CREATION OF CONTINUING EDUCATION MODULES ADDRESSING LEADERSHIP

DEVELOPMENT COMPONENTS APPLICABLE TO NURSE PRACTITIONERS IN THE

STATE OF NORTH DAKOTA

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The Supervisory Committee certifies that this ***disquisition*** complies with

North Dakota State University's regulations and meets the accepted standards

for the degree of

DOCTOR OF NURSING PRACTICE

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ABSTRACT

Effective leadership skills are a necessary element of successful Nurse Practitioner

practice. Lack of leadership ability among Nurse Practitioners may lead to gaps in patient care,

poorer outcomes, decreased patient satisfaction, increased healthcare spending, and inadequate

communication between patients, providers, and peers (O'Grady, 2008). Both the National

Organization of Nurse Practitioner Faculties (NONPF) and the American Association of

Colleges of Nursing (AACN) identify components of leadership that are crucial to the role that

the Nurse Practitioner plays while caring for patients (NONPF, 2012 & AACN, 2006). The

landmark report on the Future of Nursing from the Institution of Medicine of the National

Academies specifically identifies recommendations that directly relate to leadership, including

the recommendations to "expand opportunities for nurses to lead and diffuse collaborative

improvement efforts" and "prepare and enable nurses to lead change to advance health" (Institute

of Medicine, 2010).

A survey of Advanced Practice Registered Nurses was completed in the state of North

Dakota (N=34) in an effort to identify areas of needed enhancement of leadership skills. Overall,

participants identified four main topics that were felt to be lacking in proficiency in their current

practice. These areas included involvement in health policy, systems leadership, negotiation, and

influencing peers to accomplish positive change in practice. After extensive literature review, it

was determined that information regarding these topics would be beneficial for nurse

practitioners throughout the country.

In response to the need for increased education regarding the aforementioned topics, a

series of four online continuing education modules were created in collaboration with the

American Association of Nurse Practitioners (AANP) Continuing Education Center and presented as a leadership development series. Nurse practitioners who completed the continuing education modules were surveyed regarding perceived knowledge and likelihood of involvement in the given leadership activity, and information regarding the electronic format of content dissemination was collected. Sample sizes ranged from 11 to 27 participants. Data collection occurred from May 16, 2014 to June 23, 2014. Evaluation of the modules demonstrated that participants indicated an increase in their perceived knowledge and likelihood of participating in the four areas of leadership. The vast majority of respondents indicated the modules were created at an educational level appropriate for their current role. Nearly every participant identified that the online module format is an effective means of content dissemination. Qualitative responses regarding the modules were generally positive in nature.

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I would like to thank my best friend and husband, Randy, for his unwavering belief in me and the support that he offered at all times. Without you, this would not have come to fruition. You are a wonderful husband and father to our daughter and you inspire me to always seek out new challenges and experiences. I love you more than words can ever say. I want to thank my precious daughter, Ava, for being the best thing that has ever happened to us. This is all for you, sweetheart.

To my mother, Karen, I want to say thank you for a lifetime of support and love. You have stood by me through every trial and celebrated with me through every joyous occasion. Your guidance helped to shape me in to the woman that I have become, and I could not have asked for a better mother. I love you. Thank you to my brothers, Andy and Alex, for lending an ear and always encouraging me to achieve my dream. I am lucky to be your sister.

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I feel privileged to have had the classmates that I did throughout this journey. It has been an honor to learn with them, and I feel we have developed very special connections with each other. I want to thank them for the wonderful memories and wish them all happiness as they begin their careers.

Finally, I want to say a special thank you to my father, Gary. You always believed in me, no matter what. If it weren't for your influence, I would not have even applied for this program. The memories of your kind heart and sense of humor got me through difficult times in the past few years. Thank you for giving me a wonderful childhood and for being the best father I could have ever had. You never knew me as a nurse in this world; I can only hope that the road I've taken would be one that made you happy. I miss you every minute of every day and hope that you would be proud. I love you, Dad.

DEDICATION

I would like to dedicate my dissertation to:

My precious daughter, Ava

My beloved husband, Randy

My wonderful parents, Gary and Karen

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CHAPTER ONE. INTRODUCTION

Background and Significance

In 2010, the Institute of Medicine (IOM) released a groundbreaking report titled *The Future of Nursing: Leading Change, Advancing Health* that aimed to "transform healthcare through nursing" (IOM, 2010). The report included eight specific objectives that sought to shape nursing practice through a variety of means including advancement of education, removing scope-of-practice barriers, collaboration, creation and implementation of nurse residency programs, and efforts to promote leadership. Recommendation seven, *"Prepare and enable nurses to lead change to advance health"*, explicitly addresses the importance of leadership as it pertains to the field of nursing. The report summarizes the following:

> "Nurses, nursing education programs, and nursing associations should prepare the
> nursing workforce to assume leadership positions across all levels, while public, private,
> and governmental health care decision makers should ensure that leadership positions are
> available to and filled by nurses. Nurses should take responsibility for their personal and
> professional growth by continuing their education and seeking opportunities to develop
> and exercise their leadership skills. Nursing associations should provide leadership
> development, mentoring programs, and opportunities to lead for all their members.
> Nursing education programs should integrate leadership theory and business practices
> across the curriculum, including clinical practice. Public, private, and governmental
> health care decision makers at every level should include representation from nursing on
> boards, on executive management teams, and in other key leadership positions" (IOM,
> 2010, p. 5).

Each of the points listed within recommendation seven are pertinent to the realm of the Advanced Practice Registered Nurse (APRN). This doctoral paper will focus on the nurse practitioner component of the APRN role as it pertains to the recommendation set forth by the Institute of Medicine; when pertinent, information specific to nurse practitioners with Doctor of Nursing Practice (DNP) education will be highlighted. DNP curricula often expand upon the content covered by master's programs by providing advanced education in the areas of quality

improvement, utilization of evidence based methods, and systems leadership, in particular (American Association of Colleges of Nursing, 2013). Leadership is an expected component of all nurse practitioner educational programs. Inclusion of this material in curricula is especially relevant to the education of the doctorally prepared nurse practitioner due to the expanded management and leadership opportunities provided by advanced training (The National Organization of Nurse Practitioner Faculties [NONPF], 2012, 2006).

A leader is defined as "a person who coordinates, integrates, facilitates, and provides a context for the performance of the people in the organization" (Porter-O'Grady & Malloch, 2013, p. 564). Leaders tend to have specific personality traits such as intelligence, initiative, creativity, excellent self-esteem, high-quality interpersonal skills, and willingness to take risks and adapt to the results of taking those risks (Tappen, Weiss, & Whitehead, 2004). Although leadership qualities are often an innate component of one's personality, these qualities may be taught, practiced, learned, and incorporated into everyday use (Porter-O'Grady & Malloch, 2013). Development of these skills is crucial for any member of the nursing profession, particularly for individuals that are in the nurse practitioner role (Cerinus & Wilson, 2009). The benefits of strong nurse practitioner leaders may also directly affect health care organizations; "skilled leadership is required to create and then sustain an organizational culture of excellence and continual development and improvement" (Pintar, Capuano, & Rosser, 2007, p. 115).

Information regarding leadership development components applicable to the nurse practitioner with DNP education remains limited at this time, as evidenced by extensive literature review performed by the author. Research pertinent to leadership development of nurse practitioners in the state of North Dakota appears to be virtually nonexistent as evidenced by an

extensive literature search completed by the author of this disquisition. Currently, the North

Dakota Board of Nursing reports 641 nurse practitioners licensed in the state as of June 2014

(North Dakota Board of Nursing, 2014). The overall total number of nurse practitioners in the

United States as stated in the 2011 Pearson Report is 180,233, with North Dakota representing

0.3% of the total population of nurse practitioners in that time frame (Kaiser Family Foundation,

2013). This project aims to utilize information garnered from assessment of North Dakota nurse

practitioners to guide development of continuing education modules that address components of

leadership development. These modules will not only be applicable to the North Dakota

population, but should be relevant to nurse practitioners from a variety of locales and

backgrounds seeking to deepen their repertoire of leadership skills.

Statement of the Problem

As a result of the recommendations for nursing set forth by the Institute of Medicine in

2010, Action Coalitions were created in numerous states to move toward change. The North

Dakota Action Coalition (NDAC) came to life in March of 2012 as a result of a partnership

between the North Dakota Center for Nursing and the University of Mary Emerging Leaders

Academy (North Dakota Center for Nursing, 2012). Subcommittees were designated within the

coalition in order to tailor efforts toward specific groups of nurses within the state. This author

served as the co-chair of the Advanced Practiced Nursing Leadership Development Committee

which sought to better understand the needs of APRNs within the state. Involvement with the

North Dakota Action Coalition has been supported by the Jonas Center for Nursing Excellence, a

foundation of which this author has been named a Scholar. In order to determine the needs of

APRNs in the state of North Dakota, the committee decided that a direct method of assessment

through the form of a needs assessment was necessary to discover the concepts that were most

important or in the greatest need of development. As a result of the work of this committee, an

online survey regarding leadership development was created in February 2013 and distributed

via email to registered members of the NDAC in March of 2013. The link was made available

for members who received the email, with a request that members share with their colleagues

and post within their worksites. The survey questions and results may be viewed in Appendix I.

(North Dakota Center for Nursing, 2012).

A total of 34 respondents took part in the survey and offered their perceptions of the

needs and desires regarding areas of leadership development that would be helpful to their

careers. The results comprised both quantitative and qualitative data. The four main topics that

participants identified as areas for improvement included negotiation, influencing health policy,

influencing peers to accomplish positive change, and a variety of topics that fell under the

broader category of systems leadership (North Dakota Center for Nursing, 2012). The

participants were also surveyed to determine the method in which they preferred to receive any

information related to leadership development. The most popular responses included online

education and mentorship experiences. The author of this paper determined that online

education would be a practical method to disseminate information to a greater number of

participants. The four aforementioned areas of leadership development along with the interest in

receiving education in an electronic format led to the development of the continuing education

modules developed in response to the needs identified by APRNs within the state of North

Dakota.

Purpose of the Project

      The purpose of this project was twofold: First, the author sought to survey APRNs in the state of North Dakota to determine both the needed areas of leadership development and method in which they would prefer to receive the information. Secondly, the author aimed to create and distribute leadership development modules based on the results of the survey that would potentially increase knowledge and increase likelihood of participation in the areas of health policy, systems leadership, negotiation, and influencing peers to accomplish positive change among nurse practitioners in the state of North Dakota and across the United States. No information specific to leadership development or the leadership experience of North Dakota nurse practitioners was found in the course of a literature review. Lack of evidence indicates it is likely that the resulting leadership development modules may be the first of their kind developed from data specific to the state. Because the components of leadership development that were identified are applicable to all nurse practitioners, the continuing education modules were also offered through the American Association of Nurse Practitioners (AANP) Continuing Education program in an effort to further disseminate the product associated with this practice improvement project.

CHAPTER TWO. LITERATURE REVIEW OF EVIDENCE-BASED PRACTICE

The following integrative literature review synthesizes current information about various components of leadership characteristics as they are applicable to the nurse practitioner role. Both qualitative and quantitative studies were examined in the effort to obtain a well-rounded view of the subject. The review was conducted in hopes of identifying what is known about leadership in the nurse practitioner role, recent developments that have occurred to broaden leadership requirements and opportunities, the extent that nurse practitioners are exposed to leadership education in their graduate programs, and to identify what information is lacking in the field.

Methods

Literature from a variety of sources was examined to gain a broad overview of the topic of Advanced Practice Registered Nurse (APRN) leadership. Sources were carefully evaluated to determine relevancy to the topic. Key search terms that guided the review included: *leadership, nurse leader, nurse practitioner, advanced practice registered nurse, negotiation, negotiating, systems leader, systems leadership, influence, health policy, online learning,* and *leadership development.* The databases of CINAHL, PubMed (MEDLINE), OVID, and Health Source: Nursing/Academic Edition were searched utilizing the following criteria: Literature published between the years of 2007-2014, literature featured in a peer-reviewed journal, written in the English language, full text available for viewing, and information relevant to the advanced practice role of nurse practitioner. Exclusion criteria consisted of the following: Information pertinent only to undergraduate nursing education, Licensed Practical Nurse, and Registered Nurse roles.

Results

Approximately 300 scholarly articles were reviewed to determine relevancy to the topic of leadership in nurse practitioner practice. Twenty-five articles contributed to the knowledge base of leadership, and were utilized within the project. Articles were selected based on relevancy to practical development of leadership skills for the nurse practitioner. The following literature review sorts information into various subcategories to describe various elements of leadership development previously discussed. Information regarding teaching methods for educating nurses was included in an effort to obtain an understanding of the most effective means of content structure.

Nurse Practitioner as Leader

Effective leadership skills are a crucial component of nurse practitioner practice. Leadership abilities are important in every aspect of the duties that nurse practitioners perform on a daily basis (NONPF, 2006). Interactions with co-workers, interprofessional relationships, participation on committees, management roles, patient-provider interactions, development of health policies, use of information and healthcare technology programs, and utilization of evidence-based practice when caring for patients are simply a few areas that individuals may utilize leadership abilities (Aduddell & Dorman, 2010). Health care organizations have long recognized the potential for cost-reduction through the use of nurse practitioners, but only recently are organizations beginning to identify means of effective use of their leadership capabilities (Rhodes, Fusilero, & Williams, 2010). Demand for nurse practitioners is increasing. Studies have indicated that clinical outcomes of patients treated by nurse practitioners are comparable to outcomes achieved by physicians, with some studies concluding that nurse

practitioners attain higher patient satisfaction ratings than their physician colleagues (Bauer, 2010). The ability to lead effectively has been shown to have a positive impact in the areas of patient care and employee satisfaction (Curtis, Sheerin, & de Vries, 2011).

Currently, nurse practitioners are offered more opportunities for official leadership positions as they are becoming better recognized for their leadership potential. Management positions such as Director of Advanced Practice Nursing are more often created by health care corporations in an effort to better utilize the skills that nurse practitioners may provide in official positions of leadership (Rhodes, Fusilero, & Williams, 2010). However, understanding that management positions are not synonymous with effective leadership is imperative; "Leadership is often confused with management and those who are seen by their colleagues as leaders are not necessarily in senior positions" (Watson, 2008, p. 67). As Huston (2008) notes, opportunities for leadership should not be taken lightly, nor should leadership be an assumed proficiency; "nurse leaders should realize that becoming an authentic leader is a process that occurs over time and requires self-discovery, self-improvement, reflection and renewal" (p. 910).

Educating the Leader

Content specific to leadership skills for nurse practitioners may be taught in several venues. Graduate programs that educate nurse practitioners play a key role in the development of leadership characteristics, with emphasis on the ability to act as "educator, counselor, advocate, consultant, manager, researcher, and mentor" (American Association of Nurse Practitioners [AANP], 2010, p 1). Even with expectations of information regarding leadership applicable to nurse practitioner students, a need for further content regarding leadership has been identified: "With the changes to and complexity with the health care system, advanced practice

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nurses need academic preparation in advanced care management of populations and leadership competencies" (Aduddell & Dorman, 2010, p. 168).   When successfully implemented into the curriculum, research shows that material regarding leadership development has a positive effect on practice (Curtis et al., 2011). The impact of education regarding leadership may be seen in various aspects of the nurse practitioner role, including patient-provider interaction, peer relationships, management situations, and decision making in stressful situations. O'Grady (2008) notes that, "complex practice and delivery system demands create a mandate to expand the clinical education and leadership capacity of APNs. Graduates of DNP programs are expected to use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems" (p. 602). Doctor of Nursing Practice (DNP) programs have typically included more extensive education in the area of leadership development, particularly in the realm of systems leadership. Information regarding leadership training should be initiated early in the DNP educational program and should be integrated throughout the curriculum (American Association of Colleges of Nursing, 2006). Curtis, Sheerin, and de Vries (2011) note that "experience makes a valuable contribution to leadership development, but that formal education makes a significant contribution as well" (p. 346).

The first step to effective leadership often requires self-analysis which should be completed prior to learning the content: "Students who are aware of their own leadership style, both their strengths and weaknesses, take the first step in understanding how others respond to them. Students who understand their own behaviors, their traits, and how they react and handle different and difficult situations will become more effective leaders" (Zager, 2008, p. 437). Various tools such as the Meyers-Briggs Type Indicator may be utilized to perform self-evaluation of personality (Pintar, Capuano, & Rosser, 2007). Self-reflection of these factors is

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important when implementing educational methods or designing programs to teach leadership components (Zager, 2008).

Healthcare systems may be a proponent for further leadership education for nurse practitioners as well. Investment in leadership training programs may be beneficial to the organization. Curtis et al. (2011) note that "leadership development programmes have a positive impact on new leaders and that leadership training has a positive impact on institutions" (p. 346). Knowledge may also be disseminated through various training programs offered by corporations that are not affiliated with an educational system or health care institution. Content included in programs should have special emphasis on relationship and interpersonal skills (Curtis et al., 2011). The elements of negotiation, systems leadership, influencing health policy, and influencing peers to accomplish positive change, that were all identified in the survey, stem from the basis of interactions with others.

Negotiating

Negotiation occurs in many areas within the nurse practitioner realm. Official negotiation activities such as contract negotiation may affect wages and benefits earned by the nurse practitioner. Negotiation may also take place in every day interactions in contexts such as meetings where the nurse practitioner would like to strive to reach an agreement with other parties; this could occur in policy planning or patient-provider relationships, for example. Negotiation is defined as "to confer with another or others in order to come to terms or reach an agreement, to arrange or settle by discussion and mutual agreement….to achieve an optimal agreement, or the best agreement that the negotiator's side can achieve" (Berlin, 2008, p. 13). For nurse practitioners, the implication that both parties may achieve favorable results that will

have a positive impact on patient care is a successful use of negotiation techniques (Sandman, 2009). Negotiation with patients is often crucial to determining the best method of care or medication regimen that will fit the patient's needs and lifestyle. For example, prescribing insulin to a newly diagnosed diabetic patient without adequate teaching and explanation when they are unwilling to self-administer injections will likely result in noncompliance. Therefore, the social, economic, and environmental factors influencing patients' lives should be considered by the nurse practitioner prior to negotiation (Covill & Hope, 2012). Failure to continue negotiation to the point of a favorable resolution may results in an outcome that is not ideal for either party involved; "persistence and patience are often required to obtain the best possible agreement" (Miles & Maurer, 2010, p. 24).

Components of contract negotiation for nurse practitioners may include compensation, benefits, and contract restrictions, among other elements. Performing self-reflection to determine goals prior to the negotiation session is critical in forming a plan of approach for the interaction (Friel et al., 2008). Utilization of techniques such as the "win-win" scenario, where both sides receive what is perceived as a positive outcome, may lead to greater success in negotiation. Emphasis on positive emotions and avoidance of negative emotions are crucial to progression of the negotiation session. Negative emotions, certain forms of body language, and the use of negative verbal language (won't, can't, unlikely, for example) may be perceived as generalized negativity towards a situation and may set a negative precedent towards the negotiation session (Babcock, 2012). Nurse practitioners should remain mindful of the way that information is being presented in a given situation, including the connotations of their choice of language and body gestures during delivery.

Influencing Health Policy

Nurse practitioners are expected to be active members in shaping health policies. Nurse Practitioner Core Competencies set forth by the National Organization of Nurse Practitioner Faculties (NONPF, 2012) explicitly state that the nurse practitioner "demonstrates an understanding of the interdependence of policy and practice, advocates for ethical policies that promote access, equity, quality, and cost, analyzes ethical, legal, and social factors influencing policy development, contributes in the development of health policy, analyzes the implications of health policy across disciplines, and evaluates the impact of globalization on health care policy development" (p. 3).

The American Association of Colleges of Nursing (AACN) (2006) echoes this sentiment: "Political activism and a commitment to policy development are central elements of professional nursing practice, and the DNP graduate has the ability to assume a broad leadership role on behalf of the public as well as the nursing profession" (p. 13). Nurse practitioners are expected to become and remain involved in shaping policy at their place of employment and potentially in the legislative arena. The ability to design and implement policy should be influenced by the strong clinical expertise that the nurse practitioner encompasses. The expectation that nurse practitioners become involved in the political arena may lead to a change in legislature and lawmaking (AACN, 2006).

Identification of interests regarding health policy is important. When becoming active in health policy, numerous factors should be considered by the nurse practitioner. Topics of importance to the individual should be determined. For example, does the individual wish to create a policy change within their department or impact the state practice environment? Nurse

practitioners often have several venues of policy involvement available to them. Institutional

committees, state action coalitions, and professional organizations may provide information

regarding standing policies and current movements to change policies or legislation, as well as

provide overall support and guidance to the individual seeking to become involved in health

policy (Inouye, 2013).

When seeking to become involved in the political arena, it is crucial that nurse

practitioners perform background work to support their efforts. Nurse practitioners should

become familiar with their elected officials at the level in which they seek to make a policy or

legislative change (local, state, national, etc.). Various resources are available to the nurse

practitioner in order to determine the stance that a given elected official has made when voting

on previous items that affect nurse practitioners (AACN, 2013).

Influencing Peers to Accomplish Positive Change

Leadership is directly related to the ability to influence others. As Curtis, de Vries, and

Sheerin (2011) emphasize in their evaluation of leadership, "a common theme that seems to run

through many definitions [of leadership] is that 'leadership involves influencing the attitudes,

beliefs, behaviors and feelings of other people'" (p. 306). An effective health care team is

comprised of contributors from various backgrounds, and nurse practitioners must be able to

navigate an environment that contains a variety of individual personalities in an effort to strive

for provision of the best care for patients. Porter-O'Grady (2011) notes, " nurse leaders are

charged with facilitating action to devise and implement the appropriate change strategies

necessary to increase quality, access, and value in a patient-centered care environment" (p. 34).

Nurse practitioners should be able to assume roles of team leadership to influence the group's

progress to better impact patient care and overall quality. Effective participation and

collaboration within the group also requires leadership skills outside of the official role of

"leader", sometimes referred to as informal leaders, and may be equally as effective (AACN,

2006). Operative leadership skills such as demonstrating desired behavior changes and fulfilling

important duties without an official management title may also have a greater influence on the

leadership abilities of peers (Curtis, de Vries, & Sheerin, 2011).

The process of professional change may be difficult for some to grasp. The nurse

practitioner should be able to react accordingly to hesitance or resistance and plan a means of

supporting and implementing the change while maintaining positive relationships with peers

(Hewitt-Taylor, 2013). The recognition that individuals will have different responses to different

approaches is crucial to understanding how to influence a group of peers. If working with a

small amount of participants, reflecting on the personality traits of each individual in the group

may be beneficial in achieving success. This activity may better prepare the nurse practitioner to

work with each individual in a way that may be the most effective. Techniques such as

utilization of the individuals' own terminology and elements such as stories, synonyms, and

theoretical situations may be very useful when attempting to influence others (Dwyer, 2012).

Awareness of one's own vocabulary, tone of voice, and messages portrayed via non-verbal

communication are important during influential conversations (Keogh, 2012).

Systems Leadership

The concept of systems leadership is crucial to the nurse practitioner role and involves

many aspects of interpersonal relationships and communication abilities. The AACN (2006)

notes the following as an expectation for nurse practitioners: "Organizational and systems

leadership are critical for DNP graduates to improve patient and healthcare outcomes….

Graduates must be skilled in working within organizational and policy arenas and in the actual

provision of patient care by themselves and/or others" (p. 10). Systems leadership involves a

broad mixture of leadership capabilities and requires a firm understanding of the structure of

healthcare organizations and goals. Proficiency in systems leadership involves the ability to not

only demonstrate leadership to others, but also to be proactive in assessing when members

actively block efforts and to be able to intervene to minimize the results of those setbacks

(Sturmburg & Martin, 2012).

Evaluation and awareness of positive and negative behaviors in the group setting is

important to understanding how the greater system may be affected. Positive behaviors that may

affect larger systems, for example, entail creation and implementation of propositions, support of

peers when good suggestions are presented, clarification during periods of misunderstanding,

restatement to ensure appropriate reception of information, and appropriate facilitation of

resources, whether the resource be monetary or personnel (Guthrie, 2012). Nurse practitioners

should be expected to be effective contributors within a larger system of professionals and

remain active and involved to accomplish positive change (AANP, 2013a).

