H) as well as a memorandum of organizational support (see Appendix G).

The [REDACTED] organizational construct is complex. The organizational chart is structured so that all nurses report to nursing leadership and eventually funnel up to the associate director of patient care services (ADPCS). According to needs identified through staffing methodology, each unit has managers and areas that provide 24-hour services and have assistant managers to support span of control and provide consistent managerial practices off tours. Managers are ultimately responsible for assistance nurse managers, Registered Nurses’ (RN), licensed practice nurses (LPN), nursing assistants, health technicians, and some ancillary staff. Nurse managers of units or areas report to a chief nurse that oversees the service line, and they report to the ADPCS who is part of the executive leadership team known as the [REDACTED]. The nursing service line has over 900 employees.

Per [REDACTED] parameters, employees in the same service line have varying guidelines for most processes. Professionals that are licensed, such as RNs, are handled differently than non-licensed staff. Not only that, but RNs also must practice within the boundaries of the [REDACTED] Board. All these variations require a different process for hiring, firing, performance evaluation, and many other things. Union involvement is heavily present within the [REDACTED]. Employees fall under different union contracts. For example, RNs fall under an RN union, and LPNs and NAs are represented by a completely different union. The union contracts are not the same, and varying rules apply. Managers are not protected by union representation and are often viewed as opponents.

Population

The intervention group was nurse managers and assistant nurse managers from all inpatient and outpatient settings with two years or less experience at the [REDACTED]. The manager setting is very difficult and stressful. Managers must meet the expectations of leadership, produce optimal patient care outcomes, and meet the needs of the staff simultaneously. Navigating the competing priorities is a continuous exercise in balancing tasks. If a national directive comes down, it must be followed, period. Patient care metrics are collected and compared nationwide. Much of the time, the care itself is decided per organization and usually closely linked to provider preference and practice history. Frontline staff have various educational backgrounds, and competencies maintenance is necessary. Staff needs are vast, and management needs to be honed to the environmental and personal needs of staff. Additionally, nursing manager teams are expected to navigate complex systems that can be quite hostile at times. Unions are fierce, and even an unintentional mistake on the part of a supervisor can interfere with employee bargaining rights. This scholarly project's aim was to close an

educational gap for nursing managers, improving the professional environment positively impacts [REDACTED] patients through excellence.

Inclusion criteria was nursing managers who were in a supervisory position that had direct report FTEs and complete performance appraisals with two or less years in their current management role. Twenty-six nursing supervisors, including managers and assistant managers, fit into that category. A needs assessment was offered to all nursing management roles with two or less years of experience in their current role. Exclusion criteria were managers who have been in their current for more than two years.

Recruitment for participation was conducted during management huddles and morning meetings, followed by email communication. Frontline management requested additional educational support, and 16 participated in the needs assessment. Ongoing recruitment for educational sessions included email advertisement and reminders through management huddles during the four-week training session timeframe. The leadership and educational department encouraged participation. Training session attendance was voluntary, and each session had between 19-29 participants. Of the participants who attended the training sessions, between 4-6 participants met inclusion criteria and completed the post-training survey for each session. Twenty total post-training surveys were completed.

Ethical Considerations

By utilizing Collaborative Institutional Training Initiative (CITI) principles, ethical considerations were fully evaluated through the Institutional Review Board (IRB) processes. This writer received the CITI program certificate for 1-Basic Course which includes Biomedical Research- Basic/Refresher and Biomedical & Health Science Researchers (see Appendix C). The [REDACTED] is committed to preserving all ethical rights of all individuals, and as such, this proposal

was submitted to regional [REDACTED] IRB chair and approval was granted (see Appendix H). Regulatory Records and Audit Preparation and Informed Consent and HIPAA training was completed (see Appendix D) as is required by the [REDACTED]. Liberty University conducted an IRB review, and it was approved (see Appendix I). All assessments and surveys were conducted on a voluntary, anonymous basis through the [REDACTED]-approved electronic portal utilizing Microsoft forms, thus protecting all participants' HIPAA rights. Subject matter experts who conduct training sessions were notified that the training was part of this pilot, and their consent obtained (see Appendix J). Only the training session topic and post-evaluation scores were collected, analyzed, and documented. Specific trainer information was not obtained for use in this study. All documents were maintained in secure, [REDACTED] drive. Executive leadership approved this project and provided an organizational letter of support (see Appendix G).

Data Collection

Turnover rates were collected through staffing sheets and gains and loss reports via the nurse [REDACTED]. The nurse [REDACTED], who holds a Master of Science in Nursing degree, is responsible for maintaining movement of all nursing employees. Each month all staffing sheets are sent out to supervisors to confirm movement and accuracy of the sheets. All transfers, gains, and losses are tracked monthly. The turnover rate was calculated via standard methodology. Baseline data was established by the number of employees at beginning of FY plus the number of employees at end of year or during monitored timeframe (October 1, 2022- June 15, 2023) divided by two, which equals the average number of employees. Then, the number of employees that separated from their position was divided by average number of employees times 100, equaling the turnover rate. The same methodology was used for the eight-week timeframe (October 1, 2023- December 1, 2023) when the training was conducted.

Additional data was collected through a needs assessment and post-training session evaluations for each of the four sessions. The educational administrative assistant built the needs assessment and post-training session evaluations into Microsoft Forms as part of his routine duties for program evaluations. He shared the results rights with this researcher in the program permissions, so data was collected directly from the software. Microsoft Forms tabulates the results clearly in both numeric and visual pie charts for each question. Each training session post-evaluation survey was opened immediately after the training for seven days. The evaluation link was placed in the TEAMS chat during the training session and then email reminders were sent at least two times post training to encourage participation. Data from each participant who filled out a survey were extracted from the Microsoft Forms file and placed into IBM SPSS Statistics Data Editor for statistical analysis (IBM, 2023).

Tools

The Microsoft survey tool is a reliable tool that captures results per question for each participant. The program allows for complete anonymity for the voluntary assessment as was part of the project's ethical considerations.

The intervention training sessions were identified with a needs assessment through the Microsoft Forms electronic survey tool with voluntary management participants (see Appendix E). A unique needs assessment was developed based on organizational competencies that align with federal regulations. Participants selected two areas in each AONL quadrant that they needed additional training in. Training sessions were formulated based on identified needs. Each training session was evaluated through a participant satisfaction tool that was built in the Microsoft Forms platform (see Appendix F). The project aligned with organizational requirements and utilized a Likert scale participant satisfaction survey that is consistent with [REDACTED] training

validation. IBM SPSS Statistics Data Editor for statistical analysis software was utilized for all statistical analysis for turnover and survey results (IBM, 2023).

