Leadership Development Plan

Megan R. Macke BSN, RN, DNP-S

University of Mary NUR 614

Resilient Nursing Leadership

Dr. Camille Settelmeyer

August 14th, 2022

Leadership Development Plan

Leadership development encircles so many areas of previous experiences in life, sought education for improvement, and reflection on past, current, and future plans. Mentors, peers, and colleagues shape defining characteristics in a leader, while commitment to continual growth determines those that thrive. While a background in leadership on an athletic level has sparked my leadership development, and international nursing has given me a different perspective on healthcare, commitment to a leadership development plan will help me build a strong foundation to be a servant and transformational leader. This paper aims to collaborate leadership competencies from the National Organization of Nurse Practitioner Faculties and Doctorate Essentials in Nursing, breakdown leadership evaluations from colleagues to understand my abilities, and apply learned leadership skills to contribute to the complex health system. With an exploration of these pillars of leadership, along with self-assessment, I will establish short-term and long-term goals with activities and interventions to support my leadership journey in my future role as a nurse practitioner.

Leadership Competencies

The National Organization of Nurse Practitioner Faculties platforms the correlation between the Nurse Practitioner Role Core Competencies and the Doctorate Essentials of Nursing from the American Association of Colleges of Nursing. In combination, these nationally acquired tools define competencies necessary for DNP students to build from to create successful leaders. Advanced knowledge in these foundational competencies guides students in communication skills, complex decision-making, collaboration, and leadership, all necessary for nurse practitioners to meet the complexity of the healthcare environment.

The National Organization of Nurse Practitioner Faculties lists ten domains with domain 10 being Personal and Professional Leadership (NONPF, 2022). This criterion is defined as "the nurse practitioner participates in professional and personal growth activities to develop a sustainable progression toward professional and interpersonal maturity, improved resilience, and robust leadership capacity" (NONPF, 2022, p.25). This domain includes three levels with tiered sub-levels. Level 10.1 consists of the nurse practitioner demonstrating a commitment to personal health and well-being through an environment of self-care and holistic support of the entire being. In level 10.2 the individual demonstrates professional maturity through responsibly practicing under their designated licensure to a specified population, communicating with empathy, being professional, and practicing under the standards of the NP profession. 10.3 consists of the development capacity for leadership by understanding the complexity of the leadership role within the NP profession, seeking out knowledge of leadership skills to improve outcomes, fulfilling the leadership role within different team settings, mentoring peers, and advocating for equality of care among the community (NONPF, 2022). Supporting this domain of leadership are the eight essential leadership competencies defined by the American Association of Colleges of Nursing (AACN) (2006).

The first essential leadership competency in the American Association of Colleges of Nursing is Scientific Underpinnings for Practice (AACN, 2006). Advanced practice nursing is created by a strong educational foundation and grasping the in-depth meaning of what the discipline of nursing encompasses. To develop competence in this essential, the DNP must display an understanding of the life process (sick or well), know the impact the environment plays in life events, actions the DNP has on health status, and knowledge that holistic care

continuously has an impact on the individual's climate of health. The DNP program prepares the individual through the integration of nursing science through theories and models, approach to the delivery of care, and evaluation of outcomes. In combination, the DNP understands the degree to which other disciplines can enhance approaches to patient care, and implementation of these approaches is expected (AACN, 2006).

Essential two is Organizational and Systems Leadership for Quality Improvement and Systems Thinking (AACN, 2006). Perception of one's goal as a DNP should be excellence in practice. This is achieved by having doctoral knowledge and skills to keep patients safe and decrease health disparities. The climate of healthcare continues to negatively impact the well-being of communities. It is the DNP's responsibility to incorporate organizational, political, cultural, and economic perspectives within learned models to target populations. In preparation through the DNP program, the student will gain the knowledge needed to create models essential for the delivery of care to different populations, while addressing quality of care and patient safety. Communication, improvements in policies, fiscal responsibility, and careful thought toward ethnic groups and cultures will guide this essential. Ethical dilemmas will be a constant challenge, with learned approaches being insightful for each challenge to come (AACN, 2006).