Electronic Learning

Use of online or electronic dissemination formats has become increasingly popular in

recent years for both formal education programs for nurse practitioners as well as continuing

education venues (Bromley, 2010). This method of distribution allows for flexibility of learning,

allowing individuals to participate in educational opportunities at their convenience from a

decentralized location (Gyurko & Ullmann, 2012). The format of online education allows for

learning to occur in a variety of ways; visual, auditory, and even kinesthetic learners may benefit

from online education (Gyurko & Ullmann, 2012). Bromley (2010) notes, "Evaluation of

contemporary literature into online learning suggests that learning outcomes can be as good as,

or even better than, traditional didactic learning models" (p. 2).

Gaps in Literature

A review of the literature did not demonstrate any data or research from North Dakota

that was specific to leadership development or experiences of nurse practitioners in the state.

Information specific to the Doctor of Nursing Practice component of leadership development

was limited. Information about the best method of delivery of information specific to nurse

practitioners was also incomplete. Rhodes, Fusilero, and Williams (2010) have identified this

shortage of knowledge, stating, "there is little information in the literature about types of

structures or leadership initiatives for Advanced Practice Nurses within healthcare organizations"

(p. 59).

How to determine the content of specific leadership programs may also be a challenge.

Literature has demonstrated several problems with leadership development material offered in a

variety of settings. Often, material is aimed at individuals currently in or seeking to obtain a

management position (Carter, et al., 2010). Content is often structured in a generic format and

does not contain material pertinent to clinical situations, such as what the nurse practitioner may

encounter in everyday use. Many of the resources utilized in the creation of leadership programs

that are developed for health care systems come from business models and are therefore not

explicitly applicable to nursing (Curtis et al., 2011). The results of this practice improvement

project aim to incorporate knowledge of leadership development with clinical application of leadership skills in a useful manner for nurse practitioners.

Implications for the Nurse Practitioner

Leadership is an expected and critical component of nurse practitioner practice. Leadership courses and programs have been proven to be an effective means of teaching important skills. These skills do not only impact health care corporations in the short term, but evidence has shown that long-term benefits occur when the skills are learned and utilized effectively (Curtis et al., 2011). Examples of long-term effect of leadership development training include more effective conflict management, change management skills, and ability to network with others (Curtis et al., 2011). An increasing number of leadership opportunities are being made available to nurse practitioners (Rhodes, Fusilero, & Williams, 2010); these opportunities may range from management positions to increased autonomy in practice. Empowerment may occur in the workplace as a result of successful leadership training and utilization of these skills (MacPhee, Skelton-Green, Bouthillette, & Suryaparkash, 2011). Nurse practitioner leaders play a significant role in coordination of mentorship opportunities and supportive networks for their peers (Carter, et al., 2010).

CHAPTER THREE. THEORETICAL FRAMEWORK AND PROJECT OBJECTIVES

Social Marketing Model

The Social Marketing Model was utilized as the theoretical framework to guide the practice improvement project. The Social Marketing Model is comprised of a set of principles that may be used to design, implement, and evaluate a program. The model was selected as its use may result in increased attractiveness of an intervention to participants while promoting a potential behavior change (Pender, Murdaugh, & Parsons, 2011). Elements involved in the Social Marketing Model are known as the "4 P's" (Pender, Murdaugh, & Parsons, 2011). The 4 P's notated in the model stand for the words product, price, place, and promotion. For this project, the product would be the online continuing education modules aimed at increasing nurse practitioner knowledge regarding leadership development components of negotiating, influencing health policy, influencing peers to accomplish positive change, and ways to become a systems leader. Price is identified as the monetary, emotional, social, time, and energy cost to implement the intervention. Costs involved in the project include the time spent developing and distributing the continuing education module on the part of this author as well as the time invested by nurse practitioners in completing the module. There is no direct monetary fee associated with completion of the module. Nurse practitioners may utilize the modules in any location comprising a computer with internet connection and accessibility to the AANP continuing education website.

The promotion element of the 4 P's utilizes methods to increase awareness of the intervention. Information regarding the posting of the modules has been included in a North Dakota Center for Nursing news update to registered members. The AANP website has access to free continuing education courses for nurse practitioners; these courses are frequently

promoted in regular email listings to registered members. A poster presentation regarding the project was displayed at North Dakota State University on April 7, 2014 as well as the Sanford Nursing Symposium May 1-2, 2014, and information regarding accessing the modules was given to participants.

Congruence of the Project to the Organization's Goals

The North Dakota Action Coalition (NDAC) seeks to fulfill the recommendations set forth by the Institute of Medicine. The work of the NDAC towards progress of recommendation seven, "*Prepare and enable nurses to lead change to advance health",* was further exhibited October 4th, 2013 with the presentation of a leadership summit that was held in Fargo, North Dakota. The modules that resulted from data collected through the survey performed in conjunction with the NDAC align nicely with the overall efforts of the organization by seeking to further the knowledge of leadership development for nurse practitioners.

The American Association of Nurse Practitioners released a position statement outlining standards of practice for nurse practitioners in 2013. Leadership capabilities are considered to be crucial to the nurse practitioner, serving as a strong base for many of the activities performed by the nurse practitioner; "As a licensed, independent practitioner, the nurse practitioner participates as a team leader and member in the provision of health and medical care, interacting with professional colleagues to provide comprehensive care" and "nurse practitioners combine the roles of provider, mentor, educator, researcher, manager, and consultant" (AANP, 2013b). Further information regarding influence of peers to accomplish positive changes in practice, influence of health policy, systems leadership, and negotiation are appropriate subjects that apply to the stance the American Association of Nurse Practitioners has on leadership. Therefore, the

series of leadership modules featured on the continuing education website of the American Association of Nurse Practitioners seek to support the aforementioned standards of practice.

Project Objectives

The purpose of this practice improvement project was to create continuing education modules for nurse practitioners regarding leadership development with emphasis on negotiating, influencing health policy, influencing peers to accomplish positive change, and ways to become a systems leader. This effort supports recommendation seven, "*Prepare and enable nurses to lead change to advance health*", put forth by the Initiative on the Future of Nursing at the Institute of Medicine (IOM, 2010) that would result in an increase of knowledge and likelihood of participating in leadership activities. The overall objectives for the dissertation portion of the project are as follows:

1. Complete a needs assessment of APRNs in the state of North Dakota regarding areas of needed development of leadership skills.
2. Identify the method that North Dakota APRNs would prefer to receive educational information.
3. Develop continuing education modules regarding the areas of need most identified by APRNs.
4. Distribute the modules to nurse practitioners via American Association of Nurse Practitioners Continuing Education website.
5. Contribute to general knowledge regarding leadership of nurse practitioners within the state of North Dakota and the United States.

Generalized objectives specific to the continuing education modules are as follows:

1. Participants will report an increase in knowledge gained in each of the specified areas of leadership: negotiation, influencing health policy, influencing peers to accomplish positive change, and systems leadership.

2. Participants will report an increase in likelihood of participating in leadership opportunities in their careers as a result of learning skills that are presented in the modules.

3. Data will be collected regarding the format of the module presentations in an effort to determine if the methodology was preferred by participants or if changes to the format would lead to increased effectiveness of content dissemination.

Each individual module contains specific objectives for the learner related to the content provided and will be discussed in depth within the Evidence-based Intervention Plan section of Chapter Four.

CHAPTER FOUR. DESIGN AND IMPLEMENTATION

Project Design

Information garnered from a variety of sources regarding leadership development was composed into a series of online learning modules for educational purposes that are applicable to nurse practitioners. Data gained from the survey of APRNs in the state of North Dakota guided the content of the modules (North Dakota Action Coalition, 2012). Modules focusing on four separate topics including negotiation, influencing peers to accomplish positive change, influencing health policy, and systems leadership were created into a leadership development series. The modules were presented on the American Association of Nurse Practitioners continuing education website. Feedback from the modules was obtained through a series of post-test and evaluation questions completed by participants in order to receive continuing education credit.

Evidence-based Intervention Plan

Both the AACN and NONPF delineate specific components of leadership that must be incorporated within curriculum of graduate and doctoral nurse practitioner education. The content of each learning module was tailored around these expectations, as well as the needs identified by the survey of APRNs in the state of North Dakota. Numerous methods of content dissemination were available. The method chosen to be used for the modules was the creation of electronic learning modules as numerous respondents of the survey indicated they preferred the convenience of an online program. This electronic form of education has been shown to be an effective method that is useful in successfully training members of the healthcare field to learn and utilize leadership development techniques (McAlearney, 2010). Four individual modules

were created utilizing PowerPoint presentations featuring video clips of guest speakers from the state of North Dakota that have extensive backgrounds in nursing leadership. Voiceover narration provided by Amanda Johnson, DNP-S supplied further explanation of the content included on the slides. Handouts of the slides were provided on the AANP CE website for participants. The formatting of the modules allowed for audio and visual learning to suit a variety of learning styles.

Topics of the four modules included influencing peers to accomplish positive change in practice, involvement in health policy, systems leadership, and negotiation. These four individual modules were presented as a series by the American Association of Nurse Practitioners CE center titled "Nurse Practitioner Leadership Development Series." The content within the modules was designed to expand upon the basic knowledge of these leadership components that are incorporated into nurse practitioner programs as put forth by the American Association of Colleges of Nursing and the National Organization of Nurse Practitioner Faculties (AACN, 2006; NONPF, 2012). The learning modules were reviewed by personnel of the AANP CE center to determine if the content of the modules warranted continuing education credit. The content was deemed appropriate and the modules were approved.

The modules were created to be viewed individually, rather than in succession, allowing participants the flexibility to utilize information they found most pertinent or split learning sessions up in to shorter periods of time. A list of references is provided with each module, allowing the learner to access sources for additional information. Evaluation of the modules was completed by American Association of Nurse Practitioner members that had access to the courses.

Each of the modules features video clips of guest speakers that have had extensive experience in the field of nursing leadership. Dr. Billie Madler is a Family Nurse Practitioner who currently serves as the Chair of Graduate and Distance Nursing Education for the University of Mary in Bismarck, North Dakota, President of the North Dakota Nurse Practitioner Association, and as a board member of the North Dakota Center for Nursing. Dr. Stacey Pfenning is a Family Nurse Practitioner who serves as the track director of the Family Nurse Practitioner Doctorate of Nursing Practice program at Rocky Mountain University of Health Professions, Associate Director of Education and Advance Practice Nursing with the North Dakota Board of Nursing, and board member for the North Dakota Nurses Association and the North Dakota Nurse Practitioner Association. Dr. Wanda Rose is a former legislator in the North Dakota House of Representatives and former President of the North Dakota Nurses Association. She currently serves as Associate Professor and Associate Dean with the Sanford College of Nursing in Bismarck, North Dakota. Interviews conducted with each of the guest speakers provide valuable perspectives and input on the topics covered in the modules.

The first module, titled "Influencing Health Policy", includes the following objectives:

1. Identify how the nurse practitioner affects health policy
2. Recognize barriers and facilitators to involvement in health policy
3. Pinpoint strategies to increase nurse practitioner ability to influence health policy in current position of practice

The module begins by outlining the content covered in the module, including the role of the nurse practitioner in health policy, examples of accomplishments by nurse practitioners as a result of action in the policy realm, means to become active in health policy efforts and vignettes

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from nurses that are active in health policy. Each of the guest speakers is introduced in the following slides. The need for the topic, disclosures, accreditation statement for the American Association of Nurse Practitioners, and learning objectives are then presented. The content of the module begins with background information regarding how the history of nursing and policy became intertwined. Discussion of the history of creation of the role of the nurse practitioner and impact on policy breakthroughs over the years follows. Several recommendations from the Institute of Medicine's Report on the Future of Nursing are reviewed to identify how crucial health policy is to achieving the stated goals. Venues of health policy action are outlined. The next slides discuss the academic education standards regarding health policy as put forth by the American Association of Colleges of Nursing and the National Organization of Nurse Practitioner Faculties. Goals of nurse practitioner involvement in health policy are outlined. Current barriers to achieving the stated goals are then discussed.

The next section of the module discusses methods to become active in health policy; self-reflection questions are presented to have the learner identify what type of changes they would like to make in their own practice that may be affected by policy changes. Policy shaping groups such as committees and boards, institutional groups for advanced practice providers, and professional organizations are all discussed. Resources such as state nurse practitioner associations and action coalitions are outlined. The final segment of the module discusses methods that may be utilized to contact and work with elected officials regarding policy and legislative change, as well as components of advocacy for the profession of nurse practitioners. Appendix A. contains the first module, and Appendix B. contains the modules' script.

The second module is titled "Systems Leadership" and includes the objectives below:

1. Identify how the nurse practitioner affects systems leadership

2. Recognize barriers and facilitators to involvement in systems leadership

3. Discuss strategies to increase the ability of the nurse practitioner to participate in systems leadership

The module begins by outlining the content covered in the module, including the role of the nurse practitioner in systems leadership, examples of methods to become active in systems leadership, and vignettes from nurses that are active in systems leadership. Each of the guest speakers is introduced in the following slides. The need for the topic, disclosures, accreditation statement for the American Association of Nurse Practitioners, and learning objectives are then presented. The content begins by providing background information regarding systems leadership, identifying its meaning and what it entails. Expansion of leadership roles for nurse practitioners is then discussed along with explanation of state practice environment. Nurse practitioner scope of practice depends on if the individual works in a full practice, reduced practice, or restricted practice state. Full practice states allow nurse practitioners to evaluate, diagnose, order and interpret tests, treat conditions, and prescribe medications independently. Reduced practice states require the nurse practitioner to have a collaborative agreement with a physician to provide care. Restricted practice states require the nurse practitioner to have supervision by a physician to practice. Academic education standards regarding systems leadership put forth from the AACN and NONPF are also discussed in depth. Goals of involvement in systems leadership for nurse practitioners are outlined, as are barriers to effective involvement.

The next section of the module begins by having the learner identify their understanding of the current health care system in which they practice. Description of important components of systems leadership including health care models, financial standing of the institution, identification of key stakeholders, and selecting mentors are discussed. The final section of the module outlines methods that may be utilized to increase involvement in systems leadership from the learners' current position of practice. Please refer to Appendix C. to view the content of the second module and Appendix D. to review the module's script.

The third module, titled "Negotiation", includes the following objectives:

1. Identify how the nurse practitioner utilizes negotiation in various settings

2. Recognize barriers and facilitators to effective negotiation

3. Discuss strategies to increase nurse practitioner ability to negotiate successfully

The module begins by outlining the content covered in the module, including the role of the nurse practitioner in negotiation, examples of the various types of negotiation that may be utilized, and methods to increase negotiating effectiveness. Each of the guest speakers is introduced in the following slides. The need for the topic, disclosures, accreditation statement for the American Association of Nurse Practitioners, and learning objectives are then presented. Background of how negotiation is incorporated into nurse practitioner practice is discussed. Goals of effective negotiation are outlined, as are barriers to successful negotiation.   The next segment of the module discusses the use of motivational interviewing techniques to aide with the negotiation process. Examples such as lifestyle modifications, medication regimens, and treatment goals are discussed as possible topics that require negotiation.

The following section outlines various communication styles and behaviors that may help or hinder the negotiation process. Overall principles of negotiation with patients are outlined in detail. The final section of the module strictly discusses contract negotiation for nurse practitioners. Learners are presented with a contract negotiation worksheet to allow them to utilize the information from the module in practice. Please review Appendix E. to evaluate the third module and Appendix F. for the module's script.

The fourth and final module titled "Influencing Peers to Accomplish Positive Change" includes the following objectives:

1. Identify how the nurse practitioner may influence others
2. Recognize barriers and facilitators that allow positive influence to occur
3. Discuss strategies to increase nurse practitioner ability to work to influence peers to accomplish positive change

The module begins by outlining the content covered in the module, including how the nurse practitioner may influence others and strategies that enable positive influence. Each of the guest speakers is introduced in the following slides. The need for the topic, disclosures, accreditation statement for the American Association of Nurse Practitioners, and learning objectives are then presented. The next slides outline the reasoning why nurse practitioners may seek to influence their peers to make changes in practice. Overall goals and barriers are then discussed. The next section of the module discusses methods that may be utilized to assist the nurse practitioner in their efforts, including the use of literature, demonstration of practice change, communication styles, and utilizing opportunities to work with mentors/peers to practice the various methods. Please refer to Appendix G. for the module and Appendix H. for the script.

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All four of the modules were posted to the American Association of Nurse Practitioners continuing education website on May 16, 2014. Every member of the AANP is granted access to the continuing education center. The modules will remain active as a resource and provide continuing education credit through the AANP until May of 2016.

Institutional Review Board Approval

This project was declared to be exempt by the North Dakota State University Institutional Review Board on December 20, 2013. The online modules posed minimal risk to participants. All data collected, including pre-test questions, post-test questions, evaluation questions, and demographic data were anonymous and confidential. Information provided to the author was presented by the AANP continuing education center in aggregate form, eliminating the possibility to deduce identifiable factors from the data. The modules were created in accordance with the AANP continuing education standards and policies as well as the AANP commercial support standard. Please refer to Appendix N. for further information regarding institutional review board approval.

Resources

The physical resources required for the project were minimal. A large amount of time and effort were put forth by Amanda Johnson, DNP-S to create the modules. Literature regarding leadership development, negotiation, health policy, systems leadership, and influence of peers as they pertain to nurse practitioners was utilized during the creation of the modules. The guest speakers featured in the modules were selected with guidance from the chair of the project. Several technological resources were necessary to complete the project. A video camera was used to record interviews conducted with guest speakers. Transportation to

Bismarck, North Dakota, was done twice to obtain the interviews. A computer with video

editing software, voice recording equipment, and Microsoft PowerPoint was key to the

completion of the modules. Staff members at the North Dakota State University Information

Technology Services were vital to the creation of the modules. Numerous sessions were

arranged with Information Technology Services to allow for voiceover recording and video

editing. Staff members assisted with the final editing of the modules and created the four videos

that would become the online modules. The modules were uploaded to the AANP website and

went live on May 16, 2014 with the guidance and assistance of the continuing education

coordinator from the American Association of Nurse Practitioners.

CHAPTER FIVE. EVALUATION

Method of Evaluation

The four continuing education modules were evaluated independently through the use of various pre-test, post-test, and evaluation questions. Each pre-test consisted of two questions; one that evaluated the amount of knowledge the participant perceived to have on the given subject and the other evaluating the likelihood of participating in the activity (i.e. health policy, negotiation) in their current position of practice with their institution. Three post-test questions related to the content of the module were designed to determine knowledge retention of the learner. The participants were asked to evaluate the current amount of knowledge they perceived to have regarding the subject after completing the learning module, as well as to rate the likelihood that they would participate in activities associated with each topic after the module. Evaluation questions examined the extent that the program met the stated objectives in each module. Other questions assessed the participants' opinions regarding overall knowledge increase after completing the module, the method of dissemination of content within the modules, and if the participants would recommend the modules to colleagues. Demographic information including current area of clinical practice, educational level, and state practice environment were also collected from participants. A free text entry question was included to collect comments regarding the modules. Several question formats were utilized, including a six point Likert scale, multiple choice, yes/no, and free text. All questions were completed online via the AANP continuing education center.

Pre-test questions completed prior to the health policy module included "On a scale of 0 to 5 (with 0 being none and 5 being excellent), how would you rate your current knowledge of influencing health policy in healthcare?" and "On a scale of 0-5 (with 0 being none and 5 being

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excellent), how likely are you at the current time to become involved in some form of health policy planning at your institution?" These same questions were asked of respondents after completion of the module. Evaluation questions were aimed at a variety of data collection areas, ranging from effectiveness of the format of the module to speaker expertise. Table 1. below contains evaluation questions utilized in all modules. A free text commentary space was included for respondents to make remarks regarding the modules. Three post-test questions addressing content presented within the modules were included to evaluate knowledge retention after completion of each module.

Table 1

Evaluation Questions for all Modules

Evaluation Questions for all Modules
1. To what extent will this program enhance your ability to meet the stated objectives?
2. Do you feel this learning module increased your overall knowledge of (topic of module)?
3. To what degree was the content balanced (free of commercial bias)?
4. Do you feel that the format of the learning module was an effective means of disseminating information regarding (topic of module)?
5. Would you recommend this learning module to a colleague or friend to learn more regarding (topic of module)?
6. To what degree did the speaker demonstrate expertise and effectiveness in the topic?
7. For your experience level, this program was (answer options include too basic, just right, too advanced).

Table 2. below depicts the post-test question and answer options for the health policy module.

Table 2

Health Policy Module Post-test Questions

Questions	Answer Options
1. Health Policy:	a. Is shaped by managers and executives within a health care organization b. Is not affected by legislation on a local, state, or national level c. Is a set of decisions pertaining to health whether made at local, state, national and global levels that influences health resources allocation d. Does not have a direct impact on nurse practitioner practice
2. At what level may nurse practitioner influence health policy development?	a. Organizational b. State c. National d. All of the above
3. State Action Coalitions:	a. Were created in response to the Institute of Medicine Report on the Future of Nursing b. Serve as licensing entities for nurse practitioners in each state c. Handle disciplinary action for nurse practitioners d. Provide legal advice for nurse practitioners facing a lawsuit

Pre-test questions completed prior to the systems leadership module included "On a scale of 0 to 5, how would you rate your current knowledge of systems leadership in healthcare?" and "On a scale of 0-5, how likely are you at the current time to become involved in some form of systems leadership at your institution?" These same questions were asked of respondents again

after completion of the module. Three post-test questions were created to evaluate retention of

knowledge gained in the module. Table 3. below lists question and answer options.

Table 3

Systems Leadership Module Post-test Questions

Questions	Answer Options
1. Systems Leadership:	a. Consists of a linear leadership structure b. Consists of the capability to evaluate a working system on every level, including the individuals that contribute to each part of the system c. Is typically not something in which nurse practitioners are involved d. Is performed by managers and executives within an institution
2. Effective systems leaders seek to perform all of the following except:	a. Improve health outcomes b. Evaluate cost effectiveness of care c. Eradicate care models d. Manage risk
3. When discussing leadership, it is important to remember:	a. Leaders have innate leadership qualities b. Inexperienced individuals are often instantly effective leaders c. Mentoring is a key aspect of learning leadership behaviors d. Managers are always effective leaders

Pre-test questions completed prior to the negotiation module included "On a scale of 0 to 5, how

would you rate your current knowledge of negotiation in various settings?" and "On a scale of 0-

5, how likely are you at the current time to handle negotiations at your institution?" These same

questions were asked of respondents after completion of the module. Three post-test questions,

demonstrated in Table 4. below, were included to evaluate knowledge retention after completion

of the module.

Table 4

Negotiation Module Post-test Questions

Questions	Answer Options
1. Which of the following is not an example of patient centered communication style?	a. "Tell me more about your symptoms." b. "Do you have any questions regarding your care?" c. "We can address your top two concerns in this visit." d. "Do you feel as though you understand our plan of treatment?"
2. Motivational interviewing technique involves:	a. Reinforcement of goals b. Identification of current behaviors c. Empathetic listening d. All of the above
3. The most effective means to learn negotiation skills includes:	a. Reading about negotiation b. Practicing negotiation c. Watching negotiation d. Discussing negotiation

Pre-test questions completed prior to the influencing peers to accomplish positive change module included "On a scale of 0 to 5, how would you rate your current knowledge of influencing peers to accomplish positive change?" and "On a scale of 0-5, how likely are you at the current time to become involved in some form of activity that is aimed at influencing peers to accomplish positive change at your institution?" These same questions were asked of respondents after completion of the module. Three post-test questions were created with the goal of evaluating knowledge of information included in the module. Please see Table 5. below to view question and answer options.

Table 5

Influencing Peers to Accomplish Positive Change Module Post-test Questions

Questions	Answer Options
1. Nurse practitioners may influence peers to:	a. Implement a policy change b. Incorporate evidence-based practice into care c. Improve overall patient outcomes d. All of the above
2. Nurse practitioners may effectively influence others by:	a. Utilizing evidence to support stance b. Incorporating closed-ended questions in conversation c. Focusing on a broad set of topics d. Acting independently
3. Which of the following has not been identified as a barrier to influencing others?	a. Time constraints b. Limited leadership experience c. Use of open-ended questions d. Lack of support

Description of Respondents

Data were obtained from participants who completed each module and received a continuing education certificate. Data evaluated within this disquisition was collected from May 16, 2014 through June 23, 2014. This short collection period resulted from both prolonged review time for approval of continuing education credit and length of time required for module creation. Table 6. below provides a graphic representation of data.