Intervention

The project concept was developed with the education department, in collaboration with leadership and frontline managers, during a Pathway to Excellence meeting. All managers in the meeting responded to an informal Kahoot question that they received little to no orientation. The project preceptor concurred with the training gap and supported project development to improve the management orientation experience. Ongoing conversations with leadership and manager stakeholders routinely occurred during practicum hours, soliciting ideas and training interest. The organization supported project development and implementation.

A needs assessment was identified as the tool to aid in training program development to ensure training was designed to meet the needs of the managers. Upon conclusion of the needs assessment, the four top priorities were identified as discipline, fact finding, proficiency timelines, and union contracts/labor relations. Discipline is in the business skills and principles AONL quadrant. Fact finding is in the knowledge of health care environment AONL quadrant. Union contracts/labor relations is in the communication and relationship management AONL quadrant. Proficiency timeline for [REDACTED] staff is in the professionalism AONL quadrant.

Subject matter experts (SME) were contacted, and a training session was requested for each topic. Enlisting subject matter experts to provide training ensured that information was accurate and concluded with a question-and-answer period. The project concept included recording of training sessions so that off-tour managers could also participate in training. All SMEs agreed to conduct the training sessions, but most did not agree to recording the sessions. Training sessions included one 39-50 minute training session per week for four weeks by SMEs.

The training sessions were facilitated by the DNP student project owner. Participants were encouraged to take a voluntary survey through Microsoft Forms. The link was placed in the TEAMS chat as well as several email reminders.

A cumulative total of 32 voluntary, post-training session evaluations were completed by those who attended training sessions. Twenty participants met the inclusion criteria. The organization requested the training sessions be offered to all nursing managers, not only the managers with two years or less experience. To capture the study cohort, the survey asked each person the length of time in their management role. The surveys generated positive results in each training session. Every participant with two years or less experience scored at least three on each of the nine questions for all four sessions. The Likert scale included a one to five range. One indicated very unsatisfied, three showed satisfaction and five demonstrated that they were very satisfied with the training item. The nine questions included overall satisfaction, recommendation to others, new information, how much new information, appropriateness to role, unbiased to role, usefulness to role, applicability, and environment.

Timeline

The American Organization of Nursing Leadership framework for competency development needs assessment was conducted via the anonymous Microsoft Forms survey tool from September 19 -26, 2023. A human resources SME conducted discipline training on October 24, 2023, from 12:00-12:40pm. A risk manager SME conducted the fact-finding session on October 31, 2023, from 12:02-12:39pm. Two different unions had representatives and one labor relations SME conducted the union contracts and labor relations training on November 7, 2023, from 12:00-12:45pm. The proficiency timeline session was conducted by the [REDACTED] Board chair as SME, and this researcher shared translation into practice examples on November 14, 2023,

from 12:00-12:50pm. The post-training participant satisfaction electronic surveys were completed to evaluate individualized training sessions.

Feasibility Analysis

The needs assessment was completed as soon as all permissions were received. Coordination of SMEs for training sessions took more time than anticipated, resulting in a minor delay of interventions. The training occurred weekly over a four-week period during participants' routine schedules. Training session attendance was voluntary, and each session had between 19-29 participants. Of the participants who attended the training sessions, between 4-6 participants completed the survey and met inclusion criteria for each session. The educational department was closely engaged in the entire project and assisted in form development, intervention promotion, and information dissemination. A facility briefing is already scheduled for December 2023. The biggest resource is staff and SME time to participate in training sessions. There has also been education department staff time involvement for collaborative meetings and the deliverable of five different survey tools in total. However, the return on investment is retention of nursing managers which is a cost savings on average of \$46,100 per person (Gamble, 2022, p. 1). The estimated cost of the project was \$5,005.00, and if only one manager personnel is retained, that is a cost savings of \$41,095 (see Appendix F). The cost saving increases with each additional reduction in turnover rate.

Data Analysis

Descriptive statistics were used to analyze the data on turnover rates and effectiveness of each training session. The goal of reducing the turnover rate by 3% was met during the intervention period, and its significance was confirmed statistically. The overall training

experience was analyzed and yielded positive individual and collective results that were also statistically significant.

Turnover Rate

The turnover rate was calculated via standard methodology, the number of employees at beginning of FY plus the number of employees at end of year or during monitored timeframe (October 1, 2022- June 15, 2023) divided by two, which equals the average number of employees. Then, the number of employees that separated from their position was divided by average number of employees times 100, equaling the turnover rate. This established the baseline data point of 14%. The same methodology was used for the eight-week timeframe in which the training was conducted. Conclusion data was established by the number of management employees at beginning of FY plus the number of management employees at end of training period or during monitored timeframe (October 1, 2023- December 1, 2023) divided by two, which equals the average number of employees. Then, the number of employees that separated from position was divided by the average number of employees times 100, equaling the turnover rate. This established the final turnover data of 4.35%. As confirmed by a Chi-square test, the percentage is statistically significant.

It should be noted that there are 46 nursing management positions at the [REDACTED]. The raw data in turnover was six managers in nine months versus two people in two months. The turnover rate for the same time frame in 2022 was 6.74%. In comparison, one less manager left during the first quarter thus reducing turnover by one person. A true overall measure of retention success will have to be determined at the end of the FY.

Participant Satisfaction Post Training Session

The 20 survey participants that met the inclusion criteria ranged from two to 24 months in the current management role with a mean of 10.85 months. Of those that attended the class, 32 completed the survey and 12 were not included in the study because they had more than 24 months of experience in their current manager role.

Each individual training session outcome as well as the cumulative training sessions outcomes were met. A score of three or higher in at least seven of the nine elements indicates the educational element was at least satisfactory. All individual training courses scored at least three or better in all nine elements. Overall training was considered an effective training experience because at least 80% of all the training sessions scored at least a three for overall rating. The actual data showed that 100% of each of the nine elements in all four training sessions were rated as three or better on the Likert scale. The mean range for all nine elements was 4.6–4.8, indicating participants were very satisfied with the training with $p < 0.001$.

Section Four: Results

Descriptive statistics were used to evaluate data points for turnover and post-training survey evaluation. The sample size and correlating data points were eight for turnover and 20 for the post-training survey. The turnover rate included six managers pre-intervention and two post-intervention. The post-training survey results are divided between four training sessions. The discipline training session yielded six survey. Fact finding and union contracts/labor relations had five surveys each and proficiency timeline had four completed surveys by the project cohort. The same nine post-training evaluation questions were applied for each of the four training topics.