The third essential competency is Clinical Scholarship and Analytical Methods for Evidence-Based Practice (AACN, 2006). Taking on challenges and applying academic knowledge and research exemplifies the duty to provide quality care. Leadership for evidence-based practice is done through the DNP's competence in the application of research to practice, assessment of practice, dedication to best practice by understanding outcomes, and

collaboration of research. Traits gained from DNP programs include the ability to critically analyze research with the ability to apply it to practice if research permits quality practice. Alterations of care to meet diverse populations' needs, practice guidelines, and use of information technology are learned by the DNP throughout doctoral level education. The DNP should gain the ability to identify gaps in evidence-based practice and bridge those gaps with learned and researched data, as well as collaborate with other entities (AACN, 2006).

The fourth essential is Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care (AACN, 2006). Technological skills are gained through doctoral education programs, as APNs are expected to utilize technological resources for the improvement of care and practices. Productivity and interventional tools are also learned information systems aiding in the quality of patient care. Proficiencies in these technologies are critical to be able to evaluate systems and patient care technologies that, in turn, affect ethical, regulatory, and legal issues. Leadership values emerge with addressing healthcare-related issues through information technology, communication networks, and patient care technology. Preparedness through the DNP program gives the APN the ability to evaluate the effectiveness of programs for both the healthcare system and the consumer, giving the consumer patient-centered care. Accuracy, timeliness, and appropriateness are essential to improve patient outcomes and experience (AACN, 2006).

The fifth essential is Health Care Policy for Advocacy in Health Care (AACN, 2006). Policies are necessary for healthcare systems to run efficiently and appropriately. Understanding the backbone of policies allows the DNP to engage in designing, influencing, and implementing policies. Core health policies revolve around financing, practice regulation,

access, safety, quality, and efficacy. The influences that the DNP needs to be aware of around

policies include culture, ethnicity, and equity of care, which requires the DNP to have skills in

breaking down and analyzing the policy process with the application of these influences. This is

done at all levels including institutional, local, state, regional, federal, and international levels.

This leadership essential is exemplified through the development of policies at these levels,

education of others around policies, advocating for the nursing profession, as well as equity

among all healthcare practices. DNPs are the juncture between practice, research, and policy

(AACN, 2006).

The sixth essential is Interprofessional Collaboration for Improving Patient and

Population Health Outcomes (AACN, 2006). Interprofessional collaboration is the definition of

what makes quality healthcare. APNs are doctorate-level prepared and understand that

cohesive team functioning effectively addresses patients' needs while understanding leadership

roles that coincide with the interprofessional team. Through education and practice, the DNP

learns to communicate and collaborate, while implementing practice models, peer review,

practice guidelines, health policy, and standards of care (AACN, 2006). Understanding the

complexity of the healthcare system aids in the understanding of how to lead the

interprofessional team, and address issues that arise, along with change.

The seventh essential is Clinical Prevention and Population Health for Improving the

Nation's Health (AACN, 2006). The achievement of the national goal of improving health in the

population of the United States is critical and central to leadership competence. While this

essential mentions the goal of Healthy People 2010, the improved Healthy People 2020, should

be utilized as an educational resource for the DNP. Within the leadership duties, integration of

evidence-based clinical prevention and population health services among individuals and populations is addressed. Through prevention and focus on population health, analysis of epidemiology, biostatistics, occupation, and environmental data create the foundation necessary to succeed (AACN, 2006).

The eighth essential is Advanced Nursing Practice (AACN, 2006). This essential dignifies the role of the DNP isolating the foundation it takes to prepare for specialties. Regardless of specialty, the education of the DNP requires the individual to have assessment skills and practice understanding of psychosocial, behavioral, sociopolitical, cultural, economic, and nursing science. To do this, learned assessment skills, application of interventions, and establishing personal relationships with patients and the interprofessional team are all necessary to create a positive healthcare experience. With progressive levels of clinical judgment, systems thinking, delivery, and evaluation of evidence-based care, patient-centered care will be achieved. Leadership traits of guiding, mentoring, and supporting others in practice, as well as educating, aid in a healthy organizational climate (AACN, 2006).