Table 6

Demographic

Demographic Information				
	Health Policy (N=27)	Systems Leadership (N=18)	Negotiation (N=11)	Influencing Peers to Accomplish Positive Change (N=14)
Work Environment				
Hospital or Inpatient	5	4	3	3
Clinic	15	10	5	7
Home Health or Hospice	1	1	0	0
Other	6	3	3	4
State Practice Environment				
Full Practice	13	6	4	6
Reduced Practice	6	5	3	4
Restricted Practice	8	7	4	4
Educational Level				
Bachelor's Degree	0	0	1	0
Master's Degree	24	15	8	12
PhD Degree	1	1	1	1
Doctor of Nursing Practice	1	1	0	0
Other	1	1	1	1

Results

As previously discussed, a variety of factors were examined through collection of data surrounding the learning modules. Data was presented to the author from the AANP in aggregate format. The vast majority of the data collected was presented in quantitative format, with one qualitative response space included for each module. Presentation of results will be broken down into subcategories of module topic in order to present the information in a concise manner.

Health policy module

Knowledge retention of information presented in the module was evaluated through the use of three post-test questions (Table 1). A total of 96.8% respondents (n=26) correctly answered a question regarding the definition of health policy, while 96.8% (n=26) correctly identified the levels at which nurse practitioners may influence policy development. Twenty four participants (90.3%) correctly answered a question regarding the purpose of state action coalitions. Nearly all participants (96.3%; n=26) felt the module "completely" or "quite a bit" enhanced the ability to meet the module objectives of identifying how the nurse practitioner affects health policy, recognizing barriers and facilitators to involvement in health policy, and pinpointing strategies to increase nurse practitioner ability to influence health policy in their current position of practice.

Participants' self-report of knowledge regarding health policy was evaluated immediately prior to the module and again after completion. Participants identified that their perceived knowledge of health policy increased as a result of the learning module, with 11.3% (n=3) rating their pre-module knowledge at a 5 or 4 (when 0 indicated none and 5 indicated excellent), and

48.1% (n=13) of participants identifying their perceived knowledge as a 5 or 4 after completion.

No respondents indicated their perceived knowledge as a 1 or less after completing the module.

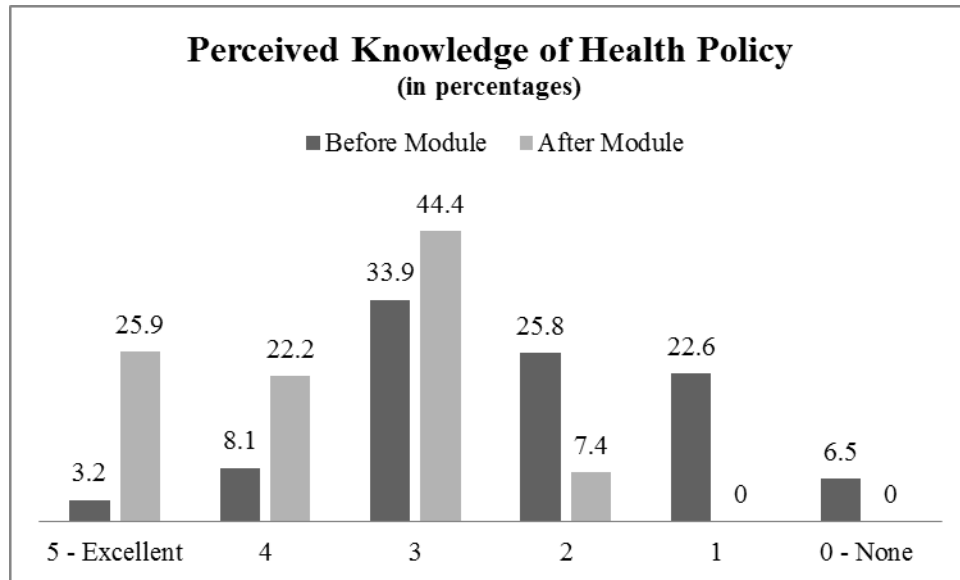Please refer to Figure 1. for a visual representation of the data.

Figure 1. Perceived Knowledge of Health Policy.

Participants also identified an increased likelihood of becoming involved in health policy efforts as a result of the module. Initially, 21% of participants rated their responses as a 5 or 4 prior to the module (with 5 being excellent and 0 being none), and 44.4% (n=12) of participants indicated likelihood of involvement in health policy as a 5 or 4 after completion. No participants indicated their responses as a 1 or less after module completion. Please refer to Figure 2. below for a visual representation of results.
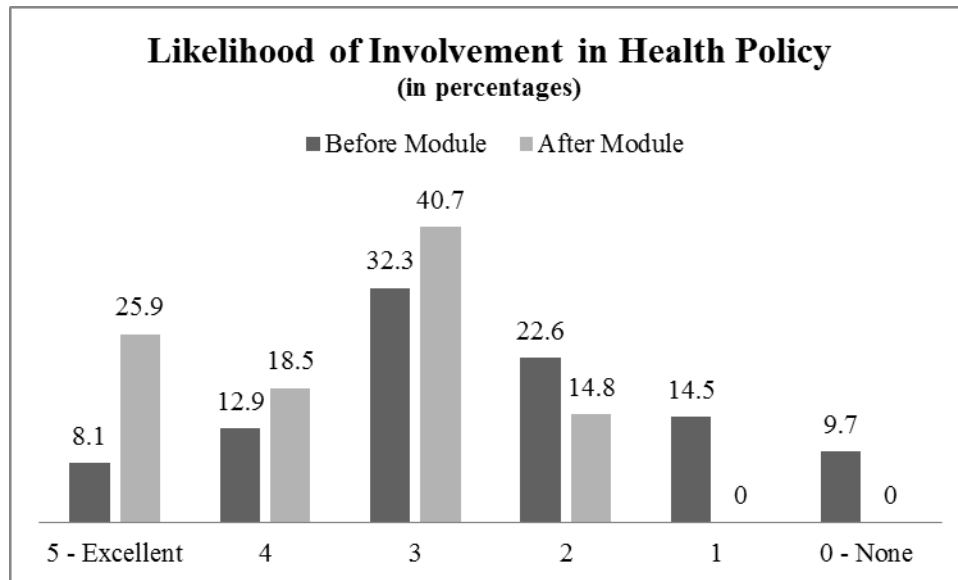
Likelihood of Involvement in Health Policy
(in percentages)

■ Before Module ■ After Module

Figure 2. Likelihood of Involvement in Health Policy.

Nearly all participants (92.6%; n=25) indicated that the speaker "completely" or "quite a bit" demonstrated expertise and effectiveness in the topic of health policy. The majority of participants (96.3%; n=26) felt the module was "just right" for their level of experience, with 1 participant rating the module as too basic. Most participants (92.6%; n=25) felt the content was either "completely" or "quite a bit" free from commercial bias.

The majority of participants (88.9%; n=24) indicated the module increased their overall perceived knowledge of health policy. Every respondent (100%; n=27) indicated that the format of the online learning module was an effective means of disseminating information regarding health policy. Most participants (92.6%; n=25) would recommend the learning module to a colleague or friend to learn more about health policy.

Two free text comments noted the module to be "good", with another comment stating "great!". One comment stated, "excellent, very clear." An additional comment read, "landmark

bills that changed health policy"; whether this comment notates appreciation for the bills that were mentioned within the module or if the respondent was suggesting to incorporate more information about this topic into the content is unknown.

Systems leadership module

Retention of knowledge regarding information presented to participants (N=18) in the module was evaluated through the use of three post-test questions (please refer to Table 2). Nearly all respondents (95%; n=17) correctly answered a question regarding the definition of systems leadership and a question regarding mentoring. Most respondents (90%; n=16) correctly answered the question about activities that effective systems leaders perform. Nearly all participants (94.4%; n=17) believed the module "completely" or "quite a bit" enhanced the ability to meet the module objectives of identifying how the nurse practitioner affects systems leadership, recognizing barriers and facilitators to involvement in systems leadership, and pinpointing strategies to increase nurse practitioner ability to participate in systems leadership.

Participants' self-report of knowledge regarding systems leadership was evaluated immediately prior to the module and again after completion. Participants identified that their perceived knowledge of systems leadership increased as a result of completing the module, with 32.2% rating their pre-module knowledge at a 5 or 4, and 72.2% (n=13) of participants identifying their knowledge as a 5 or 4 after completion. Figure 3. below provides a visual representation of the data.
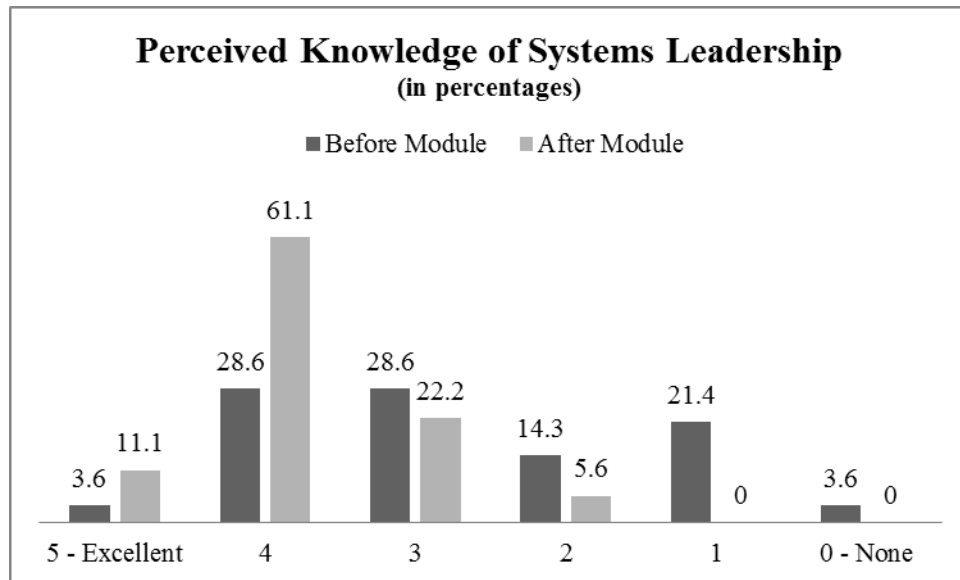
Perceived Knowledge of Systems Leadership
(in percentages)

■ Before Module ■ After Module

	61.1				
28.6		28.6			
			22.2	21.4	
11.1			14.3		
3.6			5.6	0	3.6 0
5 - Excellent	4	3	2	1	0 - None

Figure 3. Perceived Knowledge of Systems Leadership.

The number of participants who indicated likelihood of involvement in systems leadership increased from 39.2% (n=7) prior to completing the module to 66.7% (n=12) after completion. No participants identified their likelihood of involvement as a 1 or less after completing the learning module. Figure 4. below depicts the results.

Likelihood of Involvement in Systems Leadership
(in percentages)

- Before Module
- After Module

Rating	Before Module	After Module
5 - Excellent	7.1	11.1
4	32.1	55.6
3	25	22.2
2	10.7	11.1
1	21.4	0
0 - None	3.6	0
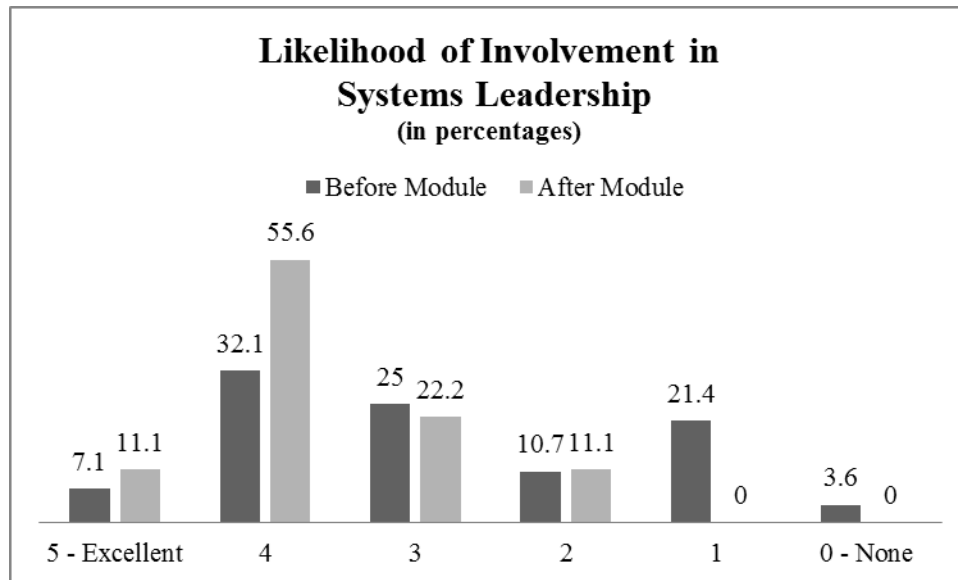
Figure 4. Likelihood of Involvement in Systems Leadership.

Nearly all participants (94.4%; n=17) indicated that the speaker "completely" or "quite a bit" demonstrated expertise and effectiveness in the topic of systems leadership. Most participants (88.9%; n=16) indicated the module was "just right" for their level of experience, with two participants rating the content as too basic. All participants (100%; n=18) indicated the module was either "completely" or "quite a bit" free from commercial bias.

All participants except one (94.4%; n=17) felt the module increased their overall knowledge of systems leadership. Nearly every respondent (94.4%; n=17) felt that the format of the online learning module was an effective means of disseminating information regarding systems leadership. Finally, all but one participant (94.4%; n=17) would recommend the learning module to a colleague or friend to learn more about systems leadership. Two respondents noted the module to be "good" in the free text comment section. One participant indicated a request to include more information about systems leaders and what they have accomplished.

Negotiation module

Participants' (N=11) self-report of knowledge regarding negotiation was evaluated just before the module and again immediately after completion. Participants identified that their perceived knowledge of negotiation increased as a result of the learning module, with 38.9% rating their pre-module knowledge at a 5 or 4, and 63.6% (n=7) of participants identifying their knowledge as a 5 or 4 after completion. Figure 5. displays the data in a visual format.
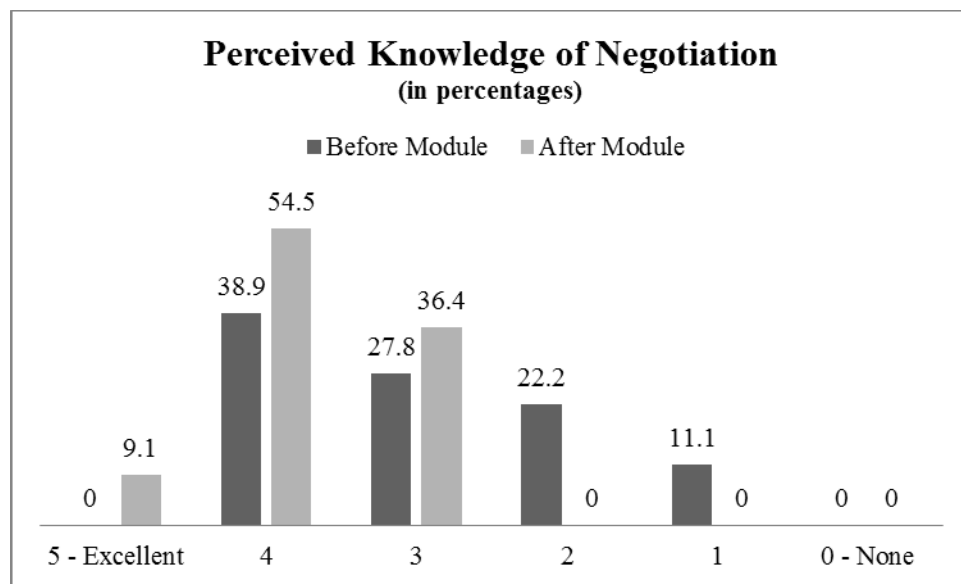

Figure 5. Perceived Knowledge of Negotiation.

Participants identified an increased likelihood of becoming involved in negotiation as a result of the module. Initially, 44.4% of participants rated their responses as a 5 or 4 prior to the module, and 63.7% (n=7) of participants indicated likelihood of involvement in negotiation as a 5 or 4 after completion. No respondents indicated that their likelihood of involvement was a 2 or less after the module. Figure 6., located below, demonstrates the results.
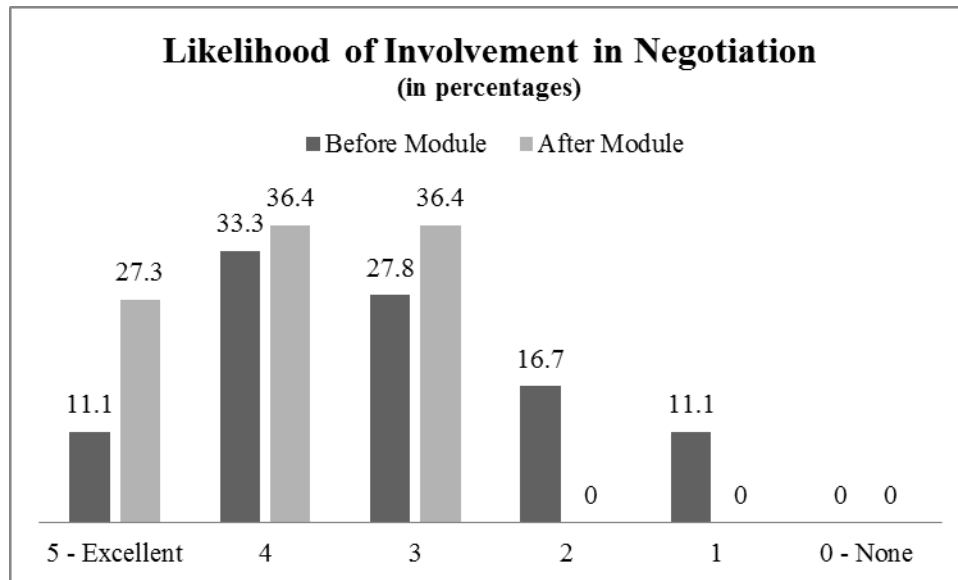
Likelihood of Involvement in Negotiation
(in percentages)

■ Before Module　■ After Module

Figure 6. Likelihood of Involvement in Negotiation.

All participants (100%; n=11) indicated that the speaker "completely" or "quite a bit" demonstrated expertise and effectiveness in the subject of negotiation. Every participant (100%; n=11) rated the module "just right" for their level of experience and that the content was either "completely" or "quite a bit" free from commercial bias. All participants (100%; n=11) indicated the module increased their overall knowledge of negotiation, the format of the online learning module was an effective means of disseminating information regarding negotiation, and would recommend the learning module to a colleague or friend to learn more about negotiation. Two free text comments indicated the module to be "good".

Retention of knowledge regarding information presented in the module was evaluated through the use of three post-test questions as portrayed previously in Table 3. Of the eleven participants, nearly all respondents (85.7%; n=9) correctly answered the question demonstrating examples of patient centered communication styles. All participants (100%; n=11) correctly answered the question regarding motivational interviewing technique and methods of learning

negotiation skills. All participants (100%; n=11) rated that the module "completely" or "quite a bit" enhanced the ability to meet the module objectives of identifying how the nurse practitioner utilizes negotiation in various settings, recognizes barriers and facilitators to effective negotiation, and discusses strategies to increase nurse practitioner ability to negotiate successfully.

Influencing peers to accomplish positive change module

Fourteen participants completed this module (N=14). After completion, all participants (100%; n=14) indicated that the speaker "completely" or "quite a bit" demonstrated expertise and effectiveness in the topic of influence of peers. The majority of participants (71.4%; n=10) felt the module was "just right" for their level of experience, with the remainder of participants (n=4) indicating the module was too basic in nature. All participants (100%) felt the content was either "completely" or "quite a bit" balanced and free of commercial bias.

Most participants (85.7%; n=12) indicated the module increased their overall knowledge of influence of peers to accomplish positive change and 92.9% (n=13) indicated the format of the online learning module was an effective means of disseminating information regarding influence of peers to accomplish positive change. The majority of participants (85.7%; n=12) would recommend the learning module to a colleague or friend to learn more about influence of peers. One free text comment indicated the module to be "good." Knowledge retention of information presented in the module was assessed via three post-test questions (Table 4). One-hundred percent of respondents (n=14) correctly answered the question demonstrating examples of the types of activities in which nurse practitioners would seek to influence peers. Most participants correctly answered questions regarding activities the nurse practitioner may perform to influence

others (93.8%; n=13), and identification of barriers to influence (93.8%; n=13). Nearly all

participants (85.7%; n=12) felt the module "completely" or "quite a bit" enhanced their ability to

meet the module objectives of identifying how the nurse practitioner may influence others,

recognizing barriers and facilities that allow positive influence to occur, and discussing strategies

to increase nurse practitioner ability to work to influence peers to accomplish positive change in

practice.

Participants' self-report of knowledge regarding influencing peers was evaluated

immediately prior to the module and again after completion. Participants identified that their

perceived knowledge of influence increased as a result of the learning module, with 15.4% rating

their pre-module knowledge at a 5 or 4 and 78.6% (n=11) of participants identifying their

knowledge as a 5 or 4 after completion. Refer to Figure 7. for a visual illustration of the data.
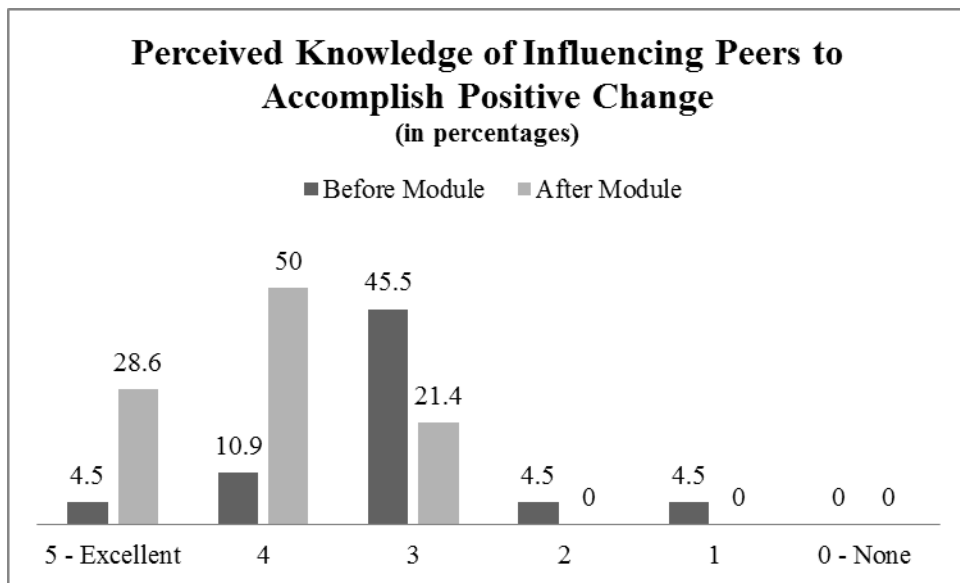
Figure 7. Perceived Knowledge of Influencing Peers to Accomplish Positive Change.

Participants identified an increased likelihood of becoming involved in influence of peers as a result of the module. Initially, 59.1% of participants rated their responses as a 5 or 4 before the module, and 71.5% (n=10) of participants indicated likelihood of involvement in influencing peers as a 5 or 4 after completion. Please refer to Figure 8. for a visual representation of results.
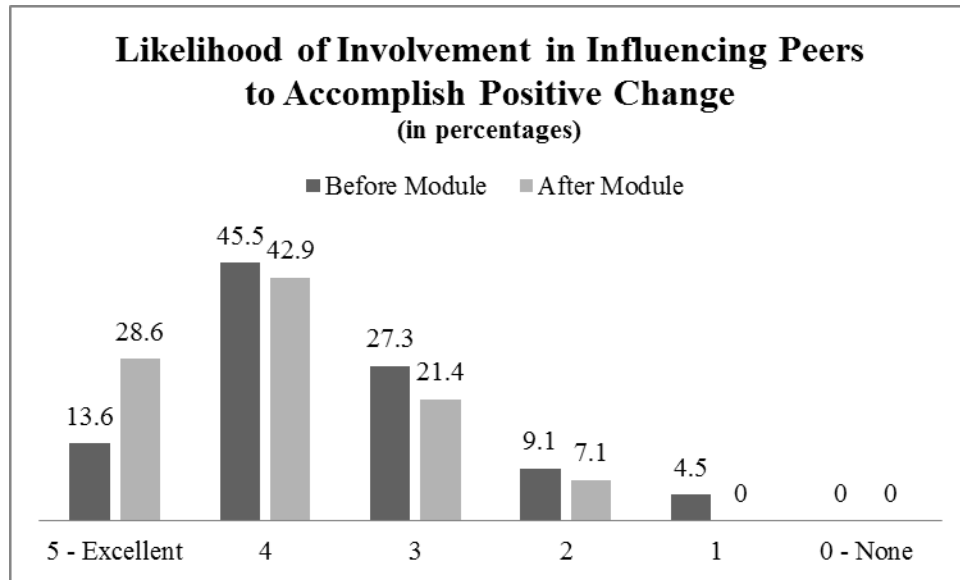

Figure 8. Likelihood of Influencing Peers to Accomplish Positive Change.