Descriptive Statistics

IBM SPSS Statistics Data Editor for statistical analysis software was utilized to obtain descriptive statistics data (IBM, 2023). A turnover rate descriptive analysis and Chi-square-test were completed for outcome measure one. Descriptive analysis, including frequency analysis, was completed for outcome measure two, post-training session evaluation.

Turnover Rate

The turnover rate was calculated via standard methodology, the number of employees at beginning of FY plus the number of employees at end of year or during monitored timeframe (October 1, 2022- June 15, 2023) divided by two, which equals the average number of employees. Then, the number of employees that separated from their position was divided by average number of employees times 100, equaling the turnover rate. This established the post-intervention turnover rate of 4.35%. Two out of 46 managers transitioned from manager roles post training sessions during the first quarter of the FY. This is a marked improvement from the 14% baseline turnover rate prior to the interventions. The goal of reducing the turnover rate by 3% was exceeded. The analysis showed a mean population of 1.25 with standard deviation of 0.433 and variance 0.188. The Chi-square test calculated a $p = 0.157$ significance level.

Participant Satisfaction Post-Training Survey

There were 20 cumulative survey results and each were weighed 5% for each entry per codebook. Time in position ranged from two to 24 months. Seventy five percent of the cohort was between two and 12 months and the remaining 25% were in their role between 13-24 months with mean of 10.85 months. Training session attendance included six participants (30%) for discipline, five participants (25%) for fact finding, five participants (25%) for union contracts/labor relations, and four participants (20%) for proficiency timelines. The nine elements of the Likert scale had means greater than 3. The means were: overall satisfaction

(4.75), will recommend to others (4.80), new information (4.70), quality of new information (4.6), appropriateness for role (4.75), unbiased (4.75), usefulness (4.70), applicability (4.75) and environment (4.80) with $p < 0.05$ in all elements.

Section Five: Discussion

Implications for Practice

Utilizing the AONL nurse leader competencies framework for competency assessment and training provided a professionally substantial foundation. The AONL frameworks design recognizes the leader's desire within oneself, identified as an anchor, that balances and embraces five core domains. Prior to, during, and post training session intervention, the executive leadership and management team demonstrated the leadership anchor principle by requesting management training. Identifying the need for learning and engaging in lifelong learning is a leadership quality. The five domains of practice include professionalism, communication and relationship management, knowledge of the healthcare environment, business skills and principles, and leadership (American Organization for Nursing Leadership [AONL], 2022, p. 1). The center domain is leadership which is placed in the middle of the model and promotes interrelatedness of all other four domains. Gaining knowledge and skills in each domain grows the leaders professionally and within the organization.

Organizational training topics that were identified as possible needs were placed in one of the four AONL quadrants of professionalism, communication and relationship management, knowledge of the healthcare environment, and business skills and principles. The needs assessment was completed by the nursing management study cohort. One learning component was identified in each quadrant as a priority need and was utilized to develop the training session plan intervention. Having input of the training needs from the stakeholders who are participating in the educational experience is essential in training plan development. According to Stefaniak

(2021), “When conducting a needs assessment, the needs assessor needs to gather sufficient data from their clients to gain a deep understanding of the current situation” (p. 4). Training is optimal when it is focused on the needs of the managers. A needs assessment developed in the AONL framework is a beneficial tool in identifying training and prioritizing learning needs in any organization.

The training session interventions were highly successful. Training sessions were scheduled at the same time every week in the same TEAMS format. Having the SMEs deliver the content ensured the information was accurate and up to date. The presenters engaged with the audience and encouraged interaction throughout all sessions. As Doğu and Tiryaki (2023) stated, “It was seen that interactive and applied education is important in nursing education” (p. 64). At the conclusion of each session there was a question-and-answer period that promoted further collaborative discussions and interaction. The audience did engage in dialogue with the SMEs, enhancing the learning experience for all.

The training was well attended and well received. The attendance at each training session exceeded the study cohort. Many manager officials, regardless of time in role, attended the training sessions. The post-session survey confirmed that each person with two or less years of experience benefited from each session. Additional insight into the training sessions was inadvertently collected and found very beneficial. Thirty-two managers took the post-training survey, and only 20 met the inclusion criteria. The collective data from all surveys show greater than 88% satisfaction with all training sessions, and the threshold was 80%. Leaders seek knowledge, skills, and understanding for their role. All managers and organizations benefit from scheduled training periods where experts deliver material content in an interactive manner.

Providing tools for the management role does improve job satisfaction and retention. As Chen et al. (2022) stated, “Enhancing knowledge, skills and abilities” has a beneficial effect on nursing managers” (p. 4206). Professional growth is personally satisfying for leaders. Organizations must foster “professional growth and success” to promote a satisfying work environment (Keith et al., 2020, p. 382). Preparing nursing managers for their role improves satisfaction and retention. The current retention rate demonstrates a benefit to the management training sessions. The percentage is decreased prior to the interventions, and one less manager has left the position when compared to the same timeframe in quarter one of the previous FY. Overall, the evidence-based intervention of training sessions for nursing managers improves competency, satisfaction, and retention.

Limitations

Training opportunities could have been improved through several avenues. The training sessions were offered through TEAMS and in person, but no participants attended in person. TEAMS has become a routine meeting arrangement post pandemic. The training sessions were offered during normal business hours and only captured a limited group of managers who met inclusion criteria. SMEs did not want to be recorded and were unavailable to conduct off-tour training. Study participants were completely voluntary and anonymous for each training session. It is unclear how many trainings session each person attended. The dramatic decrease in retention rate was noted but does not portray long-term retention. The timeframe for turnover rate measurement is limited. A true measure of success will be at the end of quarter three on June 30, 2024.

Sustainability

Facilitating training sessions for nursing managers utilizing the current needs assessment results is feasible in the current local organization. The needs assessment identified other priority topics within each AONL quadrant that managers request further education on. This pilot study has confirmed the need as well as the benefits for the organization to continue to invest resources in training sessions for managers. The pilot project group that includes the education and learning resource department and long-term care chief will remain intact to facilitate further training endeavors. Managers voted on and senior leadership supported this endeavor across the continuum and selected nurse manager orientation as a 2024 FY goal for the [REDACTED] Council.

[REDACTED].