360 Evaluation: Leadership Evaluation Tool

Evaluation and constructive criticism are essential to building an effective leader. Roussel et al. (2020) state that individuals aspiring to hold a leadership role "need to be intentional in their career development, but they often fail because they lack knowledge, support, and guidance" (p.61). 360 evaluation tools are just one example used to address the gap in leadership competencies and utilized as a tool for this paper. The survey provided in the course syllabus, *Nursing Leadership Evaluation Tool,* was used as the survey tool. This 20-question survey was completed by two nurses I worked with in Oklahoma, and three nurses I

worked with in New Zealand. All five nurses have different professional levels, including two with leadership titles. In doing this evaluation, the goal is to recognize where improvements can be made in my nursing techniques, and assist in the ongoing development of leadership traits. Patient care, accountability, interprofessional teamwork, problem-solving skills, communication, attitude, and conflict resolution are assessed by the surveyor in regards to a previous working relationship with me. A Likert scale was used with scoring being 1-5, (1) never, (2) seldom, (3) sometimes, (4) usually, and (5) almost always. Qualitative assessment questions were optional, giving the evaluator the ability to add comments about what I can do more or less. Great appreciation was added at the end, as this is extremely helpful to my development as a leader.

Method of Confidentiality

To maintain the confidentiality of the scores, a survey link from *Survey King* was sent out to the five evaluators. The survey provided by the class syllabus was typed up by myself and entered into the survey website. This resource provides the ability to make the survey anonymous and the evaluators were encouraged to leave honest results. The evaluators were told to have surveys done by a specific date, and I was not to check *Survey King* until after that time for results. Before reviewing the surveys, I had a peer review them to make sure no identifying data had been used.

Leadership Evaluation

Survey candidates included two peers from the outpatient surgery unit at OU Medicine, one peer from the surgical ward, one nurse with the title of associate clinical nurse manager (ACNM), and one nurse with the title of charge nurse manager (CNM), with the latter three

from Wellington Capitol & Coast District Health Board. Because leadership values and roles differ in countries, I wanted to have resources from both. With the use of the survey evaluation tool for the 360 evaluation and the commitment of five individuals, 17 quantitative question results are listed in Appendix A. These five results were calculated into mean scores from each evaluation to be compared (also included in Appendix A). Additionally, the qualitative data from the last two questions with optional comments were copied directly from the survey to Appendix A.

Leadership Evaluation Reflection

Reflection of survey results serves as a springboard for professional development. Deconstructing assessments of leadership skills from the views of the evaluators' aids in the student's understanding of qualities necessary to reconstruct to become a successful leader. After calculating the mean scores of the surveys, it is evident that my strengths lie in giving the highest standard of care I can to patients, accountability, communication, and awareness of the organization's workflow toward quality improvement and performance. Enthusiasm and encouragement were clear qualities I hold as mean scores were the highest in these survey questions. Reflecting on this corresponds to emotional intelligence and the connection I made as a coworker. Trust and communication were well established between myself and the team, as well as my connections with patients.

My weaknesses lie in the quantitative categories where "don't know or not applicable" were selected by most of the evaluators. Fiscal responsibility and decisions around the department or projects I have very little knowledge in. Exposure to some of this occurred during my preceptorship. Although I have had experience with staffing and department

indicators, the correlation between financial performance is poorly understood. Through continuing education, evidence-based research, and observation in clinical environments, this weakness can be better understood and developed. Taking on leadership roles as a registered nurse will also aid in this learning concept, and will be included in my development plan. Qualitative data from the evaluators show they have confidence in me as a leader, I just need to have confidence in myself to take on these roles. This will only help me grow and become more competent in the qualities and characteristics necessary to be an effective leader, and have a deeper understanding of the system thinking framework.

Self-Assessment

I conducted the same Nursing Leadership Survey Tool sent to the evaluators on myself to be able to compare my self-critiques with theirs. This assessment can be found in Appendix B. I often find myself being harsher toward my qualities than others, and in comparison with the mean scores, this shows true. One identified trait that my self-assessment is harsher on is a long-term perspective on problems. My strategic visions within the organization are often focused on short-term problems. Constant changes in care delivery models and research-based evidence is critical for the APN to implement in a leadership role, with extended focus on long-term goals. This is also evidenced by one of the evaluator's comments under improvements of "goal setting." Focus on this development, along with business aspects of healthcare regarding finances among the department and projects, performance, staffing, and job hiring are all to be addressed in my professional development plan. Many of the qualities I pride myself in, the evaluators also saw as true leadership qualities.