Accomplishing Project Objectives

The first objective pertaining to the overall disquisition project was to complete a needs assessment of APRNs in the state of North Dakota regarding areas of needed development of leadership skills. The objective was met and completed in April of 2013 through the creation of a survey that was sent to an email list-serve of APRNs via the North Dakota Center for Nursing in collaboration with the North Dakota Action Coalition. The second objective sought to identify the method that North Dakota APRNs would prefer to receive educational information; this was completed and accomplished through feedback from participants of the survey. The

third objective, develop continuing education modules regarding the areas of need most identified by APRNs, was completed through the creation of the four aforementioned leadership development modules. The fourth objective, distribute the modules to nurse practitioners via the American Association of Nurse Practitioners Continuing Education website, was completed on May 16, 2014 when the modules were officially posted for continuing education credit via the AANP continuing education center. The final overall objective sought to contribute to general knowledge regarding leadership of nurse practitioners within the state of North Dakota and the United States. This objective was partially met, as previously discussed in the results section; in the early stages of development of the modules, the author realized the potential to distribute the content to an increased number of participants via the AANP CE center, potentially impacting the practice of more nurse practitioners than if the project was limited to participants from North Dakota alone. However, the AANP CE center releases data in aggregate format, making it impossible to know exactly how many participants that completed the modules were from the state of North Dakota.

Generalized objectives specific to the continuing education modules were also identified. These objectives did not address each module independently, but will be broken down accordingly for evaluation purposes. The first objective stated that participants will report an increase in knowledge gained in each of the areas of leadership: negotiation, influencing health policy, influencing peers to accomplish positive change, and systems leadership. This objective was met, as indicated by the data discussed in the results section. The second objective sought to have participants report an increase in likelihood of participating in leadership opportunities in their careers as a result of learning skills that are put forth in the modules. This objective was met, as demonstrated by the data garnered from module responses.

The final objective stated "data will be collected regarding the format of the module presentations in an effort to determine if it was a methodology preferred by participants or if changes to the format would lead to increased effectiveness of content dissemination". The objective was met; all participants indicated the online learning modules to be an effective form of content distribution.

CHAPTER SIX. DISCUSSION AND RECOMMENDATIONS

Interpretation of Results

Participants indicated that the online module learning format was an effective means of content dissemination in all topics. As discussed in chapter five, participants indicated an overall increased likelihood of taking part in the activities associated with the content of the modules. This response denotes a potential for behavior change. The vast majority of responses indicated that the speakers in the module, including the author, demonstrated expertise and effectiveness on the given subjects.

The data reveal that learning occurred as a result of completing the online modules. The vast majority of participants correctly answered post-test questions related to the material that was covered in the presentations. Participants rated that their overall knowledge increased as a result of the learning modules. Rates of perceived knowledge increased after completion of the activities when compared to the responses that were given prior to starting. Nearly all respondents indicated that they would recommend the learning modules to a colleague or friend as a learning method. Qualitative responses were generally positive, with participants noting the modules were good or clear. Overall, the results were positive in nature, and indicated an increase in perceived knowledge and potential for involvement in the various leadership topics.

Limitations

Several limitations must be considered when evaluating the study. The sample sizes of the participants who completed modules are small, ranging from 11 to 27. This is likely due to the fact that the data was collected during a narrow span of time from May 16 to June 23 of 2014. The use of a small sample size and lack of random selection limits the generalizability of

the results. Data provided from the AANP regarding the total number of individuals that began

the programs range from 18 to 64; it is unclear why these numbers do not align with the number

of certificates officially issued. Speculation may include that the respondents simply did not

complete the post-test and evaluation questions for continuing education credit, they felt the

modules took too much time and did not complete them, they were unsatisfied with the content

once beginning, or may have encountered technical difficulties, among other possibilities.

Participants that began the modules and did not finish them may have affected the results; data

were presented in aggregate form to the author and did not include numeric amounts of

responses, providing values only in the format of percentages.

Literature regarding leadership development and overall concepts of leadership was

utilized by the author in the creation of the online learning modules. Although a vast amount of

research is available that evaluates leadership in the field of nursing, information specific to the

role of the nurse practitioner is limited; information related to the Doctor of Nurse Practice

prepared nurse practitioner is even more limited. The lack of information required the author to

apply general information related to leadership development to the specific role of nurse

practitioner in some cases.

Another limitation of the study was the inability to determine the specific demographic

location of the participants. One of the objectives of this dissertation aimed to increase

knowledge regarding leadership development of nurse practitioners both in North Dakota and the

United States in general. Determining if any respondents were from the state of North Dakota

was not possible since the results were supplied to the author in aggregate format by the AANP.

The topics of the modules and method of dissemination were determined as a result of a survey

conducted in the state of North Dakota, and therefore may be especially applicable to the nurse practitioners who completed the initial survey.

Recommendations

Based on the expectations of the AACN and NONPF regarding the inclusion of leadership content in curricula of nurse practitioner education, it is feasible to recommend that the continuing education modules be utilized in the formal education of nurse practitioners. The AANP continuing education center provides the modules for two years and may be utilized by graduate programs and students. The author would recommend that information regarding the modules be communicated to nurse practitioner programs in the state of North Dakota. New nurse practitioners, particularly doctorally educated nurse practitioners, may enter into practice and be expected to have the ability to perform as a leader. The modules associated with this disquisition project do not have a monetary cost and would be available to incorporate into graduate curriculum in an effort to prepare students for involvement in leadership activity after completion of a program. A limited amount of information regarding leadership of the nurse practitioner is available in the CE center of the AANP at the current time, and a call for creation of further modules addressing other components of leadership development may be beneficial.

Leadership opportunities for nurse practitioners are continually increasing in numerous practice settings. As more states are becoming full practice in regards to state practice environment, nurse practitioners may be required to step in to more independent roles. Individuals practicing in rural areas, including certain regions in the state of North Dakota, may have limited access to leadership development conferences, programs, or mentorships. The online learning module format received positive responses and is an effective way to disseminate

content. Recommending the creation of further online modules in an effort to disseminate various forms of content for nurse practitioners may be feasible.

Due to the limited number of participants, the author would recommend that data collection continue throughout the course of the module postings and perform a final evaluation of data in May of 2016. This would provide the most accurate information regarding data surrounding the modules, and may further contribute to the body of knowledge regarding leadership develop programs pertinent to the role of the nurse practitioner.

Implications for Practice

Components of leadership are considered crucial to the role of the nurse practitioner. The leadership topics that were included in the four educational modules are important to nurse practitioners. Involvement in health policy may lead to changes in practice that affect overall patient outcomes, changes in state practice environments, and changes in laws and regulations that affect quality and accessibility of care. Awareness of and involvement in systems leadership may allow the nurse practitioner to participate in decision-making for organizations and institutions. Effective systems leaders are also able to evaluate the individuals within the system, which may lead the nurse practitioner to utilize the skills of others in the most effective means within the system. Negotiation may occur every day in nurse practitioner practice; working with patients to mutually agree on a treatment plan, working with colleagues to finalize details of policies, and outlining the expectations they have for their careers via contract negotiation are all examples of situations requiring negotiation skills. Influencing others to accomplish positive changes may be utilized in numerous forms within nurse practitioner practice. Use of online

educational modules, regardless of the subject, may be one effective method of content

dissemination to nurse practitioners who may otherwise have limited access to information.

Implications for Future Research

Based on the limited number of responses from the various modules, efforts should be

made to continue gathering data to determine if the findings of this project were indeed accurate.

As previously discussed, no information was found in the course of a literature search regarding

leadership of nurse practitioners in the state of North Dakota. Due to the inability to determine

the locale of respondents in this study, finding a different platform to perform research that is

conducted either within the state of North Dakota or through a venue that allows for specific

demographic information to be collected about participants may be beneficial.

Application to DNP Roles

The DNP prepared nurse practitioner is especially situated to assume leadership roles; the

nature of the degree may allow for roles beyond clinical practice, including management or

faculty positions. In order to perform well in these positions, as well as in clinical practice,

effective leadership skills are key. While working with clinical teams, patients, employees, and

students, strong ability to influence others, negotiate, evaluate systems, and effect health policy

will likely result in positive outcomes for those involved. As previously discussed, components

of leadership are crucial in all settings and in relationships that nurse practitioners develop.

Whether they are in management positions, working on committees, conducting research efforts

or advocating for patient care, nurse practitioners must employ leadership skills.

REFERENCES

Aduddell, K. A., & Dorman, G. E. (2010). The development of the next generation of nurse leaders. *Journal of Nursing Education, 49*(3), 168-171. doi: 10.3928/01484834-20090916-08

American Association of Colleges of Nursing. (2013). *Fact sheet: The doctor of nursing practice (DNP)*. Retrieved from: http://www.aacn.nche.edu/media-relations/fact-sheets/DNPFactSheet.pdf

American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved from: http://www.aacn.nche.edu/publications/ position/DNPEssentials.pdf

American Association of Nurse Practitioners. (2010). *Nurse practitioner curriculum.* Retrieved from: http://www.aanp.org/images/documents/publications/curriculum.pdf

American Association of Nurse Practitioners. (2013a). *Scope of practice for Nurse Practitioners*. Retrieved from: http://www.aanp.org/images/documents/publications/scopeofpractice.pdf

American Association of Nurse Practitioners. (2013b). *Standards of practice for nurse practitioners*. Retrieved from: http://www.aanp.org/images/documents/publications/ standardsofpractice.pdf

Babcock, L. (2012). *Powerful negotiation skills* [PowerPoint Slides]. American College of Physician Executives: Physicians in Management. Retrieved from: http://www.acpe.org/docs/default-source/course-materials/babcock_2012_notes-compatibility-mode-.pdf?sfvrsn=2

Bauer, J. C. (2010). Nurse practitioners as an underutilized resource for health reform: Evidence-based demonstrations of cost-effectiveness. *Journal of the American Academy of Nurse Practitioners, 22*, 228-231.

Berlin, J. W. (2008). The fundamentals of negotiation. *Canadian Association of Radiologists Journal, 59*(1), 13-15.

Bromley, P. (2010). Online learning: Anywhere anytime education for specialist nursing. *Neonatal, Paediatric & Child Health Nursing, 13*(3), 2-6.

Burns, N., & Grove, S. K. (2009). *The practice of nursing research: Appraisal, synthesis and generation of evidence, (6th ed.)*. St. Louis, Missouri: Saunders Elsevier.

Carter, N., Martin-Misener, R., Kilpatrick, K., Kaasalainen, S., Donald, F., Bryant-Lukosius, D., Harbman, P., Bourgeault, I., & DiCenso, A. (2010). The role of nursing leadership in integrating clinical nurse specialists and nurse practitioner in healthcare delivery in Canada. *Nursing Leadership, 23*, 167-185. doi: 10.12927/cjnl.2010.22274

Cerinus, M., & Wilson, P. (2009). Advanced practice in nursing: From concept to reality. *Nursing Management, 16*(1), 14-18.

Covill, C., & Hope, A. (2012). Practice development: Implementing a change of practice as a team. *British Journal of Community Nursing, 17*(8), 378-383.

Curtis, E. A., de Vries, J., & Sheerin, F. K. (2011). Developing leadership in nursing: Exploring core factors. *British Journal of Nursing, 20*(5), 306-309.

Curtis, E. A., Sheerin, F. K., & de Vries, J. (2011). Developing leadership in nursing: The impact of education and training. *British Journal of Nursing, 20*(6), 344-352.

Dwyer, C. E. (2012). *How to get anybody to do anything you want* [PowerPoint Slides]. American College of Physician Executives: Physicians in Management.

Friel, M., Towers, J., Resick, L., Goolsby, M., Jackson, E., Planchock, N., Tanner, S., & Weis, B. (2008). *Contract Negotiation for Nurse Practitioners*. American Academy of Nurse Practitioners Committee on Practice.

Guthrie, M. (2012). *Decision making and working effectively in teams and meetings* [PowerPoint Slides]. American College of Physician Executives: Physicians in Management.

Gyurko, C. C., & Ullmann, J. (2012). Using online technology to enhance educational mobility. *Online Journal of Nursing Informatics, 16*(1).

Harris, J.L., Roussel, L., Walters, S. E., & Dearman, C. (2011). *Project planning and management: A guide for CNLs, DNPs, and nurse executives*. Sudbury, MA: Jones & Bartlett Learning.

Hewitt-Taylor, J. (2013). Planning successful change incorporating processes and people. *Nursing Standard, 27*(38), 35-40.

Huston, C. (2008). Preparing nurse leaders for 2020. *Journal of Nursing Management, 16*, 905-911.

Inouye, L. (2013, October). *Health Policy*. Jonas Nurse Scholars Leadership Conference. Washington, D.C.

Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. *Report Recommendations.* Retrieved from: http://www.iom.edu/~/media/Files/Report%20Files /2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20 Recommendations.pdf

Kaiser Family Foundation. (2013). *State health facts: Total Nurse Practitioners.* Retrieved from: http://kff.org/other/state-indicator/total-nurse-practitioners/

Keogh, T. (2012). *Valuable communication skills* [PowerPoint Slides]. American College of Physician Executives: Physicians in Management. Retrieved from: http://www.acpe.org/docs/default-source/course-materials/powerpoint_ communication_notes.pdf?sfvrsn=2

McAlearney, A. S. (2010). Executive leadership development in U. S. health systems. *Journal of Healthcare Management, 55*(3), 206-222.

MacPhee, M., Skelton-Green, J., Bouthillette, F., & Suryaprakash, N. (2012). An empowerment framework for nursing leadership development: Supporting evidence. *Journal of Advanced Nursing, 68*(1), 159-169. doi:10.1111/j.1365-2648.2011.05746.x

Miles, E. W., & Maurer, T. J. (2010). Advancing validity of self-efficacy in negotiation through focusing at the domain level. *Journal of Occupational and Organizational Psychology, 85*, 23-41. doi: 10.1348/096317910X531744

North Dakota Board of Nursing. (2014). *Statistics.* Retrieved from: https://www.ndbon.org/

North Dakota Center for Nursing. (2012). *ND Action Coalition*. Retrieved from: http://www.ndcenterfornursing.org/nd-action-coalition/

The National Organization of Nurse Practitioner Faculties. (2012). *Nurse practitioner core competencies*. Retrieved from: http://www.nonpf.com/associations/10789/files/NPCore CompetenciesFinal2012.pdf

The National Organization of Nurse Practitioner Faculties. (2006). *Practice doctorate nurse practitioner entry-level competencies*. Retrieved from: http://www.nonpf.com/ associations/10789/files/DNP%20NP%20competenciesApril2006.pdf

O'Grady, E.T. (2008). *Advanced practice registered nurses: The impact on patient safety and quality*. In Hughes, R. G., editor. Patient Safety and Quality: An evidence-based handbook for nurses. Rockville, Maryland: Agency for Healthcare Research and Quality (US).

Pender, N., Murdaugh, C., & Parsons, M. (2011). *Health Promotion in Nursing Practice, (6th ed.)*. Upper Saddle River, NJ: Pearson Education, Inc.

Pintar, K.A., Capuano, T. A., & Rosser, G. D. (2007). Developing clinical leadership capability. *The Journal of Continuing Education in Nursing, 38*(3), 115-121.

Porter-O'Grady, T. (2011). Future of nursing special: Leadership at all levels. *Nursing Management, 42*(5), 32-37.

Porter-O'Grady, T., & Malloch, K. (2013). *Leadership in nursing practice: Changing the landscape of healthcare*. Burlington, MA: Jones & Bartlett Learning, LLC.

Rhodes, C. A., Fusilero, J, & Williams, C. M. (2010). Development of the role of director of advanced practice nursing. *Nursing Economic$, 28*(1), 58-62.

Sandman, L. (2009). The concept of negotiation in shared decision making. *Health Care Analysis, 17*, 236-243. doi: 10.1007/s10728-008-0103-y

Sturmberg, J. P., & Martin, C. M. (2012). Leadership and transitions: Maintaining the science in complexity and complex systems. *Journal of Evaluation in Clinical Practice, 18*, 186-189. doi: 10.1111/j.1365-2753.2011.01789

Tappen, R. M., Weiss, S. A., & Whitehead, D. K. (2004). *Essentials of Nursing Leadership and Management* (3rd ed.). Philadelphia, PA: F. A. Davis Company.

Watson, C. (2008). Assessing leadership in nurse practitioner candidates. *Australian Journal of Advanced Nursing, 26*(1), 67-76.

Zager, L. R. (2008). Developing students into leaders. In B. K. Penn (Ed.), *Mastering the teaching role: A guide for nurse educators* (pp. 435-446). Philadelphia: F.A. Davis Company.

APPENDIX A. HEALTH POLICY MODULE

Nurse Practitioner Leadership Development Series: Part I

Influencing Health Policy

Amanda R. Johnson, BAN-RN, DNP-S

Content

- Role of the Nurse Practitioner in health policy
- Examples of accomplishments by Nurse Practitioners as a result of action in the policy realm
- Means to become active in health policy efforts
- Vignettes from nurses that are active in health policy

Guest Speakers

Dr. Stacy Pfenning, DNP, APRN, FNP

- Board certified Family Nurse Practitioner
- North Dakota Board of Nursing Associate Director of Education and Advance Practice Nursing
- Board member for North Dakota Nurses Association and North Dakota Nurse Practitioner Association
- FNP Track Director, Doctorate of Nursing Practice with the Rocky Mountain University of Health Professions

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Guest Speakers

Dr. Billie Madler, DNP, FNP-BC

- Board certified Family Nurse Practitioner
- Chair of Graduate and Distance Nursing Education, University of Mary, Bismarck, North Dakota
- President, North Dakota Nurse Practitioner Association
- Board Member, North Dakota Center for Nursing

Guest Speakers

Dr. Wanda Rose, PhD, MSN, RNC

- Associate Professor and Associate Dean with the Sanford College of Nursing, Bismarck, North Dakota
- Former legislator in the North Dakota House of Representatives
- Former President, North Dakota Nurses Association
- Former board member, North Dakota Board of Nursing

Details

- This educational module will take you approximately 45 minutes to complete
- There are a few pretest questions related to the module as well as a short posttest evaluation
- The module is intended for any healthcare provider who is affected by health policy

1

Need for Topic

- A survey regarding leadership of APRNs was conducted in conjunction with the North Dakota Action Coalition in April of 2013. Results of the survey indicated that health policy was one of the areas that participants indicated a need or desire for further education.
- Confirmed through literature review

Disclosures

- I have no disclosures.
- This continuing education module is part of a Practice Improvement project as part of a Doctor of Nursing Practice Program.
- While no grant funding was received to create this continuing education module, a scholarship from the Jonas Center for Nursing Excellence made the education of the researcher possible.

Accreditation Statement

- This program was submitted to the American Association of Nurse Practitioners (AANP). This program was planned in accordance with the AANP CE Standards and Policies and the AANP Commercial Support Standard.

Learning Objectives

- Identify how the Nurse Practitioner affects health policy
- Recognize barriers and facilitators to involvement in health policy
- Pinpoint strategies to increase Nurse Practitioner ability to influence health policy in current position of practice

Background

- **Health Policy** – the set of decisions pertaining to health whether made at local, state, national, and global levels that influences health resources allocation.
- The National League for Nursing formed in 1893
  - Clarified standards of nursing practice
  - Define content to be contained in nursing curriculums

(NONPF, 2012; Mullin, 2013)

Background

- *American Journal of Nursing* published in 1900
  - Increased discussion of political issues that affected nurses
  - Served as a resource
- *The Future of Nursing: Leading Change, Advancing Health* published in 2010 by the Institute of Medicine
  - Numerous recommendations to change the face of nursing
  - Seeks to further the professional field of nursing

(Mullin, 2013; IOM, 2010)

2

Background

- First Nurse Practitioner program created in 1965
  - Dr. Loretta Ford and Dr. Henry Silver
  - Trained Pediatric Nurse Practitioners
- Created in response to national physician shortage in the midst of the Social Security Amendments of 1965
- Numerous policy breakthroughs led to standards in credentialing and education
- State and national laws affect Nurse Practitioner practice

(AANP, 2014; Leiesng, 2009)

Background

The Future of Nursing

- Recommendation 1: Remove scope-of-practice barriers
  - Seeks to expand Medicare reimbursement for Nurse Practitioners
  - Admission assessments for home health, hospice, and skilled nursing facilities
  - Increase Medicaid reimbursement

(IOM, 2010)

The Future of Nursing

- Recommendation 2: Expand opportunities to lead and diffuse collaborative improvement efforts
  - Development and implementation of patient-centered care models
  - Evaluation of care delivery and payment models
  - Advancement of nurses in professional development programs

(IOM, 2010)
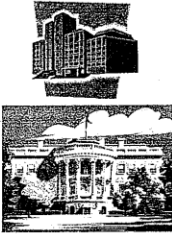
The Future of Nursing

- Recommendation 7: Prepare and enable nurses to lead change to advance health
  - Pursuing opportunities to develop leadership skills
  - Representation of nurses on boards, governments, teams, and policy making assemblies

(IOM, 2010)

Where Policy Happens

- Health Care Organizations
- Local Governments
- State Governments
- Federal Governments
- Globally

(Inoye, 2013; Ridenour, 2013; Trautman, 2013)

3

Why should Nurse Practitioners become involved?

NDSU

Health Policy and the Nurse Practitioner

National Organization of Nurse Practitioner Faculties

- Demonstrates an understanding of the interdependence of policy and practice
- Advocates for ethical policies that promote access, equity, quality, and cost
- Analyzes ethical, legal, and social factors influencing policy development
- Contributes in the development of health policy
- Analyses the implications of health policy across disciplines
- Evaluates the impact of globalization on health care policy development

NDSU   (NONPF, 2012)

Health Policy and the Nurse Practitioner

American Association of Colleges of Nursing

- Doctor of Nursing Practice focused expectations
- Design, influence, and implement health care policies
- Engage in development and implementation of health policy as leaders

NDSU   (AACN, 2006)

Health Policy and the Nurse Practitioner

American Association of Colleges of Nursing

- Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
- Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international policy
- Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.

NDSU   (AACN, 2006)

Health Policy and the Nurse Practitioner

American Association of Colleges of Nursing continued

- Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
- Advocate for the nursing profession within the policy and healthcare communities.
- Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
- Advocate for social justice, equity, and ethical policies within all healthcare arenas.

NDSU   (AACN, 2006)

Policy in Nursing

NDSU

4

Goals of Policy Involvement

- Increased quality of patient care
- Increased patient safety
- Improved access to primary care providers
- Potential to decrease cost

(Inouye, 2013; Mullin, 2013; Ridenour, 2013; Trautman, 2013)

Current Barriers to Involvement

- Lack of time
- Perception of defeat/unpleasant experience
- Time until results are shown
- Lack of awareness

(Inouye, 2013; Mullin, 2013; Ridenour, 2013; Trautman, 2013)

Becoming Active in Policy

- Identify the following:
  - Topic of importance: legislative involvement versus area of specialty practice, for example
  - Time allotted
  - Personal strengths and interests: public speaking, research, media creation, for example
  - Level of involvement: organization, state, national
  - Current opportunities: organizational committees, networking prospects

(Inouye, 2013; Mullin, 2013; Ridenour, 2013; Trautman, 2013)

Making a Difference

- Become involved
  - Institutional groups dedicated to Nurse Practitioners
    - May be aware of items affecting Nurse Practitioner practice at your place of employment
  - Committees and Boards
    - Able to increase "nursing presence"
    - Create connections with political players

(Inouye, 2013; Mullin, 2013; Ridenour, 2013; Trautman, 2013)

Making a Difference

- Professional Organizations
  - Excellent resource for information and support
  - May require membership fee
    - Often grants access to conferences, resources, continuing education credits
  - Example: American Association of Nurse Practitioners
  - Organizations specializing in area of expertise
    - Example: Gerontological Advanced Practice Nurses Association, The National Association of Nurse Practitioners in Women's Health, National Academy of Dermatology Nurse Practitioners, Nurse Practitioners in Emergency Care
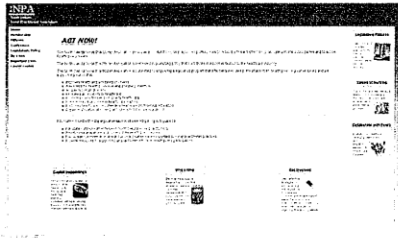
(Inouye, 2013; Mullin, 2013; Ridenour, 2013; Trautman, 2013)

American Association of Nurse Practitioners

http://www.aanp.org/legislation-regulation/policy-toolbox/np-policy-essentials

5

State Associations
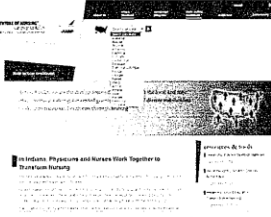

ndnpa.org/legislation.htm

State Associations

- Become involved and informed about policy happenings on a state level
- Scope-of-Practice issues occur at the state level for Nurse Practitioners
- Provide details regarding current legislative issues
- May provide information about contacting elected officials

(Mullin, 2013; NDNPA, 2013)

Action Coalitions

- Created in response to the IOM report on the Future of Nursing
- State-based efforts

campaignforaction.org/states

Change through Involvement

Entering the Realm of Politics

- Know who your legislators are
  - Local, State, and National level
  - Often not from the medical field
  - May be unfamiliar with the nurse practitioner role
- Know what their stance on your issue is
  - Have they previously voted on an issue that is relevant to your work in health policy?
  - How does your topic of interest affect their constituents?

