Personal Leadership Development Plan

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The establishment of a personal leadership development plan acts as a roadmap for personal and professional growth. This plan serves as a foundation as well as a continuation of the leadership skills I already possess, abilities I cultivate, and both to which I seek to develop. *The Essentials of Doctoral Education for Advanced Nursing Practice* set forth by the AACN as well as the NONPF's core competencies are outlined and summarized to help identify the skills required for leadership competency. To aid in the development of this plan, three individuals of my choosing where asked to evaluate my current skills as a leader. The confidentiality of the participants was maintained while computing the results of the evaluation and then averaging the scores of the three evaluations. I then completed the same evaluation on myself which I compared to the evaluators to quantify strengths, weaknesses, and tendencies. Using the results to define both my strengths and weakness, I developed a leadership plan to guide me through this transition over the next five year. To aid in the development of this plan, I reflected on the findings of three different personally assessments. Finally, I formed an action plan grid which outlined my goals and the actions I will take to achieve them. Becoming a successful leader requires time and dedication that only the committed individual can achieve. By developing this plan, I will slowly progress from novice to proficient leader.

Leadership Competencies

The doctorly prepared nurse practitioner possesses leadership skills that are fundamental to the delivery of high-quality care. These skills are developed, shaped, and built upon through core competencies taught within the program at the University of Mary as well as other institutions. The AACN created *The Essentials of Doctoral Education for Advanced Nursing Practice* which is used in the development of curriculum to meet the needs of students, the

community, and complex healthcare systems (American Association of Colleges of Nursing, 2006). In addition to the ANP essentials, the National Organization of Nurse Practitioner Faculties published core competencies that includes proficiencies specific to leadership further highlighting the importance of leadership with the advanced role (The National Organization of Nurse Practitioner Faculties [NONPF], 2012).

Regardless of specialty, all DNP graduates must possess the eight foundational competencies specified by the AACN. Scientific underpinning for practice is the first essential; this essential exemplifies the importance of nursing theory when integrating organizational, biophysical, psychological, and analytical sciences to the health care delivery system. Science based care improves patient outcomes, enhances quality of care, and is the foundation of nursing practice. Essential II, Organizational and Systems Leadership for Quality Improvement, develops the understanding that all DNP graduates will assume leadership roles varying from informal leadership at the bedside to formal leadership at an executive level. This competency prepares gradates to help develop clinical practice guidelines, disseminate evidence-based interventions, and evaluate practice outcomes. Providing safe, quality care within an organization that is both ethical and research based is the groundwork of Clinical Scholarship and Analytical Methods for Evidence-Based Practice or essential III. Technological innovation is an expectation of all Doctor of Nursing practice; utilizing technology to support clinical decision making is essential IV. Health Care Policy for Advocacy in Health Care is the fifth essential. Graduates must become familiar with health care policy as well as advocate for social justice, healthcare inequity, and issues within the nursing profession at a legislative level. Essential VI and VII elaborate on inter-professionalism. Graduates must function as collaborator with members of other professions and be active team participants. As a team member, the DNP graduate assumes

roles that promote health and prevent illness for both the individual and the community. Lastly, Advanced Nursing Practice is essential VIII; this focuses on assessment, mentoring, guidance, and improving patient outcomes (American Association of Colleges of Nursing, 2006). As noted, these eight essentials focus on the healthcare outcomes of populations and its impact on healthcare policy.

In addition to the AACN essentials, NONPF has nine additional core competencies expected of nursing practice as a doctoral level; these include scientific foundation, leadership, quality, practice inquiries, technology and information literacy, policy, health delivery system, and independent practice (NONPF, 2012). Although these competences are like the essentials previously discussed, they build upon the idea that the DNP graduate has the capability to practice independently as well as inter-professionally. Within this practice, the professional provides evidence-based and patient centered care across multiple settings. Furthermore, the graduate can adapt to complex changes in healthcare while expanding and translating knowledge into practice. NONPF states that all graduates must assume complex and advanced leadership roles that guide change. Finally, the doctoral student has advanced communication, collaboration, and decisions making skills that improve health outcomes, policy, and healthcare delivery (NONPF, 2012).