Professional Development Plan: Planned Activities

Growth and engagement have to occur for the developing leader to establish a foundation for a leadership role. Roussel et al (2020) state that critical principles necessary for leadership development are "clinical reasoning, technical skills acquisition, shaping emotional intelligence, socialization, professional engagement, and ongoing continuing education" (p.59). Knowing the importance of these principles along with acknowledging the areas of growth that need to take place, a plan of action can be established. Areas of development were clear with the 360 evaluation, in addition to the personality tests we were required to take at the start of the semester. In my personality tests, the 16 personalities deemed me a "consul" personality type where the biggest challenge is not being able to control anyone else around you. This correlates directly with my issues of delegation and wanting to do everything myself. This is not a sustainable trait as a leader. Relationships are especially strong in this personality trait, along with a clear moral compass (16 Personalities, n.d.). The personal preference test (n.d) taken used the term "white knight" deeming me a "true giver" of the world. I often give all of my time away, leaving very little for myself. I am sympathetic, helpful, and giving. With this personality, the test lists negative traits in impulsiveness and acting upon emotions. This often yields true for me. With the final personality test, drive and problem-solving, along with strong relationships and compassion are defining characteristics. Courage was considered a weakness in this test (Leadership diamond personality test, n.d.). The results of these tests in addition to the 360 evaluation aid in a clear definition of where to start for a development plan. My strengths are compassion, relationships, giving, and problem-solving, whereas my weaknesses are courage, lack of delegation skills, and acting on emotions.

My first plan of action for my personal development is to define what it means to be an innovative leader and where my vision and values lie. Albret et al. (2020) call "innovators to adopt an attitude that reflects that all work processes and activities are subject to the discipline of constant inquiry and reassessment" (p.167). Social, political, and economic contexts are related to this call for innovation, as well as the complexity of the changing healthcare environment. Having a strong foundation of vision and values leads the innovative leader to develop a predictive outlook for long-term goals, and take new ideas and put them into action. This adaptive leadership quality is a goal of mine.

My second plan of action is to find a mentor that can aid in this leadership development journey. Albert et al. (2022) state that to thrive as a leader, knowing that even with the control you may have, vulnerability is what will make you "prosper" (p.325). Recognizing from my weaknesses that letting go of control is difficult, but after learning about vulnerability, mentors can be excellent guidance. While sifting through research a specific article talks about mentorship and vulnerability. "Over time, I was able to expose my weaknesses without fear or reservation. This vulnerability gave way for authentic conversation and unabashed self-reflection" (Brooks, 2020, p.56). Brooks (2020) states "as I continue my leadership journey, I look to mentor others in the purposeful and strategic alignment of nursing expertise and the business of healthcare locally, nationally, and globally" (p.56). While gaining insight on what it takes to be a good leader from a good mentor, it also establishes guidance for the future of teaching (part of the AACN essential mentioned above).

My third plan of action is to develop time for reflection and meditation. Although this has been presented to me over and over again by a good friend that often speaks on the topic

to healthcare workers, I have not taken the leap of faith. Servant leadership requires oneself to be emotionally competent and aware of group patterns, reactions, and behaviors. Mindfulness in management is defined as "cognitive flexibility and clear-minded attention to novelty; attention coupled with meta-awareness or an apprehension of the current state of mind that monitors focused attentiveness" (Albert et al., 2022, p.428). Albert et al. (2022) further emphasize that with mindfulness comes leadership wisdom and quality reflection on the complexity of the healthcare system. Specific application to my professional development plan in this area is essential.

Future Leader Description

Leaders are able to bring out contributions from others in the way they lead, and the contributions are what make something exceptional happen (Hallock, 2019). Exceptional can and does happen with inexperienced leaders, but happens more with focused leaders. Being able to mediate and reframe reactions and emotions to use energy in a healthy way versus an unhealthy way is critical for my development as a leader. My career and passion is nursing, and my passion is evident through the surveys completed, my preceptorship, my peers, and my everyday interactions. I recognize that with these strengths my holistic perspective has shaped the type of nurse I am, and can aid in the type of leader I can become.