For better participation, adaptations will have to be made for off-tour managers. Throughout the project interventions, off-tour managers reached out to this writer requesting training be provided (or at least recorded) when they are on duty. The current schedule of one training session weekly during business hours only meets the needs of the managers that work during the day. The organizational structure of the management team includes 27/7 managerial coverage through assistant nurse managers who were also part of the study cohort. The training schedule will have to be carefully considered and most likely altered to capture all people in nursing management roles. Successful training schedules will be planned with agenda items and clearly established timelines. Collaboration with SMEs remains important. If the SMEs cannot do off-tour training, off-tour managers will have to be permitted to change their schedule to attend training. Scheduling is the biggest barrier to overcome.

Dissemination Plan

A post-project presentation will be conducted as requested by the organization. The educational stakeholders have already scheduled a project briefing to review results at a nursing

leadership meeting in December 2023. Senior leadership, project team and frontline management are scheduled to attend. The presentation will be conducted by the DNP student through TEAMS via PowerPoint and interactive dialogue. The results of the post-training survey will be disseminated to each of the SMEs who conducted the training. The results were favorable and will encourage future participation in training endeavors.

Translation into practice will continue through expanding training sessions into a formalized nursing management training program through the same principles set forth in the project. Further dissemination of study results will be at the regional level. The project has afforded this writer the opportunity to be part of the regional workgroup to develop nurse manager orientation for multiple [REDACTED]. The workgroup will meet weekly for one hour starting November 29, 2023, until all deliverables are completed.

Additional dissemination consideration is being contemplated for poster or podium presentation for the Pathway to Excellence conference. Retention results will be known for FY by September 30, 2024. Submission for presentation abstract is due to the American Nurses Credentialing Center by December 1, 2024.

Conclusion

This quasi-experimental pilot study provided an optimistic answer to the clinical question, “will implementing an evidence- based leadership training program decrease nursing management turnover?” The post intervention turnover rate decreased significantly compared to prior intervention rates. Although conclusive results are pending until the end of the FY, for every one manager personnel retained, there are estimated cost savings of over \$41,000. More importantly, from a clinical perspective, developing and conducting role-specific training improves competency in duties and increases satisfaction in the nursing management role, which

aids in retention. This study identified the importance of meeting the frontline managers' needs along with organizational support and readiness. After the nursing management team identified the training needs, the organization fully backed this project and future endeavors, which also aids in retention. The training sessions were conducted at the same time every week for four weeks by subject matter experts and were interactive in nature. The post-training session intervention surveys confirmed that the training sessions were individually and collectively successful. To improve retention, organizations would benefit from developing structured training through American Organization of Nursing Leadership competency principles and conducting training for all nursing management. The findings in this study support current literature related to retaining managers. Further studies with fully developed training programs that compare annual retention rates are needed to confirm turnover impact.

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Warshawsky, N., & Cramer, E. (2019). Describing nurse manager role preparation and competency: Findings from a national study. *JONA: The Journal of Nursing Administration*, 49(5), 249–255. <https://doi.org/10.1097/nna.0000000000000746>

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Appendix A- Evidence Table
ARTICLE SYNTHESIS MATRIX TEMPLATE

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Keith, A. C., Warshawsky, N, Neff, D., Loerzel, V., & Parchment, J. (2020). Factors that influence nurse manager job satisfaction: An integrated literature review. <i>Journal of Nursing Management</i> , 29(3), 373–384. https://doi.org/10.1111/jonm.13165	To understand elements that impact nurse manager job satisfaction.	An integrated literature review of 14 publications.	Mixed integrated literature review of 7 quantitative and 7 qualitative studies.	Four themes include workloads, organizational support, supervisor relationship and competency/training. Mentions career development programs.	Level 1.5 mixed methods review.	Limited studies on nurse manager satisfaction. Lack of studies found for specific interventions.	Yes, Studies conveyed that nurse managers feel very unprepared. Organizations must provide acceptable orientation and educational programs.
Ullrich, D., Cope, V., & Murray, M. (2020). Common Components of nurse manager development programmes: A literature review. <i>Journal of Nursing Management</i> , 29(3), 360–372.	To appraise and synthesize literature for manager	A systematic review of 14 research articles.	There were 14 different studies with sample size	There are varying ways to train nurse managers. A curriculum component	Level 1.5, included several methods	Curriculum components were grouped into	Yes, need to determine organizational nurse manager need. Didactic and

<p>https://doi.org/10.1111/jonm.13183</p>	<p>development program.</p>		<p>ranging from 8-63. Included quasi experimental, mixed method quantitative and observational studies.</p>	<p>was evident in all literature.</p>	<p>s of study.</p>	<p>subthemes but not always clear. Limited participation in various studies. Treated turnover and retention as direct opposites.</p>	<p>interactive learning methods were more effective than reflective. There is very little evidence to support experiential.</p>
<p>Halter, M., Pelone, F., Boiko, O., Beighton, C., Harris, R., Gale, J., Gourlay, S., & Drennan, V. (2017). Interventions to reduce adult nursing turnover: A systematic review of systematic reviews. <i>The Open Nursing Journal</i>, 11(1), 108-123. https://doi.org/10.2174/1874434601711010108</p>	<p>To understand interventions that may reduce turnover.</p>	<p>A systematic review and synthesis of 7 systematic review studies.</p>	<p>Systematic assessment by 11-point AMSTAR checklist</p>	<p>All studies recognized that intent to stay or retention increased with transition programs.</p>	<p>Level 1</p>	<p>Primary studies were not always clear, and evaluation tools may not be of high quality.</p>	<p>Yes, identifies transition programs are valuable for retention.</p>