NDSU

(Inouye, 2013; Mullin, 2013; Ridenour, 2013; Trautman, 2013)

Speaking with your Elected Official

NDSU

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Speaking with your Elected Official

- Prepare your "story"
    - Why is your position on an issue relevant?
    - Give examples to illustrate points
        - Stories about an affected constituent may hold more power than statistics
    - What are you seeking by contacting them?
    - Science behind your data is assumed to be relevant
        - Be prepared to provide reference for evidence-based material utilized
    - Be succinct
        - May have limited time available

(Inouye, 2013; Mullin, 2013; Ridenour, 2013; Trautman, 2013)

Speaking with your Elected Official

- Be prepared
    - Short document to outline your work
    - One page summary
    - Highlight outcomes, cost savings (if pertinent), effect on patients
    - Highlight how the change in legislation would affect constituents

(Inouye, 2013; Mullin, 2013; Ridenour, 2013; Trautman, 2013)

Speaking with your Elected Official

NDSU

Remain Involved

- After communicating or meeting:
    - Offer to serve as a resource on health issues
    - Follow up after communication or meeting
    - Send a thank-you with your contact information
- Future Involvement:
    - Become familiar with candidates
    - Learn their stance on issues affecting your practice
    - Contact them after election

(Inouye, 2013; Mullin, 2013; Ridenour, 2013; Trautman, 2013)

Grassroots Effort

NDSU

AACN
Grassroots Network

- Information regarding:
    - Elected Officials
    - Current Policy Issues
    - Active bills
    - Form letters
    - Voting history

NDSU

Advocate

- Author a health related article for your local newspaper
- Offer to provide health information to a radio station or local television broadcasting station
- Present at health fairs or support groups
- What would interest you?

Advocate

Your Efforts Count

- Example: North Dakota senate bill 2148 expanded Scope of Practice for Nurse Practitioners

- 17 states and the District of Columbia are now considered full practice states

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Your Efforts Count

Your Efforts Count

In Conclusion

- Identify how the Nurse Practitioner affects health policy
- Recognize barriers and facilitators to involvement in policy
- Identified strategies to increase your ability to influence health policy in your current position of practice

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Credits and Acknowledgments

- Dr. Carla Gross, PhD, MSN, RN, Nursing Department Chair; Advisor; North Dakota State University
- Stephen Beckerman, Media Technologies Consultant, North Dakota State University
- American Association of Nurse Practitioners Continuing Education Center

Credits and Acknowledgments

- Dr. Billie Madler, DNP, FNP-C, University of Mary & The North Dakota Nurse Practitioner Association
- Dr. Stacy Pfenning, DNP, APRN, FNP, North Dakota Board of Nursing & Rocky Mountain University of Health Professions
- Dr. Wanda Rose, PhD, MSN, RNC, Sanford College of Nursing

References

- Please see attached reference page

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APPENDIX B. HEALTH POLICY MODULE SCRIPT

Health Policy Module Script for Voiceover

Title

Welcome to the module, "Influencing Health Policy", the first of four modules in a nurse practitioner leadership development series created by Amanda Johnson of North Dakota State University. In this module, we will first discuss the role of the nurse practitioner in health policy followed by brief examples of what may be accomplished by nurse practitioners as a result of policy involvement. Finally, the majority of the module will focus on how to become active in health policy, outlining means that can be utilized within an organization or government structure. Video clips utilizing interview footage featuring experts in health policy from the state of North Dakota are utilized throughout the module to better illustrate content.

Details

We will briefly discuss details that are applicable to the module. The content included in the module will take approximately 45 minutes to discuss. In order to earn continuing education credit for this time, please complete the pre-test and post-test questions as well as a short post-test evaluation. This continuing education module was created for any healthcare provider who is affected by or has the ability to implement changes to health policy in any form.

Need for Topic

A survey regarding leadership of Advanced Practice Registered Nurses was conducted in the state of North Dakota in April of 2013. Results of the survey indicated that health policy was one of the areas that participants indicated a need or desire for further education. The need for further information on the subject was also confirmed through an extensive literature review, supporting the thought that additional information on the topic of health policy would be helpful for nurse practitioners from across the nation.

Disclosures

I have no disclosures related to this module. This continuing education module was created as a portion

of a practice improvement project as part of a doctor of nursing practice program. No grant funding was

received to create this module; however, a scholarship from the Jonas Center for Nursing Excellence

made the education of the researcher possible.

Accreditation Statement

This program was submitted to the American Association of Nurse Practitioners (AANP). This program

was planned in accordance with the AANP CE Standards and Policies and the AANP Commercial

Support Standard.

Learning Objectives

By the end of the module, you will be able to:

1. Identify how the nurse practitioner affects health policy

2. Recognize barriers and facilitators to involvement in health policy

3. Pinpoint strategies to increase your ability to influence health policy in your current position of

    practice

Background

So, what exactly is health policy? The national organization of nurse practitioner faculties identifies

health policy as the set of decisions pertaining to health whether made at local, state, national, and global

levels that influence health resources allocation. Historically, nurses have been actively involved with

health policy for well over a century. The National League for Nursing was formed in 1893 in an effort

to clarify standards of nursing practice and better define the content contained within nursing curriculums.

The *American Journal of Nursing*, first published in 1900, sought to increase discussion of political issues

and became a resource for nurses seeking to affect health policy. Fast forward to today; the Institute of Medicine of the National Academies published a landmark document in 2011 that seeks to impact the field of nursing for years to come. The Future of Nursing: Leading Change, Advancing Health outlines recommendations that strive to further the professional field of nursing.

The Future of Nursing

Each of the eight recommendations contained in the report is affected by nursing involvement in policy creation and legislative action. Recommendations that of particular interest to the nurse practitioner are:

Recommendation 1: Remove scope-of-practice barriers. Briefly, this recommendation seeks to expand Medicare coverage on the same level as physician services, allow nurse practitioners to perform admission assessments for patients seeking home health care, hospice and admission to skilled nursing facilities, and increase Medicaid reimbursement on the same scale as physicians for performing similar services on a national scale.

Recommendation 2: Expand opportunities to lead and diffuse collaborative improvement efforts. This recommendation supports the development and implementation of patient-centered care models, evaluation of care delivery and payment models to identify and strive for the best quality of care, and support advancement of nurses in professional development programs that will seek to improve overall care for patients.

Recommendation 7: Prepare and enable nurses to lead change to advance health. This recommendation urges nurses to seek professional and personal growth by pursuing opportunities to develop leadership skills, and calls for representation of nursing in a variety of groups such as boards of institutions or governments, executive teams, and other potential policy making assemblies.

Where Policy Happens

Health Policy is found in a variety of settings. It shapes much of the everyday practices performed by health care providers within health care organizations, whether it be a small rural clinic or an urban medical center. Policy also affects government regulation of healthcare practices on a varied scale; some policies are created on a local level, such as cities or counties, while others may be implemented across a state. The federal government is a large scale entity that utilizes a vast array of healthcare policy. Finally, health policy may even be instituted on a global scale.

Health Policy and the Nurse Practitioner (1 of 3)

The National Organization of Nurse Practitioner Faculties released amended core competencies for nurse practitioners in 2012. Six competencies were identified in regard to health policy. These competencies are as follows: The Nurse Practitioner:

- Demonstrates an understanding of the interdependence of policy and practice

- Advocates for ethical policies that promote access, equity, quality, and cost

- Analyzes ethical, legal, and social factors influencing policy development

- Contributes in the development of health policy

- Analyses the implications of health policy across disciplines

- Evaluates the impact of globalization on health care policy development

Health Policy and the Nurse Practitioner (2 of 3)

In 2006, the American Association of Colleges of Nursing outlined expectations related to education of the nurse practitioner being prepared through a doctor of nursing practice degree. They note that "DNP graduates are prepared to design, influence, and implement health care policies that frame health care

financing, practice regulation, access, safety, quality, and efficacy as well as advocate for health care policy that addresses issues of social justice and equity in health care. The DNP graduate has the capacity to engage proactively in the development and implementation of health policy at all levels and as leaders in the practice arena provide a critical interface between practice, research, and policy. Doctor of Nursing Practice programs seek to prepare nurse practitioners to: Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums, demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international policy, and influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.

Health Policy and the Nurse Practitioner (3 of 3)

The nurse practitioner should educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes, advocate for the nursing profession within the policy and healthcare communities, develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery, and advocate for social justice, equity, and ethical policies within all healthcare arenas.

Goals of Policy Involvement

What are the incentives associated with becoming involved with health policy as a nurse practitioner? The overall goal of involvement comes down to providing quality patient care. Policies serve as guidelines to the way that activities in health care are carried out. Changes should ideally be made to policy in a manner that positively affects the outcome of patients' health and well-being. Policy may also have a positive effect on patient safety through effective health care intervention. With the implementation of the Affordable Care Act, many states have current legislation under review regarding Scope of Practice for Nurse Practitioners; this is an example of the effect that health policy may have in

regard to increasing access to primary care providers. Health policy may also reduce costs associated with health care, seeking to implement evidence based practice by utilizing proven means of care and decreasing excess waste.

Current Barriers to Involvement

With the exciting changes that can be accomplished by nurse practitioners through the influence of health policy, why have so many nurse practitioners perceived barriers that have limited their ability to contribute? The most commonly identified reason for lack of policy involvement is lack of time available. Nurse practitioners often cite the priority of providing patient care with little time allotted for involvement in policy as a reason for not becoming active. Others may have had unpleasant past experiences in the process of implementation of policy; an example of this would be the 2013 defeat of senate bill 491 in the state of California, which was seeking to expand scope of practice for nurse practitioners. After much effort, the bill failed to go through, leaving those who were working hard to implement policy and make changes to legislation disappointed. It may also take a great deal of time to see results related to policy involvement; some processes take years prior to implementation. Overwhelmingly, however, many nurse practitioners identify that they have not become involved in policy due to lack of awareness – this could mean lack of awareness of opportunities such as committees or meetings on policy, unawareness of current efforts on an organizational, state, or national level, not knowing whom to contact to initiate changes, or not knowing what they are able to bring to the policy table themselves.

Becoming Active in Policy

Now that we have identified the role that nurse practitioners play in regards to health policy, we will discuss ways that you can personally become more involved and shape changes that affect your practice. Prior to becoming active in health policy, it is helpful to identify the following factors through self-reflection. 1. What is a topic of personal importance to you in your career? If you find yourself to be

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particularly interested in geriatric care, for example, working towards changing legislation that would allow nurse practitioners to perform assessments for admission to skilled nursing facilities may be worthwhile to you. 2. What is the amount of time that you would like to dedicate to policy? Many nurse practitioners already have much expected from them in the allotted time they spend at work, so it is important to identify a realistic amount of time you can spend on policy efforts. Others may have more time to commit. Remember, however, that *any* amount of time spent toward policy development has the potential to change practice and better improve care for your patients. 3. What are your personal strengths and interests? Are you someone who enjoys working with your creative side to produce a visually appealing presentation? Do you prefer to stay in the background and research topics that you find interesting? Have others commented on your public speaking capabilities? Do you have an interest in politics? Reflecting on the type of tasks you enjoy doing may help you identify the best way that you can give your efforts towards policy creation. 4. Consider the level at which you would like to impact policy and create changes. Many people find their desire to become involved may stem from practices of the institution or organization they are currently working for. You might identify that regulations in your state have potentially limited your practice or access to patients in a manner that can only be changed through proactivity on the behalf of nurse practitioners. 5. Think about current opportunities that you have already heard of for policy involvement. Have your colleagues mentioned something that they feel should be changed in their place of work? Do you have a classmate that is active on committees or has connections with politicians? Do you know of any future networking opportunities you may be attending, such as conferences or meetings? Making a list featuring these items may give you some insight and guidance as to how you would like to begin your policy involvement efforts.

Making a Difference

The first step to take towards becoming active in health policy is to become involved in a group that will support your efforts. Whether you are located in a rural or urban area, there are numerous ways to

become involved in health policy. It may be helpful to inquire at your place of employment if there is a group comprised of nurse practitioners or advanced practice providers. These institutional groups are often aware of items affecting nurse practitioner practice at your place of employment and may already be working towards policy change. Serving on committees and boards of all types are an excellent way to become involved with a community or organization. These types of policy participation may be less direct than others regarding policy change, but are a way to reach out to other leaders in the community and potentially make contact with important political players. Professional organizations can be a crucial means of involvement for nurse practitioners. These organizations are often at the forefront of political issues that affect nurse practitioners, and typically have excellent resources that serve to support your efforts in health policy. Some organizations may charge a monetary fee to become a member; note that this fee is often used for efforts such as increasing awareness of policy issues and supporting education of the public regarding the role of the nurse practitioner, depending on the organization. Other benefits to membership may include the opportunity to attend conferences that are relevant to your practice, increased access to resources, and continuing education credits. Organizations such as the American association of nurse practitioners are an excellent resource for nurse practitioners of all backgrounds. If you find yourself drawn to issues that are specific to your area of expertise, you may discover that there are numerous professional organizations dedicated to serving nurse practitioners who are employed in specialty areas; a few examples of these organizations include the gerontological advanced practice nurses association, the national association of nurse practitioners in women's health, the national academy of dermatology nurse practitioners, and nurse practitioners in emergency care. Specialty-focused organizations may have the ability to identify political issues that are currently affecting your type of practice.

American Association of Nurse Practitioners

This screenshot is a demonstration of the resources that are made available to nurse practitioners through organizations such as the American Association of Nurse Practitioners, also known as the AANP. You will see that AANP provides a variety of information specifically regarding health policy, and provides tools you can use when you are pursing your policy change.

State Associations

State Nurse Practitioner Associations are an excellent way to become involved and informed about policy happenings in your own state. As you are aware, many scope-of-practice issues occur at a state level, and state-based associations provide a variety of resources and information as to current efforts in this matter. This example, taken from the website of the North Dakota Nurse Practitioner Association, demonstrates the types of resources that may be available to you through your state association. This association has excellent information provided for nurse practitioner reference. Some state associations provide details about current legislative issues occurring in your state that affect nurse practitioners. Other references may be made available, such as information regarding how to contact your elected officials or upcoming meetings in your area.

Action Coalitions

In response to the Institute of Medicine's report on the future of nursing, the Robert Wood Johnson Foundation along with AARP formed the Campaign for Action which seeks to implement the recommendations made in the document. These action coalitions are run individually in each state and are actively working toward implementing policy changes that advance nursing. Your coalition may have information pertinent to legislative happenings in your state. Although not specific to nurse practitioner practice, these action coalitions provide excellent resources to support nursing as a whole.

Entering the Realm of Politics

Somewhere along your health policy pathway, you may find yourself needing to become involved with the realm of politics. This opportunity may seem imposing, but serves as a great occasion to make important changes regarding issues that you are passionate about. We will discuss basic guidelines for interacting with your legislator and how to get your message across in an effective manner. Firstly, it is important to become familiar with the elected officials that are serving you on a local, state, and national basis. In preparing to contact them regarding a policy issue, it is important to remember that your official may not have any type of medical background when planning your message. Your elected official may or may not be familiar with the role of the nurse practitioner; therefore, it may be keen to prepare a short explanation as to what your role entails and how certain legislation directly affects the patients you care for – many of whom may be that officials' constituents. It is important to do some background work prior to contacting an official to discover what their stance is regarding your policy issue. Have they voted against a measure that would affect it in the past, or have they shown a history of excellent support for nurse practitioners? This background work will largely shape how you prepare to interact with your official.

Speaking with your Elected Official

When contacting your elected official, it is important to preplan your approach. Many officials have limited time for each meeting or interaction, so excellent preparation is crucial to a successful interaction. First of all, what is your story? Why are you contacting that person? Officials and their staffers are often more affected by stories demonstrating how certain practices or laws directly affected individuals, rather than being provided with statistics. Outline your position, the reason you are contacting the official, and what you are seeking as a result. Be aware that time limitations often do not allow for presentation of background data supporting your stance; the research work you perform to gain your data is often assumed to be relevant and need not be discussed unless the official asks for it as a reference. Getting

your point across in a succinct manner allows you to hit your high points while allowing them time to respond. It is often helpful to prepare a short document (such as a one page summary) that outlines the items you discussed. Helpful points of importance in your presentation or document include overall outcomes that would occur if the piece of legislation for which you were advocating were passed, cost savings if applicable, and the effect the legislation would have on patients. The key point is to make your message relevant to the official – using examples of how that legislation has or will affect their constituents is of the utmost importance.

Remain Involved

After you have had contact with your elected official, it is important to remain involved. Not only does this show your strong backing for the legislation you are supporting, it shows the official that you are very serious in your efforts to make a difference in the lives of patients you care for. If comfortable with the notion, it may be helpful to offer to serve as a resource on medical issues – this is a great way for nurse practitioners to have their opinions heard on a wide variety of topics. Be sure to follow up after your communication and offer to clarify any points or answer questions the official may have about your policy issue. Sending a thank-you will show your appreciation for the time that was spent hearing about the changes you would like to make. Eventually, your elected official will leave their position. It is important to become familiar with candidates that are running for election and learn their stance on issues that affect your practice. Regardless of their background, it is helpful to contact a newly elected official to congratulate them and offer your expertise as a reference in order to open a gateway to future policy involvement.

AACN Grassroots Network

The American Association of Colleges of Nursing provides excellent resources to members of the nursing community regarding policy information. Their grassroots network, seen here, allows users to easily access material regarding current policy happenings. The network is a helpful place to quickly determine

who your elected officials are and to learn about current policy issues that may affect your practice. The network identifies bills relevant to nursing that are currently going before the house and senate. Resources such as form letters for contacting senators and representatives are also available on this site. You are also able to gain access to past votes that your elected official has made specific to nursing issues, allowing you to determine their current level of support for legislation that may affect your practice.

Advocate

Regardless of your level of political interaction, it is crucial that nurse practitioners strive to educate the public about the role they play in the realm of health care. There are a variety of activities that allow nurse practitioners to advocate for their profession. Offering to write a short article related to a hot health topic is often welcomed by newspapers who seek to fill space. Radio and television stations are regularly looking for short segments of information that may be of interest to the public. These simple methods allow nurse practitioners to not only educate the public about important issues that affect their health, but allow the public to become more familiar with the role that they play in health care. Public health fairs and support groups for various conditions or diseases are an excellent way that nurse practitioners can provide valuable information while reaching out. Again, it is important to do some self-reflection and determine where your talents and interests lie. What type of advocacy activity interests you?

Your Efforts Count

Keeping in mind the barriers we discussed earlier in the module, note that involvement in policy may be difficult or frustrating at times. It is reassuring, however, to be aware of the fact that important changes are actively being made by nurse practitioners through their efforts in policy. I would ask you to reflect on the following: what are some things you have seen in your practice that have been positively affected by the work that a nurse practitioner has done in the realm of health policy? I invite you to listen to an

important example of how nurse practitioner involvement in health policy allowed one state to expand its scope-of-practice. (Dr. Pfenning's story of ND NP Scope of Practice expansion).

In Conclusion

Throughout the course of this module, we have identified the various ways that nurse practitioners may affect health policy. Barriers to and facilitators of involvement in policy efforts have been identified. Finally, you have been given tools that will allow you to increase your ability to influence policy at any level. I encourage you to consider ways that you would like to become involved, no matter where you start. Thank you for taking the time to view this module.

Credits and Acknowledgments

I would like to thank my advisor, Dr. Carla Gross of North Dakota State University for her extensive support in the creation of this module. Thanks go to Stephen Beckermann for his assistance in the technical aspects related to the creation of the module. The American Association of Nurse Practitioners also deserves recognition for the assistance I received to make this work a reality.

Credits and Acknowledgments continued

A very special thank-you to our guest speakers, Dr. Stacey Pfenning of the North Dakota Board of Nursing, Dr. Wanda Rose of the Sanford School of Nursing, and Dr. Billie Madler of the University of Mary and the North Dakota Nurse Practitioners' Association, for lending their time and energy to share their expertise on the subject of health policy.

APPENDIX C. SYSTEMS LEADERSHIP MODULE

Nurse Practitioner Leadership Development Series: Part II

Systems Leadership

Amanda R. Johnson, BAN-RN, DNP-S

Content

- Role of the Nurse Practitioner in Systems Leadership

- Examples

- How to become an active participant in Systems Leadership

- Vignettes from nurses that are active in Systems Leadership

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Guest Speakers

Dr. Stacy Pfenning, DNP, APRN, FNP

- Board certified Family Nurse Practitioner

- North Dakota Board of Nursing Associate Director of Education and Advance Practice Nursing

- Board member for North Dakota Nurses Association and North Dakota Nurse Practitioner Association

- FNP Track Director, Doctorate of Nursing Practice with the Rocky Mountain University of Health Professions

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Guest Speakers

Dr. Billie Madler, DNP, FNP-BC

- Board certified Family Nurse Practitioner

- Chair of Graduate and Distance Nursing Education, University of Mary, Bismarck, North Dakota

- President, North Dakota Nurse Practitioner Association

- Board Member, North Dakota Center for Nursing

Guest Speakers

Dr. Wanda Rose, PhD, MSN, RNC

- Associate Professor and Associate Dean with the Sanford College of Nursing, Bismarck, North Dakota

- Former legislator in the North Dakota House of Representatives

- Former President, North Dakota Nurses Association

- Former board member, North Dakota Board of Nursing

Details

- This educational module will take you approximately 30 minutes to complete

- There are a few pretest questions related to the module as well as a short posttest evaluation

- The module is intended for any healthcare provider who may participate in systems leadership

1

Need for Topic

- A survey regarding leadership of APRNs was conducted in conjunction with the North Dakota Action Coalition in April of 2013. Results of the survey indicated that systems leadership was one of the areas that participants indicated a need or desire for further education.
- Confirmed through literature review

Disclosures

- I have no disclosures.
- This continuing education module is part of a Practice Improvement project as part of a Doctor of Nursing Practice Program.
- While no grant funding was received to create this continuing education module, a scholarship from the Jonas Center for Nursing Excellence made the education of the researcher possible.

Accreditation Statement

- This program was submitted to the American Association of Nurse Practitioners (AANP).
- This program was planned in accordance with the AANP CE Standards and Policies and the AANP Commercial Support Standard.