Recognizing that leadership incorporates so much more than the way you lead others, but rather the trust and integrity between the team and its leader. Taking feedback from others and running with it is what I plan to do throughout my doctoral education and beyond. Applying peer reviews is what shapes a culture of excellence and quality of care. Albert et al. (2022) make an excellent point that "the skills needed to handle disappointment are seldom taught in

educational programs" (p.434). With disappointment comes learning, and with learning comes challenge. Focusing on how to take disappointment puts challenges into a new light. The challenge to be better and to commit to betterment is what I plan to do throughout my career. My vision is to focus on my reactions and objectively react, rather than emotionally. I hope to take my healthy engagement in work, while being fit mentally, and create a team with the foundation of trust and integrity. Building integrity comes with time and changes as the team changes. Trusting in myself and others, knowing that control is out of my hands, but coaching, mentoring, and facilitating are key to leading a successful team.

Philosophy of Leadership

Motivation is often the defining characteristic of any role, but especially leadership. The motivation to build quality relationships, understanding the dynamic between healthcare and the community, and being emotionally competent through vulnerability, experiences, and mentors shape the philosophy of leadership. Focusing on outcomes rather than processes must be the structure of a transformational, servant leader. My philosophy of leadership is foundational in the area of being present. I often think about if I could give myself one specific trait, it would be to remember people's names, not just for the 12 hours I am at work, or the three minutes I spend on the phone with them, but actually remember. When someone remembers my name or my daughter's name, it makes me feel valued. I want my team to feel that value, and I want that to be a waterfall effect on the community of healthcare. Through the values of community, hospitality, and service, quality leadership can evolve with today's complex healthcare system.

Action Plan Grid

Table 1 is a display of my action plan grid to work toward my goal of being an exceptional leader. This type of "exceptional" is emphasized by what Albert et al. (2022) state about mental fitness which results from commitment, perception of control, and ability to take on change as a challenge. "Goal setting, mental imagery, emotional mastery, and positive thinking are all part of the mental conditioning that is necessary to overcome this helplessness and survive substantial changes" (Albert et al., 2022, p. 570). With the activities and strategies listed in my grid for improvement, I hope to address these aspects of being mentally fit to become the best leader I can become.

Table 1.

Focused Action Area	Planned activity	Comments on activity	Timeline: start/finish	Measurement of Achievement
Mindfulness	3x a week will do meditation/mindfulness app	Through our health insurance/my husband's company we have a subscription to *Headspace.* Listen to a podcast done by my good friend Melanie Carvell: Finding calm in the storm: mindfulness and meditation	Start: Now Finish: continual, problems are continually occurring and mindfulness will continue to be an important practice to aid in stress relief and emotional competence	Mindfulness applications often begin with 1 min of meditation, which can be challenging, I would like to make it my goal by Christmas to be doing 5 min of meditation a day.

		for healthcare workers		
Physical Wellness	We have purchased a peloton. My goal is to ride it 5x a week for at least 20 min and do 10 min of core (super important as a bedside nurse)	My husband and I have agreed to make time for each other, and be each other's support in our physical health	Start: now Finish: continual, increase physical activity monthly with the end goal being an hour a day.	Keeping a log in my planner will keep me accountable. These weekly workouts should be just as important as assignments and have a check box when completed.
Self-reflection/ Goal Setting	Keeping a journal of reflections on work.	I plan to apply for a job in labor and delivery to see if this is an area of passion (only worked with adults/surgical). Writing about how the work week went and establishing goals on how situations can improve, care can improve, and learning opportunities	Start: mid-October Finish: re-evaluate in January, see if there are other ways to reflect on work, or continue journaling if it is effective	I will plan to journal Sunday nights after putting my daughter down. This will help me look back on the week and reflect before starting a new week.
Financials and healthcare, Resources and supplies	Reading and studying	Read: The Healthcare Supply Chain: Best Practices for Operating at the intersection	Start: January after finishing the book for hiring staff.	Continuing to explore continuing education on financials and healthcare, if availability