360 Evaluation

Although it is argued that leaders are born not made, most can agree that all leaders have room for improvement. Self-reflection provides individuals with the opportunity to identify self-limitations; however, this process can be bias and is limited to personal insight. Therefore, using a standardized tool like the Nursing Leadership Evaluation form provides a way for leaders to gain outside perspectives from colleagues on their performance. This form was chosen as the

means of evaluation because it simple, user friendly, and outlines numerous, relevant nursing practices. The tool evaluates competency by asking individual evaluators to rate the person being surveyed from 1-5; one being never, five being almost always, and N/A when the situation is not applicable. In total, it is comprised of seventeen questions ranging from leadership skills, teamwork abilities, and effectiveness within their role. At the end of the form are three open ended questions allowing for unscripted feedback on strengths, weaknesses, and additional comments that may have not been previously covered. I feel like tool obtains comprehensive information on leadership abilities and helps bring awareness to current performance.

Method of Confidentiality

I believe confidentiality is essential to receiving candid, constructive, and professional feedback. For this reason, privacy remained my top priority. My first step was to identify three individuals and request their assistance with my evaluation. I decided to ask for feedback from my current leadership preceptor, my unit manager, and a co-worker to gain a well-rounded perspective. To ensure confidentiality, I e-mailed the selected form to the individuals and asked them to type their responses to avoid identifying handwriting. Then, I instructed everyone to place the printed form in an envelope and seal it. Once all forms were completed and collected, I had a friend total and share the results with me. By having never personally read the results of each form, I ensured the confidentiality of each participant and avoided developing negative feelings towards the willing volunteers.

Leadership Evaluation

After obtaining the completed forms, a close friend helped me calculate the mean (average) score of the three evaluations. The highest possible score of an individual questionnaire if all questions are answered is 85 or 255 points collectively. Because four

questions in total were answered N/A, the total possible points I could receive is 235. According to my friend's math, I received 225 total. This means my average score 75 on an individual form or a response of 4.375 meaning "usually" displaying stated qualities/competencies. Appendix A contains a blank evaluation form (to maintain confidentiality) as a means of reference with the average score I received on each question. The use of quantitative data provided an ease of analysis while maintaining consistency and precision (Department of Health and Human Services USA, 2011). Through quantitative methods I was able to generalize my findings and gain a broad overview of my current leadership capabilities. Furthermore, generating the findings was structured and specific which ensured accuracy of the findings (2011).

Leadership Evaluation Reflection

The transition from an individual focused on self-performance/patient care to a transformational leader is a long, challenging process made easier through self-reflection and performance evaluations. After reflecting on the evaluation forms highest and lowest scored questions, I was able to recognize my performance strengths as well as weaknesses. Because I have never held an official leadership role, it made sense why my lowest scores fell in areas of departmental management and managing staff conflict. The entirety of my professional career has been at the bedside; for this reason, I was not surprised that the highest scored questions involved accountability, teamwork, helpfulness, and cooperation. I did expect a higher average score on my ability to activity listen and solicit input from others. This exemplified the importance of out-side perspective in personal growth.

I greatly appreciated the feedback I received on the evaluation forms. This feedback was utilized in the development of my personal leadership plan. One evaluation form stated I could improve on my ability to listen, comprehend, and respond to staff as I am often distracted. By

improving my ability to actively listen and communicate, I will increase my effectiveness as a leader as well as improve the quality of my relationships. By improving these skills, I will have the capability to lead through authority rather than power. I also reflected on my ability to enforce departmental standards and hold others accountable for their performance. One evaluation form highlighted the importance of staff morale; although poor performance must be addressed, this evaluator suggested voicing positive feedback as well to sustain staff morale. Departmental indicators, financial performance, and quality improvement are new responsibilities to me and receiving advice from current leaders is extremely helpful. Although I am not currently in a leadership position, I acknowledge that all positions have the aptitude to assume leadership roles at any level of practice.

Self-Assessment

Through introspection, I can deepen the skills associated with effective leadership. To gain self-awareness, I completed the same evaluation form on myself that I asked others to complete; found in appendix B is the form with my self-evaluation. In comparing my responses to others, I generally rated myself lower than the composition of the three scores. There was discrepancy on questions 1 & 2, I rate myself as a 5 or "almost always" but the average was 4.3 for both questions by the evaluators. Additionally, the average for question 10 by my evaluators was significantly lower than my self-assessment. This contrast is essential in understanding areas of weakness that I had not recognized prior and the potential for growth. I was surprised to see the rating for questions 4, ,5, and 17 significantly higher than my own rating. The evaluators recognized an area of strength that I had not recognized within myself. Finally, questions 7, 8, and 11 were found not applicable by myself and the three individuals who completed the forms

for me. This quantitatively date gave me a more concise understanding on my current leadership abilities that may not have been as clear if verbally expressed.