Learning Objectives

- Identify how the Nurse Practitioner affects systems leadership
- Recognize barriers and facilitators to involvement in systems leadership
- Discuss strategies to increase Nurse Practitioner ability to participate in systems leadership

Background

- **Systems Leadership** – consists of the capability to evaluate a working system on every level, including the individuals that contribute
- Expansion of Scope of Practice in numerous states leading to increased autonomy for Nurse Practitioners
  - Full Practice: 17 states and the District of Columbia
  - Reduced Practice: 21 states
  - Restricted Practice: 12 states

(AANP, 2013b, Rose, 2013)

State Practice Environment

(AANP, 2013b)

2

Background

- Expansion of Leadership Roles for Nurse Practitioners in healthcare systems
  - Particularly for Doctor of Nursing Practice prepared
  - Increasingly administrative practices
- *The Future of Nursing: Leading Change, Advancing Health* published in 2010 by the Institute of Medicine
  - Numerous recommendations to change the face of nursing
  - Seeks to further the professional field of nursing

(IOM, 2010; Rhodes, Fusilero, & Williams, 2010)

The Future of Nursing

- Recommendation 2: Expand opportunities to lead and diffuse collaborative improvement efforts
  - Development and implementation of patient-centered care models
  - Evaluation of care delivery and payment models
  - Advancement of nurses in professional development programs

(IOM, 2010)

The Future of Nursing

- Recommendation 7: Prepare and enable nurses to lead change to advance health
  - Pursuing opportunities to develop leadership skills
  - Representation of nurses on boards, governments, teams, and policy making assemblies

(IOM, 2010)

Where Systems Leadership Occurs

- Health Care Organizations
- Local Governments
- State Governments
- Federal Governments
- Internationally

Systems Leadership and the Nurse Practitioner

- National Organization of Nurse Practitioner Faculties
  - Assumes complex and advanced leadership roles to initiate and guide change
  - Provides leadership to foster collaboration with multiple stakeholders to improve health care
  - Demonstrates leadership that uses critical and reflective thinking
  - Advocates for improved access, quality and cost effective health care

(NONPF, 2012)

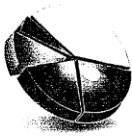## Systems Leadership and the Nurse Practitioner

- National Organization of Nurse Practitioner Faculties
  - Advances practice through the development and implementation of innovations incorporating principles of change
  - Communicates practice knowledge effectively both orally and in writing
  - Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus

(NONPF, 2012)

3

Systems Leadership and the Nurse Practitioner
American Association of Colleges of Nursing, Expectations

- Doctor of Nursing Practice focused expectations
- Systems leadership capability is critical to improve healthcare outcomes
- Aim to eliminate health disparities, promote patient safety
- Care for individuals to broad groups
- Creation of care delivery models
- Comfortable with policy

(AACN, 2006)

Systems Leadership and the Nurse Practitioner
American Association of Colleges of Nursing, Expectations

- Quality improvement
- Evaluate cost effectiveness
- Reorganize care models
- Assess and manage risk
- Aim to improve health outcomes
- Systems thinking
- Financial insight

(AACN, 2006)

Systems Leadership and the Nurse Practitioner
- American Association of Colleges of Nursing
  - Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political and economic sciences
  - Ensure accountability for quality of health care and patient safety for populations with whom they work
    - Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems
    - Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery

(AACN, 2006)

Systems Leadership and the Nurse Practitioner
American Association of Colleges of Nursing continued

- Develop and/or monitor budgets for practice initiatives
- Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes
- Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.
- Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.
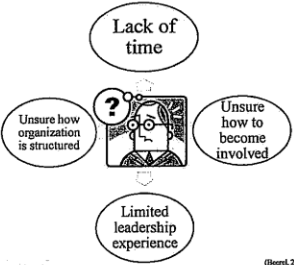
(AACN, 2006)

Goals of Systems Leadership

- Increased quality of patient care
- Increased patient safety
- Implementation of care delivery models based on nursing science
- Potential to decrease cost

(Adsddell & Doenan, 2010; Chien, 2013)

Current Barriers to Involvement

Lack of time

Unsure how organization is structured

Unsure how to become involved

Limited leadership experience

(Beerel, 2009; Chien, 2013)

What does Systems Leadership mean to you?

What does Systems Leadership mean to you?

Understanding the System

- What is your institution's model of care?

  - Identify the outline, key components

- Nursing involvement

  - Current efforts

  - Councils, groups

(Chism, 2013)

Understanding the System

Understanding the System

- Key stakeholders within the system

  - Management

  - Non-management leaders

- Financial standing

  - Institution-wide

  - Start small

(Boerst, 2009; Pfenning, 2013; Rose, 2013)

5

The Role of the Nurse Practitioner in the System

- Become involved

  - Institutional groups dedicated to Nurse Practitioners

  - Committees and Boards

  - Professional Organizations

(Chism, 2013; Pfenning, 2013; Rose, 2013)

The Role of the Nurse Practitioner in the System

Key points regarding leadership

- Position or title does not necessarily equal leadership ability
- Born versus made
- Usually requires experience
- Mentoring is imperative
- Communication is key

(Avolio, 2005; Beerel, 2009; Chism, 2013; Sipe & Frick, 2007)

Becoming Active in a System
- Identify the following:

  - <u>Mentor you would desire</u>: pinpoint exemplary traits
  - <u>Time allotted</u>
  - <u>Personal strengths and interests</u>: public speaking, research, media creation, for example
  - <u>Level of involvement</u>: Department, Unit, Organization
  - <u>Current opportunities</u>: committees, networking prospects

Nurse Practitioner Presence is Essential

NDSU

How to become involved

- Join a committee or group and actively contribute
- Ask to be given responsibilities associated with your efforts
- Network
- Shadow experiences

NDSU

(Chism, 2013; Pfenning, 2013)

6

How to become involved

Nurse Practitioner Involvement

DNP, LLC/DNPPD Outcome Study, 2010, N=292

- 30% Function in administrative role
- 29% Develop, implement, and evaluate business plans
- 23% Have initiated a program to address disparities
- 20% Have a leadership role in a specialty nursing organization
- 16% Have a leadership role in a national nursing organization
- 20% Have a leadership role in a state nursing organization

(Chism, 2013)

In Conclusion

- Identify how the Nurse Practitioner affects systems leadership
- Recognize barriers and facilitators to involvement in systems leadership
- Pinpoint strategies to increase Nurse Practitioner ability to participate in systems leadership

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Credits and Acknowledgments

- Dr. Carla Gross, PhD, MSN, RN Nursing Department Chair; Advisor; North Dakota State University
- Stephen Beckerman, Media Technologies Consultant, North Dakota State University
- American Association of Nurse Practitioners Continuing Education Center

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Credits and Acknowledgments

- Dr. Billie Madler, DNP, FNP-C, University of Mary & The North Dakota Nurse Practitioner Association
- Dr. Stacy Pfenning, DNP, APRN, FNP, North Dakota Board of Nursing & Rocky Mountain University of Health Professions
- Dr. Wanda Rose, PhD, MSN, RNC, Sanford College of Nursing

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References

- Please see attached reference page

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APPENDIX D. SYSTEMS LEADERSHIP MODULE SCRIPT

Systems Leadership Module Script for Voiceover

Title

Welcome to the module, "Systems Leadership", the second of four modules in a nurse practitioner leadership development series created by Amanda Johnson of North Dakota State University.

Content

 In this module, we will first discuss the role of the nurse practitioner in systems leadership followed by brief examples of what may be accomplished by nurse practitioners as a result of actively participating in systems leadership. Finally, the majority of the module will focus on how to become active in systems leadership, outlining means that can be utilized within an organization. Video clips utilizing interview footage featuring nursing experts from the state of North Dakota are utilized throughout the module to better illustrate content.

Guest Speakers

The following Guest Speakers will be contributing to this module:

Details

We will briefly discuss details that are applicable to the module. The content included in the module will take approximately 30 minutes to discuss. In order to earn continuing education credit for this time, please complete the pre-test and post-test questions as well as a short post-test evaluation. This continuing education module was created for any healthcare provider who is affected by or has the ability to contribute to systems leadership in any form.

Need for Topic

A survey regarding leadership of Advanced Practice Registered Nurses was conducted in conjunction with the North Dakota Action Coalition in April of 2013. Results of the survey indicated that systems leadership was one of the areas that participants indicated a need or desire for further education. The need for further information on the subject was also confirmed through an extensive literature review, supporting the thought that additional information on the topic of systems leadership would be helpful for nurse practitioners from across the nation. Knowledge of systems leadership is considered one of eight doctor of nursing practice essentials according to the American Association of Colleges of Nursing.

Disclosures

I have no disclosures related to this module. This continuing education module was created as a portion of a practice improvement project as part of a doctor of nursing practice program. No grant funding was received to create this module; however, a scholarship from the Jonas Center for Nursing Excellence made the education of the researcher possible.

Accreditation Statement

This program was submitted to the American Association of Nurse Practitioners (AANP). This program was planned in accordance with the AANP CE Standards and Policies and the AANP Commercial Support Standard.

Learning Objectives

By the end of the module, you will be able to:

- Identify how the Nurse Practitioner affects systems leadership

- Recognize barriers and facilitators to involvement in systems leadership

- Pinpoint strategies to increase Nurse Practitioner ability to participate in systems leadership

Background

Systems leadership affects every nurse practitioner, no matter their role or where they practice. It consists of the capability to evaluate a working system on every level, including the individuals that contribute to the everyday functions of an organization. The Nurse Practitioner role has seen great developments in the realm of leadership over the past few decades. Legislation that has expanded scope of practice authority in numerous states has allowed Nurse Practitioners to become increasingly autonomous. Full practice authority is now recognized in 17 states and the District of Columbia

State Practice Environment

As of 2013, this image represents the state practice environments throughout the United States of America.

Background (2)

The birth of the Doctor of Nursing Practice degree has led to increased opportunities for nurse practitioners to become involved with administrative practices that shape the way organizations are run. On a countrywide scale, the Institute of Medicine of the National Academies published a landmark document in 2010 that seeks to impact the field of nursing for years to come. The Future of Nursing: Leading Change, Advancing Health outlines recommendations that strive to further the professional field of nursing. Much emphasis is placed on the development of leadership in nursing.

The Future of Nursing

Each of the eight recommendations contained in the report are affected in some manner by nursing involvement in leadership development. Recommendations that of particular interest to the nurse practitioner in regards to systems leadership are:

Recommendation 2: Expand opportunities to lead and diffuse collaborative improvement efforts. This recommendation supports the development and implementation of patient-centered care models, evaluation of care delivery and payment models to identify and strive for the best quality of care, and support advancement of nurses in professional development programs that will seek to improve overall care for patients.

Recommendation 7: Prepare and enable nurses to lead change to advance health. This recommendation urges nurses to seek professional and personal growth by pursuing opportunities to develop leadership skills, and calls for representation of nursing in a variety of groups such as boards of institutions or governments, executive teams, and other potential policy making assemblies.

Where Systems Leadership Happens

Systems leadership is found in many settings. It may be affected and performed by health care providers within health care organizations, no matter the size of the institution. Local, state, and federal governments act as interdependent systems that affect patient care and require strong leadership on behalf of nursing. Internationally, systems leadership poses new challenges and nuances to those who seek to make changes on a larger scale.

Systems Leadership and the Nurse Practitioner (1 of 4)

The National Organization of Nurse Practitioner Faculties released amended core competencies for nurse practitioners in 2012. Seven competencies were identified in regards to Systems Leadership capability. These compe tencies are as follows: The Nurse Practitioner:

- Assumes complex and advanced leadership roles to initiate and guide change
- Provides leadership to foster collaboration with multiple stakeholders to improve health care
- Demonstrates leadership that uses critical and reflective thinking
- Advocates for improved access, quality and cost effective health care

- Advances practice through the development and implementation of innovations incorporating principles of change

- Communicates practice knowledge effectively both orally and in writing

- Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus

Systems Leadership and the Nurse Practitioner (3 of 4)

In 2006, the American Association of Colleges of Nursing outlined expectations related to education of the nurse practitioner being prepared through a doctor of nursing practice degree. They note that "Organizational and systems leadership are critical for DNP graduates to improve patient and healthcare outcomes. Doctoral level knowledge and skills in these areas are consistent with nursing and health care goals to eliminate health disparities and to promote patient safety and excellence in practice. DNP graduates' practice includes not only direct care but also a focus on the needs of a panel of patients, a target population, a set of populations, or a broad community. These graduates are distinguished by their abilities to conceptualize new care delivery models that are based in contemporary nursing science and that are feasible within current organizational, political, cultural, and economic perspectives. Graduates must be skilled in working within organizational and policy arenas and in the actual provision of patient care by themselves and/or others. For example, DNP graduates must understand principles of practice management, including conceptual and practical strategies for balancing productivity with quality of care. They must be able to assess the impact of practice policies and procedures on meeting the health needs of the patient populations with whom they practice.

Systems Leadership and the Nurse Practitioner

DNP graduates must be proficient in quality improvement strategies and in creating and sustaining changes at the organizational and policy levels. Improvements in practice are neither sustainable nor

measurable without corresponding changes in organizational arrangements, organizational and professional culture, and the financial structures to support practice. DNP graduates have the ability to evaluate the cost effectiveness of care and use principles of economics and finance to redesign effective and realistic care delivery strategies. In addition, DNP graduates have the ability to organize care to address emerging practice problems and the ethical dilemmas that emerge as new diagnostic and therapeutic technologies evolve. Accordingly, DNP graduates are able to assess risk and collaborate with others to manage risks ethically, based on professional standards. Thus, advanced nursing practice includes an organizational and systems leadership component that emphasizes practice, ongoing improvement of health outcomes, and ensuring patient safety. In each case, nurses should be prepared with sophisticated expertise in assessing organizations, identifying systems' issues, and facilitating organization-wide changes in practice delivery. In addition, advanced nursing practice requires political skills, systems thinking, and the business and financial acumen needed for the analysis of practice quality and costs.

Systems Leadership and the Nurse Practitioner

Therefore, the DNP graduate should:

- Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political and economic sciences

- Ensure accountability for quality of health care and patient safety for populations with whom they work

    - Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems

- Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery

Systems Leadership and the Nurse Practitioner (3 of 3)

- Develop and/or monitor budgets for practice initiatives

- Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes

- Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.

- Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

Goals of Systems Leadership

What are the incentives associated with becoming involved with systems leadership as a nurse practitioner? The overall goal of involvement comes down to providing quality patient care. Systems leaders have the capability to examine all points of healthcare that reach the patient, and have the ability to determine the complex factors that can be changed to better improve the care the is delivered. This may lead to increased patient safety by evaluating and potentially implementing evidence based care. Various care delivery models may be implemented in systems; the nurse practitioner has a unique position of leadership in bringing nursing based care delivery models to the table. With the financial capability of the systems leader to evaluate cost and budget regulation, there is a potential to decrease excess waste leading to a more financially efficient system.

Current Barriers to Involvement

Barriers to involvement in systems leadership have been identified by nurse practitioners. The most commonly identified reason for lack of involvement is lack of time available. Nurse practitioners often cite the priority of providing patient care with little time allotted for involvement in systems leadership as a reason for not becoming active. Nurse practitioners may be unsure of the initial steps to take to become involved in the system or where they should focus their efforts. Some nurse practitioners may feel they do not have the "adequate" training necessary to assume leadership positions. The task of navigating the hierarchy of an organization may seem intimidating.

What does systems leadership mean to you – 3 slides

Systems leadership can have different meanings to individuals, depending on their area of practice. The following slides demonstrate how systems leadership can be interpreted by nursing professionals.

Understanding the System

It is important to identify key operating points of your healthcare system as you begin your efforts to become involved in systems leadership. Firstly, does your institution have a model of care, and if so, how is it outlined? What are key components of care delivery models? What is current nurse involvement in systems leadership; for example, identify if there are nursing efforts throughout the system that are implemented and recognized. These may include quality improvement councils, unit-based councils, advanced practice provider groups, for a few examples.

Understanding the System (2)

Who are key stakeholders within the system? Identify individuals that have been placed in management positions as well as individuals that function as effective leaders without a title. The concept that can be the most foreign for nurse practitioners to grasp, depending on their background, entails an evaluation of

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financial standing of the institution. This may be easier to understand if individuals start small and work

their way up – evaluate the cost and profit of your particular area of practice prior to moving up to the

realm of the financial standing of the institution. This may include an evaluation of the coding and billing

system in your area.

The Role of the Nurse Practitioner in the System

(Video first). As Dr. Pfenning identifies, involvement is crucial for nurse practitioner that seek to act as a

systems leader. There are numerous ways to become involved in you institution and community, as well

as on a state and national level through professional organizations.

Key Points

The field of leadership research is somewhat limited in regards to quantitative evidence. However,

numerous studies utilizing qualitative research have identified a few key concepts that are considered

central to effective leadership capabilities. The first item to remember when analyzing systems leadership

is the fact that position or title does not necessarily mean that the individual placed in that role is an

effective leader. Evaluating that statement from another viewpoint would indicate that effective leaders

are not necessarily individuals that have been placed in management positions. Therefore, no matter what

your assigned role in your practice, you have the ability to function as a leader. Some research has been

done to determine if leaders are born or made. While innate personality traits may be considered

beneficial in leadership positions, such as extrovertedness, many effective leaders of all personality

backgrounds have taken advantage of opportunities that have been presented to them and have developed

traits of leadership based off these experiences. Effective leaders identify that having a mentor was

crucial to the development of their abilities. Take a moment now to consider a colleague, educator, or

other individual you feel has strong leadership skills. Determine if that person would be a good mentor

for you when you are starting to shape your leadership efforts. Finally, effective communication is key.

This is important at all levels of nurse practitioner practice.

Becoming Involved

Now that we have identified the role that nurse practitioners play in regards to systems leadership, we will discuss ways that you can personally become more involved and shape changes that affect your organization. Prior to becoming active in systems leadership, it is helpful to identify the following factors through self-reflection. 1. Who is a mentor that you would desire to work with and why? What traits do they exemplify that you feel you could benefit from? Identify actions you have seen this individual take that you feel has made them an effective systems leader. 2. What is the amount of time that you would like to dedicate to systems leadership? Many nurse practitioners already have much expected from them in the allotted time they spend at work, so it is important to identify the amount of time that is reasonable for your to direct towards becoming involved in the system. Remember, however, that *any* amount of time spent toward becoming involved has the potential to change practice and better improve care for your patients. 3. What are your personal strengths and interests? Are you someone who enjoys working with your creative side to produce a visually appealing presentation? Do you prefer to stay in the background and research topics that you find interesting? Have others commented on your public speaking capabilities? Reflecting on the type of tasks you enjoy doing may help you identify the best way that you can give your efforts towards impacting the system in which you function. 4. Do you have a desire to make changes to your department or to your entire institution? It is important to consider where your level of involvement should be focused. 5. Think about current opportunities that you have already heard of for systems involvement. Have your colleagues mentioned something that they feel should be changed in their place of work? Do you have a classmate that is active in committees in your organization? Do you know of any future networking opportunities you may be attending, such as department or institutional meetings? Making a list featuring these items may give you some insight and guidance as to how you would like to begin your efforts towards impacting your healthcare system.

Nurse Practitioner Presence is Essential

With many other individuals that are involved in the healthcare system, where does the Nurse Practitioner fit? Dr. Madler discusses the many important factors that nurse practitioners bring to the table of healthcare institutions: Video

How to become involved

(Video first) There are numerous ways you can become actively involved in leadership at your healthcare system. The first step is to identify a group or committee in which you feel your efforts and talents would be best utilized. Become a present and active contributor in the group – although great to be "part of the team", active contribution may result in greater opportunities to have your concerns heard. If not invited to be given tasks associated with your group, ask! Network with individuals throughout your organization – it is important to have a firm understanding of the role that others play in the system. This may include anyone from housekeeping staff to financial operations. Shadow experiences with professionals in other roles may give you good insight as to how nurse practitioner practice affects their jobs as well. These efforts may lead to a stronger understanding of how your system functions.

Nurse Practitioner Involvement

Promising data is emerging to demonstrate the leadership opportunities and potential of Nurse Practitioners in the United States. A survey conducted in 2010 by Doctors of Nursing Practice LLC/Doctors of Nursing Practice Professional Development evaluated how 292 DNP graduates were meeting the American academy of colleges of nursing essentials. The following results indicated that nurse practitioners have various opportunities for involvement in leadership:

- 30% function in administrative role

- 29% develop, implement, and evaluate business plans

- 23% have initiated a program to address disparities

- 20% have a leadership role in a specialty nursing organization

- 16% have a leadership role in a national nursing organization

- 20% have a leadership role in a state nursing organization

In Conclusion

Throughout the course of this module, we have identified how the Nurse Practitioner affects systems leadership, we have discussed barriers and facilitators to involvement in systems leadership, and have identified means to increase Nurse Practitioner ability to participate in systems leadership.

Credits and Acknowledgments

I would like to thank my advisor, Dr. Carla Gross of North Dakota State University for her extensive support in the creation of this module. Thanks go to Stephen Beckermann for his assistance in the technical aspects related to the creation of the module. The American Association of Nurse Practitioners also deserves recognition for the assistance I received to make this work a reality.

Credits and Acknowledgments continued

A very special thank-you to our guest speakers, Dr. Stacey Pfenning of the North Dakota Board of Nursing, Dr. Wanda Rose of the Sanford School of Nursing, and Dr. Billie Madler of the University of Mary and the North Dakota Nurse Practitioners' Association, for lending their time and energy to share their expertise on the subject of systems leadership.

APPENDIX E. NEGOTIATION MODULE

Nurse Practitioner Leadership Development Series: Part III
Negotiation

Amanda R. Johnson, BAN-RN, DNP-S

NDSU

Content

- Role of the Nurse Practitioner in negotiation

- Examples

- How to become an effective negotiator

- Vignettes by nursing experts

NDSU

Guest Speakers

Dr. Stacy Pfenning, DNP, APRN, FNP

- Board certified Family Nurse Practitioner

- North Dakota Board of Nursing Associate Director of Education and Advance Practice Nursing

- Board member for North Dakota Nurses Association and North Dakota Nurse Practitioner Association

- FNP Track Director, Doctorate of Nursing Practice with the Rocky Mountain University of Health Professions

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Guest Speakers

Dr. Billie Madler, DNP, FNP-BC

- Board certified Family Nurse Practitioner

- Chair of Graduate and Distance Nursing Education, University of Mary, Bismarck, North Dakota

- President, North Dakota Nurse Practitioner Association

- Board Member, North Dakota Center for Nursing

NDSU

Guest Speakers

Dr. Wanda Rose, PhD, MSN, RNC

- Associate Professor and Associate Dean with the Sanford College of Nursing, Bismarck, North Dakota

- Former legislator in the North Dakota House of Representatives

- Former President, North Dakota Nurses Association

- Former board member, North Dakota Board of Nursing

NDSU

Details

- This educational module will take you approximately 20 minutes to complete
- There are a few pretest questions related to the module as well as a short posttest evaluation
- The module is intended for any healthcare provider who may participate in various forms of negotiation

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Need for Topic

- A survey regarding leadership of APRNs was conducted in conjunction with the North Dakota Action Coalition in April of 2013. Results of the survey indicated that negotiation was one of the areas that participants indicated a need or desire for further education.
- Confirmed through literature review

Disclosures

- I have no disclosures.
- This continuing education module is part of a Practice Improvement project as part of a Doctor of Nursing Practice Program.
- While no grant funding was received to create this continuing education module, a scholarship from the Jonas Center for Nursing Excellence made the education of the researcher possible.

Accreditation Statement

- This program was submitted to the American Association of Nurse Practitioners (AANP). This program was planned in accordance with the AANP CE Standards and Policies and the AANP Commercial Support Standard.

Learning Objectives

- Identify how the Nurse Practitioner utilizes negotiation in various settings
- Recognize barriers and facilitators to effective negotiation
- Discuss strategies to increase Nurse Practitioner ability to negotiate successfully

Background

- Negotiation takes place in many health care interactions
- Negotiation is an expected competency of Nurse Practitioner practice
- Effective negotiation skills may lead to greater collaboration between the provider and the patient.

(Berry, 2006; NONPF, 2012; Tyler, 2008)

Where Negotiation Occurs

- Health Care Organizations
- Government
- Patient-provider relationships
- Colleagues and other members of the health care team
- Contracts

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Negotiation and the Nurse Practitioner

- National Organization of Nurse Practitioner Faculties

    - Health Delivery System Competencies:
        - Effects health care change using broad based skills including negotiating, consensus-building, and partnering.

    - Independent Practice Competencies:
        - Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision making.
        - Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.

(NONPF, 2012)

Negotiation and the Nurse Practitioner

- National Organization of Nurse Practitioner Faculties

    - Independent Practice Competencies:
        - Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
        - Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care
        - Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

(NONPF, 2012)

Goals of Negotiation

- Increased quality of patient care

- Increased patient participation in decisions

- Greater patient satisfaction

- Mutual agreement

- Increased job satisfaction

(Berry, 2006; Taylor, 2007; Tyler, 2008)

Goals of Negotiation

Barriers to Effective Negotiation

- Unsure how to negotiate effectively

- Lack of time

(Berry, 2006; Tyler, 2008)

Barriers to Effective Negotiation

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Motivational Interviewing to aid in Negotiation

| Identify Current Behavior | Identify Future Goals | Resistance to Change | Reflective/ empathetic listening | Reinforcement of Goals |

(Lundahl et al., 2013; Tyler & Horner, 2007)

Topics that may require Negotiation

- Lifestyle modifications that affect health
  - Diet, exercise
- Medication regimens
- Goals for treatment
- Any other concerns the patient may have
- Details of contract

(Tyler & Horner, 2007; Taylor, 2013)

Communication Styles and Behaviors

Style	Behaviors of Nurse Practitioner
Provider Centered	Gathers information for diagnosis and treatment, gives directions, closed-ended questions, limits patient comments, meets provider needs.
Patient Centered	Open-ended questions, gives information, counseling, interpretation to assure and confirm comprehension, request for opinion, reassurance, and general statements of concern, agreement, and approval.