		of Cost, Quality, and Outcomes	Continuing education throughout academics. Finish: March	from hospital CEUs take advantage of those after finishing the book
Hiring staff and a deeper understanding of teamwork	Reading and studying	Listening to the audible book: The Emerging Healthcare Leader by Laurie Baedke and Natalie Lamberton	Start: October 1 (once we are settled after our move) Finish: 10 hours in length, listen to an hour a week, finish mid-Dec.	Continue to explore options for audiobooks, podcasts, etc after finishing this book. Making notes of important leadership qualities and "interview process"
Conflict Resolution	Read and observe leaders/preceptors	Apple podcasts have a highly rated podcast series called Confident in Conflict. Utilizing these on drives to work.	Start: September 5th on the way to ND for the week on campus Finish: continue to listen when new episodes come out on Wednesdays	If information is well-rounded and enjoyed, continue to utilize the ease of this resource. The goal of one podcast a week/every 2 weeks seems reasonable. Keeping track of observations in journal entries for reflection
Communication/emotional intelligence and application to the leadership role	Podcasts, continuing education, and school work	Mayo Clinic offers podcasts/talks one being:	Start: Now Finish: follow up 3-6	Follow-up survey for analysis of improvement

		Communicating with humility: Lessons Learned. This highlights that we are effective communicators with patients, however lacking with coworkers and at home	months with an EI evaluation (several available online) reflect on results and research more resources available to improve weaknesses.	on EI, continuing education on the improvement of communication, with changing teams. Start a document for utilization when eventually taking on the leadership role
The complexity of the healthcare environment	Being sure to stay up to date on the NONPF, AACN, and other platforms that yield foundational data for education Learning from preceptors, coworkers, and colleagues	Research ways to deal with change, make note of educational resources from DNP school, evidence-based practice articles on change Join a professional organization by the start of Jan 2023	Start: now Finish: continual throughout career	I will be able to address key areas of change and where population focus needs to be activated from patient outcomes. I will be able to summarize this and reflect on experiences through clinical and work

Conclusion

All leaders differ in qualities. Nursing requires one to be an artist of change, as the

healthcare field is one of the most rapidly changing areas there is. The changes in technology,

pharmacology, models, and practices mean that change is inevitable. One thing that remains somewhat the same and something you are gifted with, not something you can instill in someone, is the love of being a nurse. It is a gift and privilege to be present at some of the best and worst times in people's lives. Being the human presence in a room full of bells, unknowns, and fear is what being a nurse means. Passion and enthusiasm has been seen by my colleagues in working relationships and are qualities my leadership development can stem from. This paper discusses the foundational support needed to be an innovative, servant, and transformational leader. This foundation helps guide the complications of change individually, as a team, and as a community. Through the analysis and summarization of The National Organization of Nurse Practitioner Faculties and Doctorate Essentials of Nursing from the American Association of Colleges of Nursing, the application of educational background and nursing disciplines align with the development of my leadership plan. With my action plan grid, I have focused on both short and long-term goals to address leadership qualities that are weaknesses, while also addressing qualities I evaluated as strengths. I have a strong commitment to the field of nursing and plan to build off that commitment to become a quality leader in this profession.

Appendix A

Evaluation Criteria	Evaluator 1	Evaluator 2	Evaluator 3	Evaluator 4	Evaluator 5	Mean
1. Sets and enforces high standards for the quality of patient care delivered in	5	5	5	5	5	5

their department					
2. Holds self and others accountable for meeting objectives and commitments	5	5	5	4	4	4.6
3. Strives to ensure that department staff has the supplies, information, and resources needed to work effectively	5	5	4	4	4	4.4
4. Analyzes problems in a systematic, logical, and timely manner	4	5	5	5	4	4.6
5. Takes accountability to improve department performance: quality improvement, patient satisfaction, staff morale, clinical outcomes, etc	4	5	4	5	5	4.6
6. Acts promptly and decisively to address problems that arise in the department	4	5	5	4	5	4.6

7. Demonstrates knowledge of the principal drivers of departmental revenues and reimbursement, expenses, and profits when making decisions affecting the department or project.	4	5	N/A	4	N/A	N/A
8. Closely monitors ongoing Department indicators which affect unit financial performance	4	N/A	N/A	3	5	N/A
9. Listens carefully to and actively solicits input from others	4	5	4	5	5	4.6
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	4	5	4	5	5	4.6