Professional Development Plan

My professional development plan consists of strategies for both personal and professional growth. While developing these strategies, I utilized three leadership assessments to pinpoint specific strengths and weaknesses. Although improving personal strengths is important, only incremental growth can occur over time. Instead, I focused my attention into cultivating my weaknesses to advance my leadership capabilities.

The Leadership Diamond assessment tool quantitatively scored my current perceptions as a leader from 1 (lowest) to 5 (highest). My highest perception is ethics (4.2) followed by reality (4.1), then vision (3.7), and finally courage (3.4). Those scoring high in ethics are generally more sensitive to individuals and value loyalty, friendship, and intimacy. Conversely, courage is identified as a weakness warranting the needs further development. The Personal Preference Personality Test labeled me as "The Dreamer Minstrel." The Dreamer is said to always see the bright side or silver lining to less than optimistic situations; however, they are often emotionally impractical. I agree that I often set high expectation for other that are not practical. According to the 16 Personalities test I am a logistician. This means I am an honest, direct, responsible, and a practical leader. With these strengths also comes weakness; the logistician can be insensitive, stubborn, judgmental, and is reluctant to bend the rules. These three assessments helped me identify my greatest weaknesses which clarifies how to prioritize strategies to achieve the paramount degree of growth.

Upon reflection, my overarching weaknesses include emotional intelligence, flexibility, and communicating with other. The assessments made it clear that I thrive in a highly structured

environment which is not always possible in a leadership position. To enhance my flexibility, I can utilize the opportunity to volunteer on short-staffed units within the hospital I am employed. This will provide me with the opportunity to improvise in an unfamiliar setting whiling working without clearly defined rules. While not intentionally being insensitive, I tend to hurt others with my direct honesty. To build upon this weakness, I will be mindful of my vocabulary as well as practice empathy using both verbal and non-verbal cues. Furthermore, I will practice making conscious choices (with big and small decisions) to certify my actions and words are aligned. Throughout my course of study, commuting to clinical sites is an expectation. I will utilize this time to incorporate podcasts into my drive time that focus on leadership development and effective communication. I hope to assume the role of charge nurse to help me foster the skills of a leader. Throughout everyday life, there are many formal and informal opportunities to gain knowledge on leadership; this may vary from course work or observing the actions of management at a local restaurant. Regardless, utilizing the above strategies in my everyday life will eventually become natural and thus translate into my professional career.

Future Leader

While growing up, my parents and teachers often verbalized that I am a born leader. I have always enjoyed taking charge and being a catalyst for change. Others often compliment how motivated I am as well as my ability to remain calm during times of chaos. These attributes have served me well as a leader and aid in my ability to act promptly and enforce high standards. As noted in the evaluations I received, others view me as accountable, helpful, a team player, and cooperative. I appreciated receiving these compliments and acknowledged the informal leadership role I possess. Although I have an affinity for leadership, I recognize areas requiring

improvement and the room for personal/professional growth. The evaluation forms provided semantic feedback of areas to focus my attention on in the future.

I believe in progress not perfections; there will always be room for improvement even in five years. In five years, I will continue to develop and build the weakness I previously identified. I aspire to hold a formal leadership position where I can identify and meet the needs of those I serve. My goal is to build authority as a leader by meeting the legitimate needs of my team even if this requires making sacrifices. I recognize that authority is developed by personal character and in five years I hope to influence my team through my character. Regardless of the position I possess, I hope to be an honest, trustworthy leader who is committed to the role, caring, accountable, positive, and a good listener. Communication and active listening are two skills I strive to excel at in the future. In the future, I hope others feel comfortable confiding in me, and I will be receptive to their needs. Finally, adaptability is crucial in healthcare. I will welcome innovation as the world of healthcare is always changing and serve as a facilitator for change/improvement in the workplace.

Philosophy of Leadership

I seek to become a transformational leader with the heart of a servant. The life of a nurse is dedicated to the selfless, service to others. With this is mind, it is logical why nurses make terrific servant leaders. While attending the University of Mary for both my undergraduate and graduate degree, I felt the universities mission of servant leadership became part of my identity (The University of Mary, 2021). A servant leader is someone who displays competence within their chosen professional while making ethical decisions requiring courage and serving others with compassion (Center for Servant Leadership, 2021). Although I have the natural desire to serve others, I also aspire to lead others. Unlike traditional leadership, my philosophy is to share

power, put the needs of my team first, and help others grow into the best versions of themselves (Center for Servant Leadership, 2021). This is the philosophy of a servant leader but also aligns with my personal leadership philosophy.