(Berry, 2006)

Principles of Negotiating with Patients

- Remain focused on the patient
- Form a partnership
- Refrain from providing unsolicited advice
- Work with resistance to change
- Reinforce self-efficacy of the patient

(Tyler & Horner, 2007)

Principles of Negotiation with Patients

- Exchange information
- Collaborative environment
  - Ask permission for involvement
  - Open-ended questions
  - Reflective listening

(Tyler & Horner, 2007)

Hone your skills

- Practice negotiation sessions with colleagues
- Be aware of feedback from patients
- Self-awareness of emotion

(Berry, 2006; Tyler & Horner, 2007; Taylor, 2013)

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Hone your skills

Negotiation affects Nurse Practitioner Practice

How to Become an Effective Negotiator

Contract Negotiation

- Starting career or changing positions
- Terms may be negotiable
- Basic principles:
  - Seek mutual benefit
  - Make counter offer
  - Take time to consider
  - Know your musts/wont's

(Friel, et al., 2003)

Contract Negotiation
Topics to consider include:

Salary/Wage	Call Expectations	Vacation/PTO
Health Insurance	Sick Leave	Retirement
Bonuses	Travel Expectations	Parking
Pregnancy Leave	Profit Shares	Communication Methods
Holidays	Continuing Education	Disability
Liability Insurance	Collaborating Physician	Hospital Privileges
Staff	Credentialing Fees	Licensure/Certification
Restrictive Covenants	Termination	Workers' Compensation

(Friel, et al., 2003; Taylor, 2007)

Contract Negotiation

- Salary – consider if wage is hourly, salaried, or production based
- Health Insurance – determine the type of coverage available, inquire about dental and vision coverage
- Vacation – Three to four weeks a year
- Sick leave – Two weeks a year

(Friel, et al., 2003; Taylor, 2007)

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Contract Negotiation

- Travel – Expected in position/reimbursed?

- Continuing Education – One or two conferences per year. $1500-$2500 is a reasonable expectation.

- Malpractice Insurance – Occurrence versus claims? Aim for occurrence policy $1 million per claim/$3 million aggregate.

(Friel, et al., 2003; Taylor, 2007)

Contract Negotiation

- Various Fees – Fees such as professional organization, licensure, and DEA should be covered by employer.

- Retirement – Determine employer contribution and vested years

- Disability – Determine if insurance is offered

(Friel, et al., 2003; Taylor, 2007)

Contract Negotiation

- Determine priorities

- Evaluate goals

- Self evaluation

(Friel, et al., 2003)

Personal Inventory
The following is a comprehensive tool that may be used to evaluate your needs and desires in an employment or contractual arrangement

PERSONAL EMPLOYMENT ASSESSMENT

1. I plan to join a _____ practice.
   (Type)
2. I prefer a payment plan of salary only _____, salary with productivity based pay _____, hourly contract _____
3. I am willing to take call _____, willing to work evenings _____, willing to work week-ends _____, willing to make hospital rounds _____
4. I am willing to travel _____ miles to my practice site.
5. Rate of the following in order of importance from 1-9 with 1 being the most important and 9 being the least:
   a. Autonomy of Practice
   b. Ready access to physician
   c. Ready access to laboratory
   d. Rural Setting
   e. Urban Setting
   f. Working with other NPs
   g. Working alone
   h. Autonomy of Patient Scheduling
   i. Compensation
6. Rate the following (1) meet; (2) would like to have; (3) not necessary
   a. Benefits
   b. CEU Allotment
   c. Paid time off for attending professional meetings
   d. Malpractice Insurance
   e. Retirement
   f. Profit Sharing
   g. Professional dues paid
   h. Flexible scheduling
   i. Disability insurance
   j. Paid personal days
   k. Paid sick day
   l. Paid vacation 2 weeks _____ 3 weeks _____ 4 weeks _____
   m. Paid health insurance Personal _____ Family _____
7. I am most comfortable working with those who exhibit the following characteristics:

8. My greatest strength is _____
9. An area of weakness that I plan to change to a strength is _____
10. I plan to renegotiate my contract in _____

In Conclusion

- Identify how the Nurse Practitioner utilizes negotiation in various settings

- Recognize barriers and facilitators to effective negotiation

- Discuss strategies to increase Nurse Practitioner ability to negotiate successfully

Credits and Acknowledgments

- Dr. Carla Gross, PhD, MSN, RN Nursing Department Chair; Advisor; North Dakota State University

- Stephen Beckerman, Media Technologies Consultant, North Dakota State University

- American Association of Nurse Practitioners Continuing Education Center

Credits and Acknowledgments

- Dr. Billie Madler, DNP, FNP-C, University of Mary & The North Dakota Nurse Practitioner Association

- Dr. Stacy Pfenning, DNP, APRN, FNP, North Dakota Board of Nursing & Rocky Mountain University of Health Professions

- Dr. Wanda Rose, PhD, MSN, RNC, Sanford College of Nursing

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References

- Please see attached reference page

APPENDIX F. NEGOTIATION MODULE SCRIPT

Negotiation Module Script for Voiceover

Title

Welcome to the module, "Negotiation", the third of four modules in a nurse practitioner leadership development series created by Amanda Johnson of North Dakota State University. In this module, we will first discuss the role of the nurse practitioner in negotiation followed by brief examples of what may be accomplished by nurse practitioners as a result of negotiation. Finally, the majority of the module will focus on how to become more effective in negotiation settings, focusing particularly on working with patients and clients. Video clips utilizing interview footage featuring nursing experts from the state of North Dakota are utilized throughout the module to better illustrate content.

Guest Speakers

The following Guest Speakers will be contributing to this module:

Details

We will briefly discuss details that are applicable to the module. The content included in the module will take approximately 30 minutes to discuss. In order to earn continuing education credit for this time, please complete the pre-test and post-test questions as well as a short post-test evaluation. This continuing education module was created for any healthcare provider who might use negotiation in their practice.

Need for Topic

A survey regarding leadership of Advanced Practice Registered Nurses was conducted in conjunction with the North Dakota Action Coalition in April of 2013. Results of the survey indicated that negotiation was one of the areas that participants indicated a need or desire for further education. The need for

further information on the subject was also confirmed through an extensive literature review, supporting the thought that additional information on the topic of negotiation would be helpful for nurse practitioners from across the nation.

Disclosures

I have no disclosures related to this module. This continuing education module was created as a portion of a practice improvement project as part of a doctor of nursing practice program. No grant funding was received to create this module; however, a scholarship from the Jonas Center for Nursing Excellence made the education of the researcher possible.

Accreditation Statement

This program was submitted to the American Association of Nurse Practitioners (AANP). This program was planned in accordance with the AANP CE Standards and Policies and the AANP Commercial Support Standard.

Learning Objectives

By the end of the module, you will be able to:

- Identify how the Nurse Practitioner utilizes negotiation in various settings

- Recognize barriers and facilitators to effective negotiation

- Discuss strategies to increase Nurse Practitioner ability to negotiate successfully

Background

Negotiation is a skill that is important to nurse practitioner practice. It may be used in a variety of settings and has the ability to affect the outcomes of patient care. Negotiation is considered an expected competency for Nurse Practitioners as identified by the National Organization of Nurse Practitioner

Faculties. Effective negotiation skills may lead to greater collaboration between a health care provider and a patient, which may result in greater patient satisfaction with care and compliance with treatment regimens.

Where Negotiation Occurs

Some examples of crucial venues of negotiation include health care organizations, government settings, patient-provider relationships, interactions with colleagues, negotiation with policy makers, and potential contract or salary negotiation situations, to name a few.

Negotiation and the Nurse Practitioner

The National Organization of Nurse Practitioner Faculties released amended core competencies for nurse practitioners in 2012. Several competencies were identified in regards to Negotiation capability. These competencies are as follows:

- Health Delivery System Competencies include that the nurse practitioner:

    - Effects health care change using broad based skills including negotiating, consensus-building, and partnering.

- Independent Practice Competencies include that the nurse practitioner:

    - Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision making.

    - Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.

Negotiation and the Nurse Practitioner (2)

    - Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.

- Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care

- Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

Goals of Negotiation

What are the incentives associated with learning effective negotiation skills? The overall goal of involvement comes down to providing quality patient care. Negotiation may affect patient participation in their health care decisions, leading to greater ownership of their own treatment regimens which may result in higher levels of compliance in patients with chronic medical issues. Effective and respectful negotiation may lead to overall greater patient satisfaction with their care as well. Contract negotiation may lead to increased job satisfaction over the long term for Nurse Practitioners. Dr. Rose discusses Nurse Practitioner advocacy through the practice of negotiation:

Barriers to Effective Negotiation

Many nurse practitioners may be unsure how to approach the practice of negotiation due to lack of experience. Negotiation can be a learned skill, but it takes time to develop and improve. It may also take a time commitment in a practice setting, as it often involves in-depth conversation and goal setting. Dr. Madler discusses why Nurse Practitioners may not initially be comfortable with negotiation in their practice:

Motivational Interviewing to aid in Negotiation

A conversational style called motivational interviewing has been shown to be helpful in situations that require negotiation with patients. Motivational interviewing is a therapeutic technique that can be useful in increasing patient incentive or preparedness to change health behaviors. Mechanisms of motivational

interviewing include the identification of current behaviors and future goals by the patient, reducing patient resistance to changes, using reflective and empathetic listening techniques, and reinforcement of goals put forth from the patient.

Topics that may require Negotiation

There are many topics in which nurse practitioners need to utilize negotiation. With patients, these topics may include the need to address lifestyle modifications that affect health, such as healthy diets and exercise plans, medication regimens for the treatment of chronic diseases, such as diabetes or heart failure for example, identifying goals of treatment with the patient to identify what the patient is seeking from their treatment and being aware of where the provider's stance lies, and addressing other concerns the patient may have. Outside of the patient-provider relationship, negotiation is often used when discussing contract and salary expectations, as well as in interprofessional settings.

Communication Styles and Behaviors

Two main styles of communication have been identified in the patient-provider setting. The first style is considered to be provider centered. The behaviors performed by the nurse practitioner in this format include gathering information for diagnosis and treatment, giving directions, closed-ended questions, limiting patient comments due to timing, and meeting the overall needs of the provider to make a treatment plan for the patient. Patient centered behaviors included asking open-ended questions, giving information on health status or disease processes, counseling the patient on their care, interpretation of results and other information as well as verifying patient comprehension, inquiring as to the patient's opinion on their plan of care, reassurance of patient behaviors and concerns, and overall statements of concern for the patient, and agreement or approval of the overall plan that is discussed. As you can see, these types of communication are very different from one another. Which type of communication style do you see used more often in practice?

Principles of Negotiating with Patients

Several practices are helpful when working to negotiate with a patient. In order to achieve effective negotiation, it is important to remain focused on the patient – what are their needs and goals? Work to form a partnership with them, rather than distance yourself from them or identify that your opinion is dominant to theirs. Refrain from providing unsolicited advice to the patient; rather, focus on the needs that are identified at the beginning of the visit. Some patients may have hesitancy or resistance to a suggested plan – learn that compromise may be necessary, and working with resistance may lead to greater willingness to try new behaviors in the future. It is important to reinforce self-efficacy of the patient in order to encourage them to maintain the goals that they have set for themselves during your conversation.

Principles of Negotiation with patients 2

Consider the appointment an opportunity to exchange rather than present information to your patient – conversations should be a 2 way effort. This may help to ensure a collaborative environment in which the patient feels included in their health care decision making. Again, it is important to use principles of motivational interviewing as previously discussed. These behaviors include asking permission for involvement in the patient's care, use of open-ended rather than close-ended questions, and reflective listening to verify that the information you have received from the patient is indeed correct. These same principles are applicable to nearly every negotiation setting, regardless whether you are working with patients or others.

Hone your skills

Negotiation is not an innate skill – it is a behavior that will likely require numerous practice sessions to become comfortable doing. It is important to utilize opportunities to practice with colleagues or mentors that have had some experience with negotiation. Be aware of the feedback you are receiving from

patients after negotiation sessions, and always maintain a sense of awareness about your own emotion and drive behind the negotiation – remember to place the patient first.

Negotiation affects Nurse Practitioner Practice

Dr. Pfenning discusses the importance of negotiation as it affects nurse practitioner practice:

How to become an effective negotiator

Dr. Madler discusses the importance of practice and preparation for effective negotiation skills:

Contract Negotiation

When starting a career as a Nurse Practitioner or changing positions, you may be offered the opportunity to review terms of a potential contract. Some of the items included in your contract may indeed be negotiable. Some basic principles of contract negotiation include seeking to find a mutually agreeable point with the employer, allowing the employer to make the first offer in order to evaluate what is put on the table, taking time to consider offers or terms that are made, and being aware of the items that you feel you must have or will not comply with.

Contract Negotiation (2)

Contracts may have a wide variety of items that are outlined. This table demonstrates some select possibilities that you would see in a contract being offered to a Nurse Practitioner. Which topics seem to stand out to you the most as being essential or high priority? On the other hand, which topics to you feel may not need to be an item of focus for you during a negotiation? Take note of these preferences for use in potential negotiation situations.

Contract Negotiation (3)

The American Academy of Nurse Practitioners has released a concise document that outlines what Nurse Practitioners may expect for basic contract negotiation. The first item addressed is salary. Determine the type of wage you would be receiving for your position. Consider the potential charges for patients, reimbursement from third-party payers, and potential time you would spend on ancillary duties such as charting and research. Health insurance should be addressed – what is the potential cost to you and what is covered by the employer? Are plans available for families if need be? It is also prudent to determine if vision and dental options are provided. It is reasonable for Nurse Practitioners to expect 3 to 4 weeks of vacation per calendar year, and about 2 weeks of sick leave.

Contract Negotiation (4)

Some positions may require the Nurse Practitioner to do outreach to small communities or see patients in several locations. Inquire if expenses such as gas and vehicle maintenance will be reimbursed in these scenarios. If driving for any length of time, it may be pertinent to determine if the time spent en route will also be reimbursed. Nurse Practitioners are expected to stay up to date with continuing education. As such, it is imperative that the Nurse Practitioner inquire about funding for continuing education experiences from their potential employer. It is reasonable to anticipate attending at least one conference per year. Appropriate monetary compensation for an event such as this is within the $1500 to $2500 dollar range, which would be put toward the cost of the conference, airfare, lodging, and meals. Determine if the type of malpractice insurance offered by the employer is occurrence or claims in nature. The AANP recommends negotiating to obtain an occurrence policy that has coverage for one million per claim and a total of three million aggregate coverage.

Contract Negotiation (5)

There are numerous fees that accompany the profession of Nurse Practitioner. The AANP recommends that membership to a professional organization, licensure, and DEA fees should all be covered by the future employer. Some employers may consider covering certification fees for new graduates. When evaluating retirement, pay close attention to the amount of contribution the employer makes as well as years when vested. Determine if disability insurance is available at your place of employment. If not offered by the employer, it may be prudent to determine if reimbursement is possible when purchased through an outside company.

Contract Negotiation (6)

The AANP has made a personal employment assessment tool readily available for use by Nurse Practitioners as they consider potential positions. This work sheet stimulates the though process related to determining what priorities might be in your practice. It may also help identify overall employment goals.

In Conclusion

Throughout the course of this module, we have identified how the Nurse Practitioner utilizes negotiation in various settings, recognized barriers and facilitators to effective negotiation, and discussed strategies to increase Nurse Practitioner ability to negotiate successfully.

Credits and Acknowledgments

I would like to thank my advisor, Dr. Carla Gross of North Dakota State University for her extensive support in the creation of this module. Thanks go to Stephen Beckermann for his assistance in the technical aspects related to the creation of the module. The American Association of Nurse Practitioners also deserves recognition for the assistance I received to make this work a reality.

Credits and Acknowledgments continued

A very special thank-you to our guest speakers, Dr. Stacey Pfenning of the North Dakota Board of

Nursing, Dr. Wanda Rose of the Sanford School of Nursing, and Dr. Billie Madler of the University of

Mary and the North Dakota Nurse Practitioners' Association, for lending their time and energy to share

their expertise on the subject of systems leadership.

APPENDIX G. INFLUENCING PEERS TO ACCOMPLISH POSITIVE CHANGE MODULE

Nurse Practitioner Leadership Development Series: Part IV

Influencing Peers to Accomplish Positive Change

Amanda R. Johnson, BAN-RN, DNP-S

Content

- How the Nurse Practitioner may influence others
- Examples
- Strategies that enable influence
- Vignettes featuring nursing experts from the state of North Dakota

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Guest Speakers

Dr. Stacy Pfenning, DNP, APRN, FNP

- Board certified Family Nurse Practitioner
- North Dakota Board of Nursing Associate Director of Education and Advance Practice Nursing
- Board member for North Dakota Nurses Association and North Dakota Nurse Practitioner Association
- FNP Track Director, Doctorate of Nursing Practice with the Rocky Mountain University of Health Professions

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Guest Speakers

Dr. Billie Madler, DNP, FNP-BC

- Board certified Family Nurse Practitioner
- Chair of Graduate and Distance Nursing Education, University of Mary, Bismarck, North Dakota
- President, North Dakota Nurse Practitioner Association
- Board Member, North Dakota Center for Nursing

Guest Speakers

Dr. Wanda Rose, PhD, MSN, RNC

- Associate Professor and Associate Dean with the Sanford College of Nursing, Bismarck, North Dakota
- Former legislator in the North Dakota House of Representatives
- Former President, North Dakota Nurses Association
- Former board member, North Dakota Board of Nursing

Details

- This educational module will take you approximately 15 minutes to complete
- There are a few pretest questions related to the module as well as a short posttest evaluation
- The module is intended for any healthcare provider who seeks to work collaboratively to accomplish positive changes in practice

1

Need for Topic

- A survey regarding leadership of APRNs was conducted in conjunction with the North Dakota Action Coalition in April of 2013. Results of the survey indicated that influencing peers to accomplish positive change was one of the areas that participants indicated a need or desire for further education.
- Confirmed through literature review

Disclosures

- I have no disclosures.
- This continuing education module is part of a Practice Improvement project as part of a Doctor of Nursing Practice Program.
- While no grant funding was received to create this continuing education module, a scholarship from the Jonas Center for Nursing Excellence made the education of the researcher possible.

Accreditation Statement

- This program was submitted to the American Association of Nurse Practitioners (AANP). This program was planned in accordance with the AANP CE Standards and Policies and the AANP Commercial Support Standard.

Learning Objectives

- Identify how the Nurse Practitioner may influence others
- Recognize barriers and facilitators that allow positive influence to occur
- Discuss strategies to increase Nurse Practitioner ability to work to influence peers to accomplish positive change

Background

- Nurse Practitioner level of responsibility for patient care and practice management has been growing
- Ability to implement changes in practice
- Intercollaborative teams

(Chism, 2013; Rhodes, Fusilero, & Williams, 2010)

Where Influence Occurs

- Health Care Organizations
- Government
- Patient-provider relationships
- Colleagues and other members of the health care team

Goals of Efforts

- Increased quality of patient care
- Implementation of nursing models
- Evidence based care
- Changes in practice or policies

(Berry, 2006; Chism, 2013)

Barriers to Goals

Unsure how to communicate

Time constraints

Limited leadership experience

Lack of support

(Chism, 2013; Hewitt-Taylor, 2013; Tyler & Horner, 2008)

Influence and the Nurse Practitioner

Influence and the Nurse Practitioner

Topics that may require Efforts

- Changes that need to be made in practice
- Implementation of evidence-based practice and interventions for patients
- Policy decision making

(Chism, 2013; Hewitt-Taylor, 2013)

How to Influence Peers

- Demonstrate change
- Educate peers
- Use of literature
- Supportive environment

(Chism, 2013; Curtis, de Vries, & Sheerin, 2011)

3

How to Influence Peers

Attributes of Leadership

Effective communicator	Motivational	Role Model	Trustworthy
Fearless	Visionary	Knowledge	Clinically competent
Compassionate	Honest	Empathetic	Partner

(Chinn, 2013)

Influencing Peers

- Remain focused on your goal
- Form a partnership
- Work with resistance to change
- Collaborative environment

(Chinn, 2013; Curtis, de Vries, & Sheerin, 2011; Hewitt-Taylor, 2013)

Influential Tools

- Use of evidence to support your stance
- Positive approach and language
- Utilize open-ended questions
- Focus on topic at hand
- Timely response to feedback

(Chinn, 2013; Hewitt-Taylor, 2013; Tyler & Horner, 2008)

Practice your Skills

- Practice is important
- Encourage feedback from peers
- Self-awareness of emotion and conversational style

(Chinn, 2013; Hewitt-Taylor, 2013; Tyler & Horner, 2008)

4

Example of Influence in Practice

In Conclusion

- Identify how the Nurse Practitioner may influence others
- Recognize barriers and facilitators that allow positive influence to occur
- Discuss strategies to increase Nurse Practitioner ability to work to influence peers to accomplish positive change

Credits and Acknowledgments

- Dr. Carla Gross, PhD, MSN, RN Nursing Department Chair; Advisor; North Dakota State University
- Stephen Beckerman, Media Technologies Consultant, North Dakota State University
- American Association of Nurse Practitioners Continuing Education Center

Credits and Acknowledgments

- Dr. Billie Madler, DNP, FNP-C, University of Mary & The North Dakota Nurse Practitioner Association
- Dr. Stacy Pfenning, DNP, APRN, FNP, North Dakota Board of Nursing & Rocky Mountain University of Health Professions
- Dr. Wanda Rose, PhD, MSN, RNC, Sanford College of Nursing

References

- Please see attached reference page

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APPENDIX H. INFLUENCING PEERS TO ACCOMPLISH POSITIVE CHANGE MODULE SCRIPT

Influence Module Script for Voiceover

Title

Welcome to the module, "Influencing peers to accomplish positive change", the fourth of four modules in a nurse practitioner leadership development series created by Amanda Johnson of North Dakota State University.

Content

In this module, we will first discuss how the nurse practitioner may influence others to accomplish positive changes in practice. We will discuss examples of how influence has affected nurse practitioner practice. Finally, the module will focus on strategies that allow nurse practitioners to increase their ability to influence their peers to accomplish changes for the better. Video clips utilizing interview footage featuring nursing experts from the state of North Dakota are utilized throughout the module to better illustrate content.

Guest Speakers

The following Guest Speakers will be contributing to this module:

Details

We will briefly discuss details that are applicable to the module. The content included in the module will take approximately 25 minutes to discuss. In order to earn continuing education credit for this time, please complete the pre-test and post-test questions as well as a short post-test evaluation. This continuing education module was created for any healthcare provider who seeks to work collaboratively to accomplish positive changes in practice.

Need for Topic

A survey regarding leadership of Advanced Practice Registered Nurses was conducted in conjunction with the North Dakota Action Coaltition in April of 2013. Results of the survey indicated that influence of peers to accomplish positive change was one of the areas that participants indicated a need or desire for further education. The need for further information on the subject was also confirmed through an extensive literature review, supporting the thought that additional information on the topic of influence would be helpful for nurse practitioners from across the nation.

Disclosures

I have no disclosures related to this module. This continuing education module was created as a portion of a practice improvement project as part of a doctor of nursing practice program. No grant funding was received to create this module; however, a scholarship from the Jonas Center for Nursing Excellence made the education of the researcher possible.

Accreditation Statement

This program was submitted to the American Association of Nurse Practitioners (AANP). This program was planned in accordance with the AANP CE Standards and Policies and the AANP Commercial Support Standard.

Learning Objectives

By the end of the module, you will be able to: Identify how the Nurse Practitioner may influence others

Recognize barriers and facilitators that allow positive influence to occur, and discuss strategies to increase Nurse Practitioner ability to work to influence peers to accomplish positive change.

Background

Nurse Practitioners have had increasing amounts of management-type roles and autonomy over recent years. They have been known to be experts at influencing and implementing health policy as well as evidence-based practice. Nurse practitioners also have historically worked well within the context of an intercollaborative team consisting of numerous members of a health care organization. Because of these traits, they are in a good position to seek to influence others in order to create better outcomes for patients.