<p>Cox, C. (2019). Nurse manager job satisfaction and retention. <i>Nursing Management</i>, 50(7), 16–23. https://doi.org/10.1097/01.numa.0000558512.58455.68</p>	<p>Identify nurse manager job satisfaction and retention.</p>	<p>Face to face interviews with 20 nurse managers in a home healthcare organization.</p>	<p>Qualitative phenomenologic study</p>	<p>Four themes included staff relationships, organizational support, patient population, and manager responsibilities.</p>	<p>Level 6</p>	<p>Small sample size, response bias and limit if transferability.</p>	<p>Yes, promotes organizational support of managers in role.</p>
<p>Warshawsky, N. (2018). Promote nurse manager job satisfaction and retention. <i>American Nurse Today</i>, 13(8), 33–34.</p>	<p>Promote expert beliefs of satisfaction and retention of manager.</p>	<p>No sample.</p>	<p>Expert opinion.</p>	<p>Themes include balance workload, competency development, work life balance and achieve success.</p>	<p>Level 7</p>	<p>Opinion of one expert.</p>	<p>Yes, competency development provides managers with tools necessary for role responsibilities. Proper role support is needed to retain managers.</p>
<p>Labrague, L. J. (2020). Organizational and professional turnover intention among nurse managers: A cross-sectional study. <i>Journal of Nursing Management</i>. https://doi.org/10.1111/jonm.13079</p>	<p>Examine elements that impact nurse manager turnover.</p>	<p>Sample size of 240 nurse managers.</p>	<p>Cross sectional study.</p>	<p>Turnover related to job stress, job satisfaction and work/family</p>	<p>Level 6</p>	<p>Unable to establish a causal relationship between</p>	<p>Yes, the study recommends structured transition program to support new</p>

				conflict. Age and education were a factor in turnover. Older managers and MSN or greater have higher satisfaction.		variable s. Bias is noted sue to self-reported scales and sample was on one location, Philippines.	nurse managers. Recommendations included focusing on nurse manager orientation.
Warden, D., Hughes, R. G., Probst, J. C., Warden, D. N., & Adams, S. (2021). Current turnover intention among nurse managers, directors, and executives. <i>Nursing Outlook</i> , 69(5), 875–885. https://doi.org/10.1016/j.outlook.2021.04.006	Study intent to leave for acute care manager, directors and executive.	Survey sample size is 1880 participants.	Descriptive analysis.	Themes that impact turnover intention, professional vulnerability (including burnout), congruence with organizational culture, and professional relationships	Level 6	Sample not randomized. Possible community and response bias.	No, nurse managers leave their jobs for voluntary reasons. Too broad findings.
Modaresnezhad, M., Andrews, M. C., Mesmer-Magnus, J., Viswesvaran, C., & Deshpande, S. (2021). Anxiety, job	Explore predictor of work anxiety and	Survey sample size 1,080 participants.	Cross sectional research design.	Nurse manager support reduces	Level 6	Limited factors of causality	Yes. Recognizes that supervisory

<p>satisfaction, supervisor support and turnover intentions of mid-career nurses: A structural equation model analysis. <i>Journal of Nursing Management</i>, 29(5), 931–942. https://doi.org/10.1111/jonm.13229</p>	<p>impact of retention.</p>			<p>anxiety in staff and reduces intent to leave. Nurse manager leadership impacts overall staff retention.</p>		<p>identified. Validity concerns of survey instrument.</p>	<p>support impacts retention.</p>
<p>Suliman, M., Aljezawi, M., Almansi, S., Musa, A., & Alazam, M. (2020). Effect of nurse manager's leadership styles on predicted nurse turnover. <i>Nursing Management</i>, 27(5), 20–25. https://doi.org/DOI:10.7748/nm.2020.e1956</p>	<p>To access leadership style in relationship to turnover.</p>	<p>Survey Sample size is 280 nurses in 3 hospitals.</p>	<p>Cross sectional study design.</p>	<p>Transactional leadership style promotes retention. Recommend nurse managers participate in leadership programs.</p>	<p>Level 6</p>	<p>Response bias noted.</p>	<p>No, focuses on leadership style only.</p>
<p>McCright, M., Pabico, C., & Roux, N. (2018). Addressing manager retention with the pathway to excellence framework. <i>Nursing Management</i>, 49(8), 6–8. https://doi.org/doi:10.1097/01.NUMA.0000542293.75001.38</p>	<p>Explain how pathway to excellence framework promotes supportive practice environment which reduces</p>	<p>Review of 255-bed Pathway designated hospital managerial retention success. Managers are empowered through engagement</p>	<p>Expert opinion.</p>	<p>Turnover related to burnout from stress, workload, relationships, lack of organizational support. Recommend creating essential</p>	<p>Level 7</p>	<p>Expert opinion only. No hard data.</p>	<p>Yes. Organization is Pathway to Excellence Designation. Pathway to Excellence pillars include leadership development and growth.</p>

	intent to leave.	and shared governance. A formal leadership program prepares nurses for role.		infrastructures that support managers.			Noted success with a multi modal nurse manager training program.
Putra, A., Kusnanto, K., & Yuwono, S. (2020). Effects of job satisfaction and organizational commitment on nurse retention: A systematic review. <i>INDONESIAN NURSING JOURNAL OF EDUCATION AND CLINIC (INJEC)</i> , 5(2), 197. https://doi.org/10.24990/injec.v5i2.319	The study aims to explore connection between job satisfaction, organizational commitment and retention.	25 articles for synthesis cross sectional and quasi experimental designs.	Systematic review.	Job satisfaction predicts intent to leave. Recommend organizations commit to retention strategies.	Level 5	Evaluation tools may not be of high quality	Yes, organizational support promotes retention. Leadership development is an example of organizational support.

<p>Correa, P. B., & Bacon, C. (2019). The effect of leadership interventions on staff nurse job enjoyment and leadership perception. <i>JONA: The Journal of Nursing Administration</i>, 49(4), 215–220. https://doi.org/10.1097/nna.0000000000000740</p>	<p>The study evaluated staff nurse's perceptions after nurse manager participated in leadership training program.</p>	<p>Initiates an 8-month leadership program that was evaluated pre and post. 5 nurse managers and 82 staff nurses included.</p>	<p>Cohort study of nurse managers</p>	<p>Servant leadership was framework. 2/5 showed improvement. 1 showed no improvement. 2 NMs left mid study</p>	<p>Level 4</p>	<p>Very Limited sample size. Pre and post survey inconsistencies. Survey participant turnover</p>	<p>No. limited evidence.</p>
<p>Frangieh, J., & Jones, T. (2022). Factors facilitating or inhibiting the capacity for effective leadership among front-line nurse managers: A scoping review. <i>Journal of Nursing Management</i>, 30(7), 2653–2669. https://doi.org/10.1111/jonm.13776</p>	<p>Map and synthesis studies related to elements that impact front line manager behaviors.</p>	<p>This design involved 26 empirical studies that were synthesized. A combination of 13 qualitative, 12 quantitative, 1 mixed method, 1 grounded theory, and 1 phenomenographic.</p>	<p>A scoping review</p>	<p>Themes were both environmental and personal factors. Personal characteristics, competencies and social support were subthemes. Recommended leadership development programs</p>	<p>Level 1.5 mixed method reviews.</p>	<p>No clear definition of front-line manager. Only 5 databases were used and gray literature not used.</p>	<p>Yes, provides translation into practice with recommendations. Affective competencies for dealing with emotions was identified.</p>