Not only is servant leadership an important viewpoint but also transformational leadership further constructs my personal leadership philosophy. Transformational leaders implement change by creating a vision and motivating those around them to act. They are excellent role models who lead through influence not power. Although they hold a formal leadership position, it is their behavior and character that brings others to follow them not their title (Towler, 2019). Transformational leaders are inspiring, and it is this inspiration that encourages autonomy in others as well as allows individuals to take accountability for their actions (Allen et al., 2016). As I continue to develop as a leader, I will incorporate both the principles of a servant and transformational leader into my everyday personal and professional life.

Action Plan Grid

Because there are numerous responsibilities expected of the competent leader, stress and chaos can and will ensure if the mind, body, and spirit are not in harmony. Personal wellness must be a top priority. When this is off balance, disorder will project onto the team leading to a negative climate and low staff morale. The astute leader recognizes the importance of dedicating time to personal wellness by developing healthy habits that nourish the mind, body, and spirit (O'Grady & Malloch, 2018). I have developed a plan referenced in Table 1 that will impact the energy I project onto my team as a leader. By formulating these goals with an identified timeline, I will remain disciplined in my endeavors to achieve success.

Within my plan, I prioritized physical and emotional wellness because proper care of my body will allow me to better assist others. Regular exercise is beneficial for disease reduction and stress management; the CDC recommends 150 minutes each week which I will implement (Centers for Disease Control and Prevention [CDC], 2020). I will also institute nightly reflective journaling to increase gratitude and practice self-awareness. I cannot promote wellness as a leader if I am not physically and emotionally balanced. Because conflict resolution was identified as a weakness within the evaluation form, I decided to include this as a goal within the action plan. There are many great resources available online that are listed in the grid to help me achieve this goal. Emotional intelligence is a large component of transformational leader that builds team cohesion and team-level emotional competence. Because this skill is a relatively new concept for me, I included it in my action plan to develop and build through reflecting on felt emotions. Finally, active listening and communications was also identified as an area necessitating improvement. I have listed two sources that will help me achieve this goal and I will likewise practice this skill during everyday conversation. The implementations listed within the action plan have been created as a checklist for myself to guide my transition from novice to proficient leader.

Table 1

Action Plan Grid

Focus Action Area	Planned Activity	Comments Regarding Activity	Anticipated Timeline	Measurement of Achievement
Physical wellness	150 minutes of mild to moderate physical activity a week	Exercise can include leisure walks, yoga, stretching, and strength training 30 minutes a day 5 days a week	Continue current practices include morning walk, no anticipated end date	Log hours of exercise in daily planner and total at end of week

Emotional wellness	Daily journaling	Journal entries should include reflecting on three positive elements of the day	Beginning this evening before bed making this a nightly routine	Complete a 365-day journal
Conflict-Resolution	Listen to podcast and read text pertaining to topic	Listen to podcast "Disagree Better" by Tammy Lenski and read "the Mindful Guide to Conflict Resolution" by Rosalie Puiman	Complete reading/listening by October 2021	Book is completed and podcast listened to
Emotional Intelligence	State emotion felt before instinctively responding	Verbalize emotions such as anger, sadness, frustration and then process appropriate response to emotion	Begin stating emotions twice daily	Ability to recognize felt emotion and avoid negative, instinctive responses
Active listening and communication	During all conversations focus on receptive body language, avoid interrupting, reserve judgment, and restate key points. Read and study text on active listening and communication	Progress not perfection, trial and error, with time relationships will improve and skills will develop	Read two books on active listening by the end of 2021	Completion of "What to Say Next" by Julie Buxbaum and "The Listening Leader" by Shane Safir

Conclusion

Both personal strengths and weaknesses are important to reflect upon to engage in continual growth. Competencies set forth by the AANC and NONPF help guide the astute leader towards excellence within the profession. I deployed the help of three individuals to evaluate my current skills as well as completed three personality assessment tools to gain a well-rounded perspective of critical leadership skills that warranted improvement. A personal leadership development plan that incorporates both servant and transformational leadership was constructed to help define and direct my attention to the leadership skills I intend to grow over the next five years. This application has assisted in introspection, reflection of external perspectives, and development of strategies to become an exceptional leader.