Where Influence Occurs

The potential to influence others is found in a variety of settings. It may take place in numerous situations within a health care organization, government, or patient-provider relationship, for example. The possible scenario that will be focused on within the context of this module is the opportunity to positively influence peers and colleagues to create positive outcomes for patients.

Goals of Efforts

Why should Nurse Practitioners be concerned with the potential to influence others? Nurse Practitioners are being utilized more fully to the extent of their training and therefore, becoming bigger players in the healthcare realm. With the educational background and training they have been equipped with, Nurse Practitioners are in a good position to implement positive changes in the current healthcare system. The overall goals of involvement with colleagues and peers include increasing the overall quality of patient care, implementing nursing models in practice, implementing and utilizing evidence based care, and sparking changes that affect policies and practice.

Barriers to Goals

There are numerous reasons why Nurse Practitioners may be initially uncomfortable with the idea of attempting to influence others. Some may be unsure of how to communicate with their peers regarding an issue that needs changing. Others may have a lack of leadership experience that may lead to some hesitation during initiation of changes. Lack of support from colleagues may be disheartening when attempting to achieve a change. And Nurse Practitioners are generally very busy caring for their patients, which may not leave additional time to be spent working with peers in addition to the duties they are already performing.

Influence and the Nurse Practitioner (2 videos)

Topics that may require efforts

There are many scenarios in the realm of health care that may be identified as needing Nurse Practitioners to increase the level of influence they have on colleagues. A few examples may include identification of changes that need to be made in practice. This could include implementation of evidence-based practice and interventions that will affect patients. Policy decision making is often a team effort that requires much support from individuals while changes are being designed and implemented as well. What are some other scenarios you can identify where you have seen a peer use their skills to convince others to join in their cause?

How to Influence Peers

Several key activities may lead to successful influence of peers. Firstly, be sure to demonstrate the change you are seeking to make. For example, if you wish to implement measuring abdominal circumference on all patients with a BMI in the category of overweight in your department, be sure that you are proactive in performing that activity consistently. Educate peers regarding evidence based literature as to why the change you are seeking should be made, and how it is supported. Rather than

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becoming authoritative, it is imperative to maintain a supportive environment with peers; allow feedback and constructive criticism to become a part of the conversation if necessary.

Attributes of Leadership

There are certain qualities held by individuals that may make them innate leaders. While many of these traits are inborn, many can be learned through repetition and practice. Stepping into leadership roles may give an individual the opportunity to further develop these skills. Chism identifies leadership qualities that are important to nurse practitioners:

They are effective communicators in teams, motivational to others, act as role models and set examples through mentoring, trustworthy in keeping sensitive information, fearless in stepping in to leadership roles, visionary in imagining the potential of the future, knowledgeable and clinically competent about their area of practice, compassionate in challenging situations, honest about weaknesses or mistakes, empathetic to others, and act as a partner to peers and patients.

Influencing Peers

Other important parts to consider when working to influence others include remaining focused on the goal you set, despite setbacks and time limitations. Work to form a true partnership with peers, and be ready to have some resistance when you initially present your idea. Maintaining an environment of collaboration may allow others to feel free to provide suggestions and become a part of the effort.

Influential tools

Effective communication is very important when working with others to promote change. Use of evidence to support your stance provides background information that may help illustrate your goals. Use of open-ended questions in conversation with peers may allow for generation of new ideas or different viewpoints on a subject. Although it may be easy to stray off topic, be sure to wrap information back to

the item of focus. If peers are interested in working with you, be sure to respond to them in a timely manner, regardless of the method of contact utilized.

Conclusion

- In Conclusion, we have identified how the Nurse Practitioner may influence others

- Recognized barriers and facilitators that allow positive influence to occur

- Discussed strategies to increase Nurse Practitioner ability to work to influence peers to accomplish positive change

Credits and Acknowledgments

I would like to thank my advisor, Dr. Carla Gross of North Dakota State University for her extensive support in the creation of this module. Thanks go to Stephen Beckermann for his assistance in the technical aspects related to the creation of the module. The American Association of Nurse Practitioners also deserves recognition for the assistance I received to make this work a reality.

Credits and Acknowledgments continued

A very special thank-you to our guest speakers, Dr. Stacey Pfenning of the North Dakota Board of Nursing, Dr. Wanda Rose of the Sanford College of Nursing, and Dr. Billie Madler of the University of Mary and the North Dakota Nurse Practitioners' Association, for lending their time and energy to share their expertise on the subject of systems leadership.

APPENDIX I. APRN NURSE LEADERSHIP SURVEY RESULTS

APRN Nurse Leadership Survey Results, Spring 2013

(N=34)

1. Do you consider yourself a leader?

91% indicated yes

Comments:

- Yes, outside of my employment in my community involvement and volunteer work. At work, I feel stymied and underutilized.

- I do not have a formal leadership position at the moment however management frequently asks me to take the lead in projects and organizational programs.

- I am currently employed in a clinical setting as a NP and academia at the graduate level. Although I do not currently "hold" a leadership position, I feel I have significant nursing experience, education, as well as the drive to a fulfill leadership role(s).

Your education and nursing experience usually has provided some exposure to leadership development opportunities. We are working on creating a statewide program that would provide outside experience. In what area(s) would you like more experience?

	0	0.1	0.2	0.3	0.4	0.5	0.6
Being innovative				26%			
Communication and positive assertiveness					35%		
Conflict resolution				32%			
Leading or participating in an effective team				32%			
Ethical decision making		13%					
Systems thinking or big picture issues				29%			
Interviewing		13%					
Negotiating						48%	
Having a leadership mentor			16%				
Influencing health policy						48%	
Healthcare administration hands-on experience				29%			
Education program administration and teaching…		13%					
Nursing research hands-on experience			16%				
Identifying ways to be a leader in different settings…					35%		
Influencing your peers to accomplish positive change					39%		
Understanding the broad realms of leadership			23%				
Self-identify personal leadership styles			16%				
TIme management				32%			
Leveraging technology to advance leadership…				26%			
Strategic planning/prioritization: Identify and then…		13%					
Other	3%						

Comments:

- Very open to a vast array of leadership experiences!

- Identifying effective leadership mentors.

2. Would you be interested in a leadership program that was:
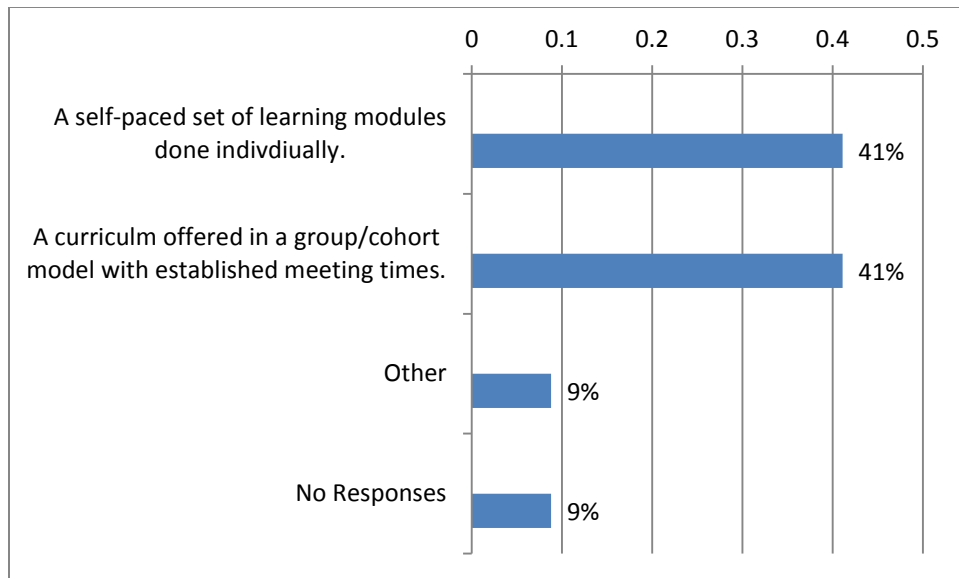
Comments/Other:

- Establishing a mentor at the workplace for leadership opportunities

- Both

- A mixed

- I like the idea of a cohort, but my schedule is too unpredictable and I would not want to miss the meeting times.

- I could be interested in either model - depends on the set-up

- Open to all opportunities, either self-paced or offered in a group/cohort model would work. A variety of experiences is often most beneficial!

3. Please indicate the most appealing way(s) for you to learn about leadership. You can select more than one choice.
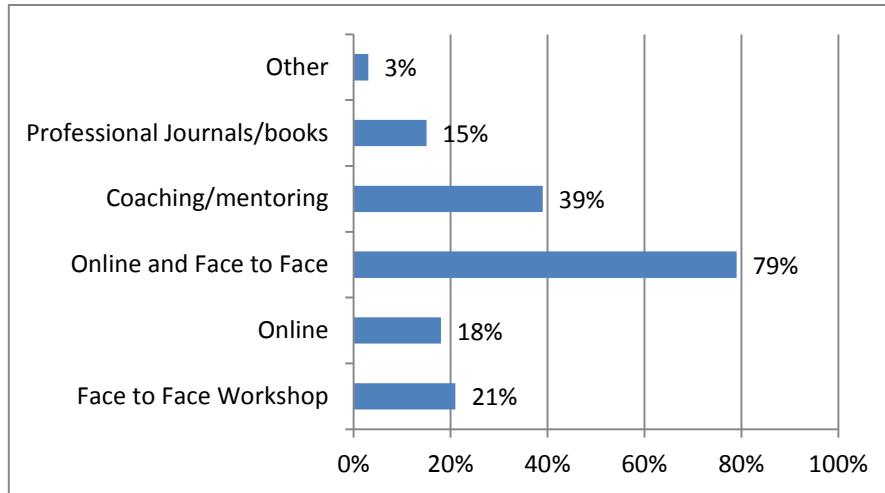
Comments:

- Hands on opportunities

4. Would you value a program environment that was:

Exclusive of APRNS 56%

Inclusive of a variety of nursing roles (i.e. nurse executives, nurses etc.) 44%

Comments:

- I assume the first selection is exclusive TO APRNs. I think bringing in nurse executives, educators, etc., would be good.

- Would like to see other nurses involved but facilitator/group mentor ABSOLUTELY needs to be aware of APRN role.

- What always learns best with the perspective of others.

- Variety broadens the potential for greater benefits!

5. What option related to length of program is most appealing to you?

3 months	41.10%
6 months	38.20%
9 months	5.80%
12 months	5.80%
Other	5.80%
No Responses	2.90%
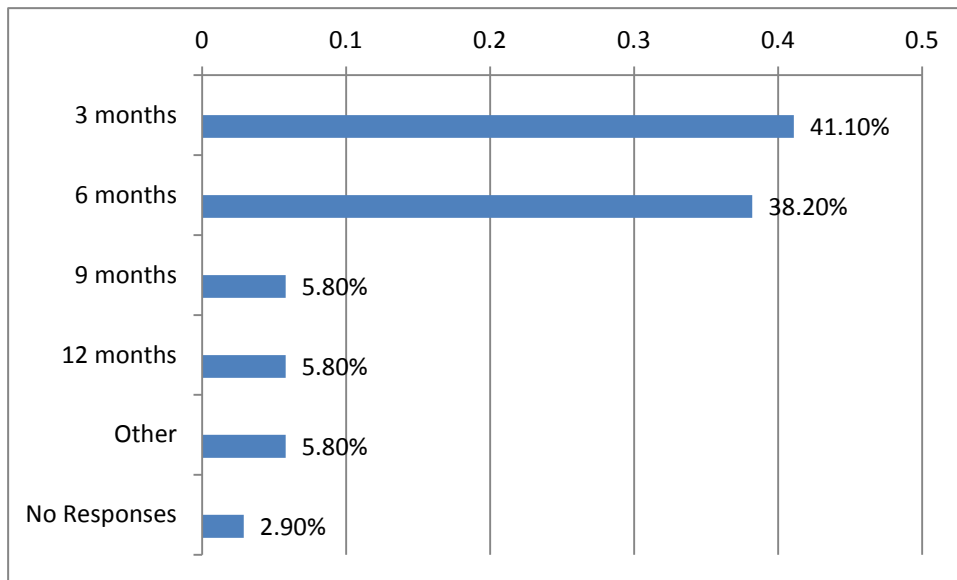
Comments:

- Especially if it was a mentorship for leadership.

- Content determined, whatever is necessary! But shorter length programs (3-6 months) would be very appealing, but for comprehensive programs longer is acceptable.

6. What do you most desire to achieve as a result of participating in a nursing leadership development program?

- that there is a way to expand the leadership roles of APPs.

- Be able to expand into nurse or hospital or other management opportunities. Hard to do when you are put just in as fnp. I am a dnp and interested in health policy and insurance issues. Also research.

- Stronger leader!

- Become a more professional FNP that is capable of advancing our practice.

- Skills that are helpful to resolve issues associated with the nursing shortage.

- Build leadership skills such as innovation, communication, accountability, and change management. Instill individual growth upon myself.

- Leading effectively in situations where there are imbalances of power, i.e. FNP-CEO, FNP-Physician, so I would feel more confident in my place 'at the table.'

- self-confidence, leadership skills, conflict resolution skills, better decision making skills, a broader problem solving skills

- Promotion of nursing in my town

- As a DNP to feel respected for my current leadership skills and abilities, not just treated like a nurse who puts in time seeing patients.

- integrating APRN roles into medical staff planning
being represented within the medical staff committees
how we can organize ourselves within our own facilities and networking with other facilities staff

- build skills, marketable, advancement in career

- Learning to be more effective on a broader scale.

- Helping APN's continue to advance their roles.

- Improved transformational leadership skills and system change process.

- Improved leadership skills. Identification of my strengths and weaknesses. How to use the skills.

- I hope to broaden my general knowledge of as many aspect of the nursing profession as possible enabling me to become more globally-minded, resourceful and a "change-maker" for the future!

- Application to practice and teaching opportunities as well as carry over for political and community projects.

- strong-effective-- healthy environment leader

- To help the profession of nursing to be at the forefront of the healthcare field, especially in this time of healthcare reform.

APPENDIX J. AANP CE APPROVAL LETTER

AANP | American Association of
NURSE PRACTITIONERS™

The Voice of the Nurse Practitioner®

May 1, 2014

Amanda R. Johnson
5415 20th Street South
Fargo, ND 58104

Dear Amanda,

The continuing education program *Nurse Practitioner Leadership Development Series Part I: Influencing Health Policy* sponsored by AANP is approved for continuing education by the American Association of Nurse Practitioners. The appropriate wording for this is:

"This program is approved for 1.83 contact hour(s) of continuing education by the American Association of Nurse Practitioners. Program ID 1404206. This program was planned in accordance with AANP CE Standards and Policies and AANP Commercial Support Standards."

Part I: Influencing Health Policy – 0.75 CH
Part II: Systems Leadership – 0.5 CH
Part III: Negotiation – 0.33 CH
Part IV: Influencing Peers to Accomplish Positive Change – 0.25 CH

ID number 1404206 has been assigned to this application. Please refer to this number with all communication pertaining to this application including the required post-program reports. This program has been approved for 2 years (through May 31, 2016), provided no changes are made. Attendance sheets and evaluation summaries are due in this office one month after the program's initial presentation (no later than June 1, 2014).

Thank you,

Stormy Causey

Stormy Causey
CE Coordinator

Administration: PO Box 12846 • Austin, TX 78711 • 512-442-4262 • Email: admin@aanp.org • Website: www.aanp.org
Office of Health Policy: 225 Reinekers Lane, Suite 525 • Alexandria, VA 22314 • 703-740-2529 • Email: federalpolicy@aanp.org

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APPENDIX K. CONSENT TO PARTICIPATE IN INTERVIEW

Creation of Continuing Education Modules Addressing Leadership Development Components Applicable to Nurse Practitioners in the State of North Dakota

You have been asked to participate in a disquisition project conducted by Dr. Carla Gross (committee chair) and Amanda Halverson (co-investigator) from the Nursing Department at North Dakota State University. The purpose of the project is to create an online education module that will discuss development of leadership qualities for Nurse Practitioners. The module will be posted to the continuing education portion of the AANP website and will be for CE credit. You were selected as a possible participant in this study because of your unique qualifications. You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

• This interview is voluntary. You have the right not to answer any question, and to stop the interview at any time or for any reason. I expect that the interview will take about 30 minutes.

• You will not be monetarily compensated for this interview.

• Information shared by you during the interview process may be directly included in the online module.

• I would like to record this interview so that I can use it as supportive material for the content included in the online module. I will not record this interview without your permission. If you do grant permission for this conversation to be recorded, you have the right to revoke recording permission and/or end the interview at any time.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this disquisition project. I have been given a copy of this form.

(*Please check all that apply*)

[] I give permission for this interview to be recorded.

[] I give permission for the following information to be included in in the context of the module:

[] my name   [] my title   [] video clips derived from this interview

Signature of Interviewee_____ Date _____

Signature of Co-Investigator _____Date _____

Please contact Amanda Halverson (701-730-4053) or Dr. Carla Gross (701-231-7772) with any questions or concerns.

If you feel you have been treated unfairly, or you have questions regarding your rights as a participant, you may contact the NDSU IRB, 1735 NDSU Research Park Drive, NDSU Department #4000, PO Box 6050, Fargo ND 58108 or call 701-231-8995.

APPENDIX L. EXECUTIVE SUMMARY

Effective leadership skills are a necessary element of successful Nurse Practitioner practice. Lack of leadership ability among Nurse Practitioners may lead to gaps in patient care, poorer outcomes, decreased patient satisfaction, increased healthcare spending, and inadequate communication between patients, providers, and peers (O'Grady, 2008). Both the National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) identify components of leadership that are crucial to the role that the Nurse Practitioner plays while caring for patients (NONPF, 2012 & AACN, 2006). The landmark report on the Future of Nursing from the Institution of Medicine of the National Academies specifically identifies recommendations that directly relate to leadership, including the recommendation to "expand opportunities for nurses to lead and diffuse collaborative improvement efforts" and "prepare and enable nurses to lead change to advance health" (Institute of Medicine, 2010).

A survey of Advanced Practice Registered Nurses was completed in the state of North Dakota (N=34) in an effort to identify areas of needed enhancement of leadership skills. Overall, participants identified four main topics that were felt to be lacking in proficiency in their current practice. These areas included involvement in health policy, systems leadership, negotiation, and influencing peers to accomplish positive change in practice. After extensive literature review, it was determined that information regarding these topics would be beneficial for Nurse Practitioners throughout the country.

In response to the need for increased education regarding the aforementioned topics, a series of four online continuing education modules were created in collaboration with the

American Association of Nurse Practitioners (AANP) Continuing Education Center and presented as a Leadership Development series. The modules consisted of PowerPoint presentations in a video format with voice over narration. Three guest speakers with extensive experience in nursing leadership from the state of North Dakota were featured throughout the modules. The target audience of the Leadership Development series was any Nurse Practitioner or advance practice registered nurse that had the potential to take part in health policy, systems leadership, negotiation, or influence of peers. The modules will remain available on the AANP Continuing Education Center until May of 2016 free of charge for both AANP members and non-members.

Evaluation of the series of modules took place through pre-test, post-test, and evaluation questions. Two pre-test questions evaluate current knowledge and likelihood of involvement in leadership prior to each module. Three post-test questions evaluate knowledge gained regarding content of each module. Ten required evaluation questions further identify areas of current Nurse Practitioner practice, likelihood to change practice after module completion, likelihood to recommend the modules to peers, state practice environment of the participants, level of appropriateness for Nurse Practitioners, and evaluation of the effectiveness of using the module format for education on leadership development.

Data was collected from May 16, 2014 through June 23, 2014. The number of participants ranged from 11 to 27, depending on the module. Participants indicated that the online module learning format was an effective means of content dissemination in all topics. Respondents indicated an overall increased likelihood of taking part in the activities associated with the content of the modules. This response denotes a potential for behavior change. The

vast majority of responses indicated that the speakers in the module, including the author, demonstrated expertise and effectiveness on the given subjects.

The data reveal that learning occurred as a result of completing the online modules. The vast majority of participants correctly answered post-test questions related to the material that was covered in the presentations. Participants rated their overall knowledge increased as a result of the learning modules. Rates of perceived knowledge increased after completion of the activities when compared to the responses that were given prior to starting. Nearly all respondents indicated that they would recommend the learning modules to a colleague or friend as a learning method. Qualitative responses were generally positive, with participants reporting the modules to be good or clear. Overall, the results were positive in nature, and indicated an increase in perceived knowledge and potential for involvement in the various leadership topics.

Based on the expectations of the AACN and NONPF regarding the inclusion of leadership content in curricula of nurse practitioner education, it is feasible to recommend that the continuing education modules be utilized in the formal education of nurse practitioners. The AANP continuing education center provides the modules for two years and may be utilized by graduate programs and students. The author would recommend that information regarding the modules be communicated to nurse practitioner programs in the state of North Dakota. New nurse practitioners, particularly doctorally educated nurse practitioners, may enter into practice and be expected to have the ability to perform as a leader. The modules associated with this disquisition project do not have a monetary cost and would be available to incorporate into graduate curriculum in an effort to prepare students for involvement in leadership activity after completion of a program. A limited amount of information regarding leadership of the nurse

practitioner is available in the CE center of the AANP at the current time, and a call for creation of further modules addressing other components of leadership development may be beneficial.

Leadership opportunities for nurse practitioners are continually increasing in numerous practice settings. As more states are becoming full practice in regards to state practice environment, nurse practitioners may be required to step in to more independent roles. Individuals practicing in rural areas, including certain regions in the state of North Dakota, may have limited access to leadership development conferences, programs, or mentorships. The online learning module format received positive responses and is an effective way to disseminate content. Recommending the creation of further online modules in an effort to disseminate various forms of content for nurse practitioners may be feasible.

Due to the limited number of participants, the author would recommend that data collection continue throughout the course of the module postings and perform a final evaluation of data in May of 2016. This would provide the most accurate information regarding data surrounding the modules, and may further contribute to the body of knowledge regarding leadership develop programs pertinent to the role of the nurse practitioner.

APPENDIX M. TIMELINE OF PROJECT PHASES

- February 2013 – Create a survey regarding leadership development needs to be distributed to APRNs throughout North Dakota. .

- March 2013 – Distribute survey.

- April 2013 – Analyze survey results. Identify areas of greatest need for education and preferred method of delivering information. Perform literature review regarding elements identified as needs.

- April 2013 – Present poster outlining plans for project at NDSU.

- July 2013 – Present project proposal to committee.

- October 2013 – Attend Jonas Scholars Leadership Conference in Washington D.C. Present outlines of project at the conference.

- December 2013 – Obtain IRB approval from North Dakota State University.

- January-March 2014 – Create leadership modules.

- May 2014 – Modules live on AANP website.

- June 2014 – Complete dissertation.

- July 2014 – Complete Final defense.

APPENDIX N. INSTITUTIONAL REVIEW BOARD APPROVAL

NDSU NORTH DAKOTA STATE UNIVERSITY

December 20, 2013   FederalWide Assurance FWA00002439

Carla Gross
Nursing
Sudro 136C

Re: IRB Certification of Exempt Human Subjects Research:
        Protocol **#PH14078** , **"Creation of a continuing education module addressing leadership development components applicable to nurse practitioners in the state of North Dakota"**

Co-investigator(s) and research team: **Amanda Halverson, Kara Falk, Daniel Friesner, Molly Secor-Turner**

Certification Date: 12/20/13   Expiration Date: 12/16/2016
Study site(s): **varied**
Funding: **n/a**

The above referenced human subjects research project has been certified as exempt (category # <u>1</u>) in accordance with federal regulations (Code of Federal Regulations, Title 45, Part 46, *Protection of Human Subjects*). This determination is based on the original protocol (received 10/22/2013) and consent and survey questions (received <u>12/16/2013).</u>

Please also note the following:
- If you wish to continue the research after the expiration, submit a request for recertification several weeks prior to the expiration.
- Conduct the study as described in the approved protocol. If you wish to make changes, obtain approval from the IRB prior to initiating, unless the changes are necessary to eliminate an immediate hazard to subjects.
- Notify the IRB promptly of any adverse events, complaints, or unanticipated problems involving risks to subjects or others related to this project.
- Report any significant new findings that may affect the risks and benefits to the participants and the IRB.
- Research records may be subject to a random or directed audit at any time to verify compliance with IRB standard operating procedures.

Thank you for your cooperation with NDSU IRB procedures. Best wishes for a successful study.
Sincerely,

Kristy Shirley