				and other support programs.			
James, A., & Arnold, H. (2022). Using coaching and action learning to support staff leadership development. <i>Nursing Management</i> , 29(3), 32–40. https://doi.org/10.7748/nm.2022.e2040	Is an introduction to coaching and action learning as approaches foster leadership development	No sample	Expert opinion	The article describes how action learning supports professional development	Level 7, expert opinion	Specific to authors professional work, support by literature	Yes, gives guidance on action learning for training modalities .
Flatekval, A., & Corbo, S. (2019). Nurse manager self-reported competency levels. <i>Nursing Management</i> , 50(2),2833. https://doi.org/10.1097/01.numa.0000552739.87072.a5	The study evaluated a 3-component training curriculum. (1) Essentials of Nurse Manager Orientation (2) lunch in learn and (3) instructor lead	Sample size of 8 nurse managers in one organization participated in three training interventions.	A pilot study	Statistically significant results post training, per participant self-reports.	Level 4, cohort study	Conducted in one medical center with small sample size with limited diversity.	Yes. Training had several elements that included in a leadership development program

	reinforcement of learned concepts.						
Warshawsky, N., & Cramer, E. (2019). Describing nurse manager role preparation and competency: Findings from a national study. <i>JONA: The Journal of Nursing Administration</i> , 49(5), 249–255. https://doi.org/10.1097/nna.00000000000000746	To describe how nurse managers were prepared and competency development	It was a national sample of 647 nurses from 54 different hospitals between September 25 and November 3, 2017.	A non-experimental cross sectional study design.	The strongest association with competence was experience.	Level 6 descriptive design	Study very vague in findings, limits abilities to draw inferences and causality cannot be established. Experience usually does improve competency.	Yes, the study captured that nurse managers are requesting structured orientation and training programs.
Seabold, K., Sarver, W., Kline, M., & McNett, M. (2020). Impact of intensive leadership training on nurse manager satisfaction and perceived importance of competencies. <i>Nursing Management</i> , 51(1), 34–42. https://doi.org/10.1097/01.numa.0000580592.92262.40	To evaluate a 2-day intensive training seminar aimed at providing managers with tools to navigate	Sample size was 45 however only 33 completed pre and post survey.	An observational, prospective cohort design was used.	Satisfaction scores did not improve significantly. However perceived competence did.	Level 4, cohort study	One site limits generalization. Did not evaluate actual interventions, only evaluated perception of	Yes, supports structured leadership development program for nurse managers.

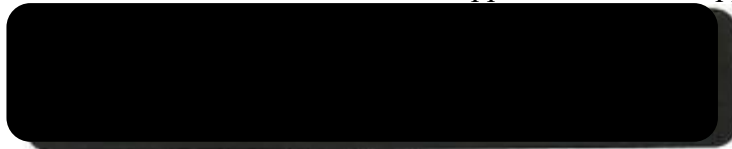
	responsibilities.					competencies.	
Chen, W., Modanloo, S., Graham, I. D., Hu, J., Lewis, K. B., & Gifford, W. (2022). A mixed-methods systematic review of interventions to improve leadership competencies of managers supervising nurses. <i>Journal of Nursing Management</i> , 30(8), 4156–4211. https://doi.org/10.1111/jonm.13828	The goal was to synthesize interventions to improve leadership competencies	Review of 69 studies that included 35 quantitative, 22 mixed method, 12 qualitative. 68 interventions were included.	A mixed-method systematic review	Lectures, peer workgroups, and mentoring had positive impact on improving leadership competencies	Level 2 systematic review of mixed studies	Interventions broadly categorized. Unable to identify number of participants and similarities in perceptions with interventions.	Yes, supports multimodal interventions are needed to support nurse manager in training. Notes that practice environment needs to be considered.
Frasier, N. (2019). Preparing nurse Managers for authentic leadership. <i>JONA: The Journal of Nursing Administration</i> , 49(2), 79–85. https://doi.org/10.1097/nna.0000000000000714	Study observed impact of authentic leadership program on nurse managers	Sample size of 16 nurse managers in one organization.	A cross sectional study	Managers were more self-aware of behaviors after pilot	Level 6 descriptive design	Limited sample and cannot generalize results. Short post program data period limits data.	No. Specific to leadership style
McGill, R. (2017). Hazardous terrain and tranquil waters. <i>Nursing Management</i> , 48(8), 50–54.	Grounded theory study to	Sample size of 19 nurse	A qualitative study	Support for leadership developme	Level 6	Limited sample size and in one	Yes, supports focused

<p>https://doi.org/10.1097/01.numa.0000521584.32752.1a</p>	<p>identify how clinical nurses transition to managers</p>	<p>managers in 2 metropolitan hospital systems participated in interviews</p>		<p>nt is beneficial when both formal and informal support is provided. Experienced based learning should align with organizational learning</p>	<p>qualitative</p>	<p>catchment area. Response bias.</p>	<p>nurse manager training in conjunction with organizational training. Organizational context does matter.</p>
<p>Patrician, P. A., Prapanjaroensin, A., Dawson, M., White- Williams, C., & Miltner, R. S. (2018). Mapping and sustaining leadership development. <i>JONA: The Journal of Nursing Administration</i>, 48(11), 567–573. https://doi.org/10.1097/nna.00000000000000681</p>	<p>Study to evaluate 2-day leadership workshop utilizing nurse manager skills inventory by American Organization of Nurse Executives</p>	<p>55 NMs met inclusion criteria with 17 paired pre and posttest.</p>	<p>Qualitative pre and post testing related to perception of competencies.</p>	<p>Posttest learning scores were statistically higher than pretest (p<0.001)</p>	<p>Level 6 qualitative</p>	<p>Small sample size and inability to generalize results. 55 managers participated but only 17 completed posttests, validity is questionable.</p>	<p>Yes, Targeted learning activities benefit early and mid-career nurse managers</p>