11. Selects and hires effective people for department staff. Markets unit job opening to attract highly skilled staff members	N/A	N/A	N/A	N/A	N/A	N/A
12. Prevents high-impact staff departures when possible.	N/A	N/A	N/A	N/A	4	N/A
13. Is considerate, patient, and helpful; showing sympathy and support when someone is upset or anxious or presents personal or work-related problem	4	5	5	4	5	4.6
14. Encourages cooperation, teamwork, and identification with the department	5	5	5	4	5	4.8
15. Facilitates the constructive resolution of conflict	4	5	4	4	4	4.2

16. Uses techniques that appeal to reason and values. Generates enthusiasm for work, commitment to task objectives, and compliance with requests	4	5	5	5	5	4.8
17. Takes a longer-term perspective on problems and opportunities facing the department (considers implications 3-6 months in the future and beyond	4	5	4	5	5	4.6
This person can do more of:	Megan can take on more leadership roles. She could take on more project work as she has clear methodical thinking and decision making. Her enthusiasm takes	Improving unit work flow and efficiency without compromising the ability of providing compassionate patient care.	Taking on leadership roles to continue to grow her leadership skills and communication skills	Continue to nurse holistically for all of her patients. She already does a great job at this.	Goal setting	

	people along on the journey					
This person can do less of:	Unsure	/	/	/	/	
Additional comments:	N/A	N/A	Megan has great leadership skills and is very passionate about her team and patients.	Megan is a really thoughtful and clever nurse. She was a pleasure to work with and could easily nurse any patient no matter how challenging.	N/A	

Appendix B

Evaluation Criteria	Self-Assessment
1. Sets and enforces high standards for the quality of patient care delivered in their department	5
2. Holds self and others accountable for meeting objectives and commitments	5
3. Strives to ensure that department staff has the supplies, information, and resources needed to work effectively	4
4. Analyzes problems in a systematic, logical, and timely manner	5
5. Takes accountability to improve department performance: quality	4

improvement, patient satisfaction, staff morale, clinical outcomes, etc	
6. Acts promptly and decisively to address problems that arise in the department	5
7. Demonstrates knowledge of the principal drivers of departmental revenues and reimbursement, expenses, and profits when making decisions affecting the department or project.	3
8. Closely monitors ongoing Department indicators which affect unit financial performance	3
9. Listens carefully to and actively solicits input from others	5
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	4
11. Selects and hires effective people for department staff. Markets unit job opening to attract highly skilled staff members	N/A
12. Prevents high-impact staff departures when possible.	N/A
13. Is considerate, patient, and helpful; showing sympathy and support when someone is upset or anxious or presents personal or work-related problem	5
14. Encourages cooperation, teamwork, and identification with the department	5
15. Facilitates the constructive resolution of conflict	4
16. Uses techniques that appeal to reason and values. Generates enthusiasm for work, commitment to task objectives, and compliance with requests	4

17. Takes a longer-term perspective on problems and opportunities facing the department (considers implications 3-6 months in the future and beyond	3
18. This person can do more of:	Reflection/mindfulness, confidence in decision making, delegation
19. This person can do less of:	Being so critical of one-self
Additional comments:	N/A

References

Albert, N.M., Pappas, S.H., Porter-O'Grady, T., & Malloch, K. (2022). Quantum leadership:

Creating sustainable value in health care. (6th ed.). Jones & Bartlett Learning.

American Association of Colleges of Nursing (AACN). (2006). The essentials of doctoral

education for advanced nursing practice.

https://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf

Brooks, A. M. (2020). Mentorship: The value in vulnerability. *American Nurse Today*, *15*(9), 56.

Hallock, A. B. (2019). A Case for Leadership Development in Nursing Practice. *Nephrology*

Nursing Journal, *46*(3), 325–328.

Leadership diamond personality test. (n.d.) PiB.Net. http://www.pib.net/index.htm

Roussel, L., Thomas, P.L., & Harris, J.L. (2020). Management and leadership for nurse

administrators. (8th ed.). Jones & Bartlett Learning.

The National Organization of Nurse Practitioner Faculties (NONPF). (2022). NONPF Nurse

Practitioner Role Core Competencies Table.

https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20220719_no

npf_np_role_core_.pdf

The personal preference profile test. (n.d.). Kingdomality. https://kingdomality.com/the-

personal-preference-profile-test/

16 Personalities. (n.d.). Free personality test. https://www.16personalities.com/free-

personality-test