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Appendix A

Nursing Leadership Evaluation Form Mean Scores

		Almost always	Usually	Sometimes	Seldom	Never	Mean Score
1.	Sets and enforces high standards for the quality of patient care delivered in their department.	5	4	3	2	1	4.3
2.	Holds self and others accountable for meeting objectives and commitments.	5	4	3	2	1	4.3
3.	Strives to ensure that department staff has the supplies, information, and resources needed to work effectively (e.g., suitable and functional equipment and systems).	5	4	3	2	1	4
4.	Analyzes problems in a systematic, logical, and timely manner.	5	4	3	2	1	4.6
5.	Takes accountability to improve department performance: quality improvement, patient satisfaction, staff morale, clinical outcomes, etc.	5	4	3	2	1	4.6
6.	Acts promptly and decisively to address problems that arise in the department.	5	4	3	2	1	4.3
7.	Demonstrates knowledge of the principal drivers of departmental revenues and reimbursement, expenses, and profits when making decisions affecting the department or project.	5	4	3	2	1	N/A
8.	Closely monitors ongoing department indicators (ex: HPPD, staffing, etc.) which affect unit financial performance.	5	4	3	2	1	N/A
9.	Listens carefully to and actively solicits input from others.	5	4	3	2	1	4
10.	Expresses ideas clearly and effectively and responds to issues raised by others. Ensures that people get the information they need to do their jobs and provides feedback that enhances performance.	5	4	3	2	1	3.3
11.	Selects and hires effective people for department staff (if applicable: assists with selection and hiring effective people). Markets unit job openings to attract highly skilled staff members.	5	4	3	2	1	N/A
12.	Prevents high-impact staff departures when possible.	5	4	3	2	1	4.
13.	Is considerate, patient, and helpful; showing sympathy and support when someone is upset or anxious, or presents a personal or work-related problem.	5	4	3	2	1	5
14.	Encourages cooperation, teamwork, and identification with the department.	5	4	3	2	1	5
15.	Facilitates the constructive resolution of conflict.	5	4	3	2	1	4.6
16.	Uses techniques that appeal to reason and values. Generates enthusiasm for work, commitment to task objectives, and compliance with requests.	5	4	3	2	1	4.3
17.	Takes a longer-term perspective on problems and opportunities facing the department	5	4	3	2	1	4.6

Appendix B

Nursing Leadership Evaluation Form Self Evaluation

		Almost always	Usually	Sometimes	Seldom	Never	<mark>Self-Evaluation</mark>
1.	Sets and enforces high standards for the quality of patient care delivered in their department.	5	4	3	2	1	5
2.	Holds self and others accountable for meeting objectives and commitments.	5	4	3	2	1	5
3.	Strives to ensure that department staff has the supplies, information, and resources needed to work effectively (e.g., suitable and functional equipment and systems).	5	4	3	2	1	4
4.	Analyzes problems in a systematic, logical, and timely manner.	5	4	3	2	1	4
5.	Takes accountability to improve department performance: quality improvement, patient satisfaction, staff morale, clinical outcomes, etc.	5	4	3	2	1	3
6.	Acts promptly and decisively to address problems that arise in the department.	5	4	3	2	1	4
7.	Demonstrates knowledge of the principal drivers of departmental revenues and reimbursement, expenses, and profits when making decisions affecting the department or project.	5	4	3	2	1	N/A
8.	Closely monitors ongoing department indicators (ex: HPPD, staffing, etc.) which affect unit financial performance.	5	4	3	2	1	N/A
9.	Listens carefully to and actively solicits input from others.	5	4	3	2	1	4
10.	Expresses ideas clearly and effectively and responds to issues raised by others. Ensures that people get the information they need to do their jobs and provides feedback that enhances performance.	5	4	3	2	1	4
11.	Selects and hires effective people for department staff (if applicable: assists with selection and hiring effective people). Markets unit job openings to attract highly skilled staff members.	5	4	3	2	1	N/A
12.	Prevents high-impact staff departures when possible.	5	4	3	2	1	3
13.	Is considerate, patient, and helpful; showing sympathy and support when someone is upset or anxious, or presents a personal or work-related problem.	5	4	3	2	1	5
14.	Encourages cooperation, teamwork, and identification with the department.	5	4	3	2	1	5
15.	Facilitates the constructive resolution of conflict.	5	4	3	2	1	4
16.	Uses techniques that appeal to reason and values. Generates enthusiasm for work, commitment to task objectives, and compliance with requests.	5	4	3	2	1	4
17.	Takes a longer-term perspective on problems and opportunities facing the department	5	4	3	2	1	3