<p>Ficara, C., Veronneau, P., & Davis, K. (2021). Leading change and transforming practice. <i>Nursing Administration Quarterly</i>, 45(4), 330–337. https://doi.org/10.1097/naq.0000000000000497</p>	<p>Study to evaluate nurse manager residency program implementation</p>	<p>21 nurse managers participated in sessions held monthly for an average of 2 hours over 12 months.</p>	<p>Descriptive study</p>	<p>Retention rate after 1 year of completion is 90%</p>	<p>Level 6 descriptive</p>	<p>Limited sample size.</p>	<p>Yes, supports nurse manager residency program</p>
<p>Goktepe, N., Turkmen, E., Badir, A., Hayta, O., Yakar, H., & Buyukgonenc, L. (2018). Development of managerial competencies for first-level nurse managers in Turkey. <i>International Journal of Caring Sciences</i>, 11(2), 1095–1103.</p>	<p>Evaluate Nurse manager development program that was designed following needs assessment.</p>	<p>18 voluntary first-level managers participated in nurse manager development program</p>	<p>Quasi experimental study, pre and posttest design</p>	<p>Significant increase in management competency in decision making and leadership ability. No significant difference in unit operations and labor planning.</p>	<p>Level 4, cohort study</p>	<p>Conducted in one hospital, and only applicable to the managers that participated.</p>	<p>Yes, supports needs assessment to determine training needs and outcomes</p>
<p>Graham-Hannah, D., Cathcart, E., Honan-Pellico, L., & Kunisch, J. (2017). Composing growth. <i>Nursing Management</i>, 48(6), 40–45.</p>	<p>Identify nurse managers learning</p>	<p>11 nurse managers attended and wrote</p>	<p>phenomenology was interpreted by peer</p>	<p>Narratives provided insight into curriculum</p>	<p>Level 6 qualitative</p>	<p>Limited sample size with inability to</p>	<p>Yes, supports including managers</p>

https://doi.org/10.1097/01.numa.0000515795.72097.e3	needs through narrative writing and interpretation.	narrative descriptions of their experiences.	group related to skilled practical knowledge, clinical judgment, moral agency, and caring.	needs of managers		generalize. Executive nurse leaders interpreted writings and bias is a potential	to identify needs
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Appendix B- Iowa Approval



To: Longley, Lisa Ann

Tue 5/16/2023 8:00 PM

You don't often get email from survey-bounce@survey.uiowa.edu. [Learn why this is important](#)

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

You have permission, as requested today, to review and/or reproduce *The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care*. Click the link below to open.

[Iowa Model - 2015.pdf](#)

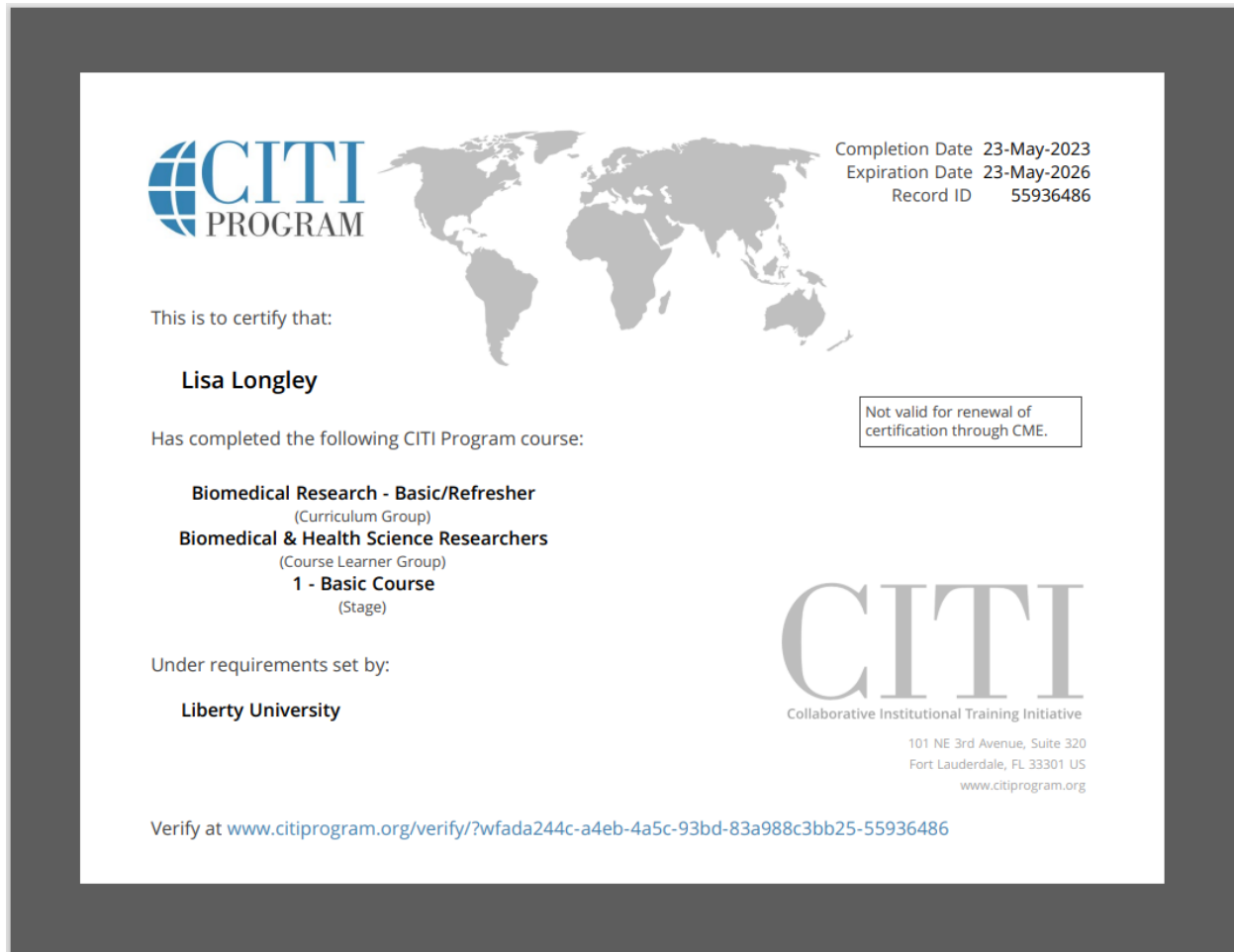
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Reference: Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing*, 14(3), 175-182. doi:10.1111/wvn.12223

In written material, please add the following statement:
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Please contact UIHCNursingResearchandEBP@uiowa.edu or 319-384-9098 with questions.

Appendix C- CITI Certificate



Appendix D- Regulatory Records/Audits, Informed Consent and HIPAA Training

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[Redacted]

y Records/ Audit Preparation & ICD and HIPAA training sessions

Importance: High

Good Afternoon, Lisa:

The Office of Research Compliance would like to thank you for attending the Regulatory Records & Audit Preparation Training session and the Informed Consent and HIPAA training session.

Attached is a .zip file of the electronic regulatory binder that all researchers must use to file protocol documents. (Remember, I'll create a protocol folder on the research drive for you and insert this .zip file in it. If you want, you can copy this .zip file onto your computer and begin filing your records in it then later transfer that version into your protocol folder once your get access to the research drive. Just a thought but it is not necessary. 🍌)

Thank you for attending the RCO's mandatory Regulatory Records Audit Preparation & ICD and HIPAA training sessions.

I hope that you found the information beneficial. And thank you for your feedback.

Receipt of this email means that I have acknowledged your attendance and that you have successfully met this requirement. While you may not be required to attend this training again, staff are always welcome to participate in future sessions as a refresher.

[Redacted]

anything related to regulatory issues, or research compliance, please feel free to reach out to me at [Redacted] via Microsoft Teams.

When in doubt, just call. I am here to help.

[Redacted]

Office of the Director
er

Appendix E- Needs Assessment

Thank you for volunteering to complete this needs assessment as a part of a pilot study to improve nurse management retention.

By completing this assessment, you are giving consent to use your answers to develop a training program.

Nursing Management Needs Assessment

How many years/months have you been in your current role? _____

Select 2 areas of interest in each of the four quadrants.

Professionalism		Communication and Relation Management	
X	Select 2 areas of interest	X	Select 2 areas of interest
	Executive Career Field (ECF) Writing		Crucial Conversations
	██████████ Standards Board		Labor Relations and Union Contracts
	Proficiency Timeline for ██████████		Team Building
	Summary Review Board		Debriefing
	Evidenced Based Practice – Office of Nursing Service		Equal Employment Opportunity (EEO)

Knowledge of Health Care Environment		Business Skills and Principles	
X	Select 2 areas of interest	X	Select 2 areas of interest
	Peer Review		Labor Mapping
	Fact Finding		Staffing Methodology
	Award Process		Hiring Process/ Nurse Recruiter
	SAIL Data		Competency Folder
	Just Culture- Patient Safety		Discipline Process

Please indicate other training sessions you would like to see offered _____

Appendix F- Post Training Evaluation

Thank you for volunteering to complete this participant satisfaction assessment as a part of a pilot study to improve nurse management retention.

By completing this assessment, you are giving consent to use your answers to evaluate this training session and develop a training program.

How many years/months have you been in your current role? _____

Participant Satisfaction

Please circle the score for each question below. Rank answers from 0 to 5. 5 is very satisfied (favorable) 3 is satisfied (average) and 1 is very unsatisfied (unfavorable).

1. Overall, I was satisfied with this learning activity.

1 2 3 4 5

2. I would recommend this training to others.

1 2 3 4 5

3. I learned new knowledge and skills from this learning activity.

1 2 3 4 5

4. How much did you learn as a result of this training session?

1 2 3 4 5

5. The scope of the learning activity was appropriate to my professional needs.

1 2 3 4 5

6. The content was presented in a manner that was fair and unbiased.

1 2 3 4 5

7. How useful was the content of this training session for your practice or profession.

1 2 3 4 5

8. I will be able to apply the knowledge and skills learned to improve my job performance.

1 2 3 4 5

9. The training environment was effective for my learning.

1 2 3 4 5

Appendix G -Organizational Support Letter

Memorandum

[Redacted]

[Redacted]

Date: June 28, 2023

From: [Redacted]
DNP Preceptor

[Redacted]

Subject: DNP Project

To: Liberty University

Thru: Lisa Longley, DNP student
[Redacted]

Dear Ms. Longley,

After review of your evidenced based intervention proposal synopsis for *A Leadership Training Program Improves Nurse Manager Retention*, we have decided to grant you permission to access our membership list/contact our faculty/staff and invite them to participate in your scholarly project, and to receive and utilize turnover rates, assessment, and evaluation information to collect and analyze data. Please note [Redacted] IRB chair and or committee will provide final project approval.

Sincerely,

[Redacted] 7-7-23
BC, CHPN, NEA-BC

[Redacted] 7/12/23
Nursing Officer

Appendix H- [REDACTED] IRB Approval



WORKSHEET OPERATIONS ACTIVITY THAT MAY CONSTITUTE RESEARCH

IRB Chair/R&D Chair or Designee Determination:

Not research. Project may proceed as an operations activity with approval from the [REDACTED]
[REDACTED] Quality management Office

Research Project. Must be submitted for review by an IRB or other appropriate review committee

Additional information is needed to make a determination

IRB Chair/Vice-chair or Designee's Comments

IRB Chair/R&D Chair or Designee's Signature: [REDACTED]
Date _____

Appendix I- Liberty University IRB Approval
Appendix I- Liberty University IRB Approval

Date: 9-14-2023

IRB #: IRB-FY23-24-443
Title: A leadership training program improves nurse manager retention
Creation Date: 9-13-2023
End Date:
Status: Approved
Principal Investigator: Lisa Longley
Review Board: Research Ethics Office
Sponsor:

Study History

Submission Type Initial	Review Type Exempt	Decision No Human Subjects Research
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Key Study Contacts

Member Candi Payne	Role Co-Principal Investigator	Contact
Member Candi Payne	Role Co-Principal Investigator	Contact
Member Lisa Longley	Role Principal Investigator	Contact
Member Lisa Longley	Role Primary Contact	Contact

Appendix J-Consent to Participate

I acknowledge that the training session that I am participating in is part of an evidenced-based intervention pilot study “A leadership training program improves nurse manager retention”. The data that is obtained from participant satisfaction post training evaluation will be collected and analyzed. Only the training session topic and post evaluation scores will be collected, analyzed, and documented. Specific trainer information is not being obtained and or utilized in the study.

Appendix K- Cost Benefit Analysis

Activity	Type of Expense	Expense (averages)	Projected cost	Total
Training session	3 hours of training for 32 managers	\$45 hour wage	-\$4, 320.00	-\$4, 320.00
Subject matter expert	3 hours of conducting training for 6 staff	\$55 hour wage	-\$165.00	-\$4, 485.00
Planning team	10 hours of planning (not student)	\$52 hour wage	-\$520.00	-\$5, 005.00
Retain one manager	onboarding	\$46, 100	+\$46, 100.00	+\$41, 095
Cost savings of approximately \$41, 095 if one nurse manager is retained through training efforts. Cost savings increase with each additional nursing manager that is retained.				