



International Journal of Nursing and Health Care Science

Research Article

Boss L, et al. J Int J Nurs & Healt Car Scie 02: 2021-92

Front Line Nurse Leader Simulation for Advanced Leadership Skills: A Pilot Study

Lisa Boss, PhD, RN, CNS, CEN, CNE^{1#}, Linda Cole, DNP, RN, APRN, CCNS, CNE, CPHQ¹, Debra Fowler, PhD, MBA, RN, CNE, NEA-BC, BCC¹, Latarsha Cheatham, DNP, RN-BC, FNP-BC¹, Catherine Giegerich, DNP, MS, RN, FACHE²

^{1#}The University of Texas Health Science Center, Texas, USA
²Memorial Hermann The Woodlands Medical Center, Texas, USA

#Corresponding author: Lisa Boss, PhD, RN, CNS, CEN, CNE, Associate Professor, Cizik School of Nursing, The University of Texas Health Science Center, 6901 Bertner Avenue, Houston, Texas 77030, USA

Submission Date: 27 October, 2021
Accepted Date: 26 January, 2022
Published Online: 02 February, 2022

How to cite this article: Boss L, Cole L, Fowler D, et al. (2022) Front Line Nurse Leader Simulation for Advanced Leadership Skills: A Pilot Study. Int J Nurs & Healt Car Scie 02(02): 2021-92.

Highlights

Front Line Nurse Leader (FLNL) simulation was developed as an innovative and active learning approach to develop advanced leadership skills in the mid-level nurse leader. Preliminary findings indicate significantly improved confidence after the FLNL simulation activity (p=.006). Findings support FLNL simulation; however, additional research is warranted to fully evaluate its effectiveness.

Abstract

Background: A lack of evidence exists to examine the use of simulation for advanced leadership skills in the mid-level nurse leader, such as provision of discipline and negotiation of disputes. To describe the simulation approach to develop advanced leadership skills in the mid-level nurse leader, the term “Front-Line Nurse Leader” (FLNL) simulation was created. The purpose of this pilot study was to evaluate the effectiveness of FLNL simulation to increase confidence related to AONL Nurse Manager Competencies.

Methods: Learners in a foundational, graduate-level leadership course (N=7) completed surveys related to perceived confidence for foundational thinking skills, relationship management, and influencing behaviors.

Results: Preliminary findings indicate significantly improved confidence after the FLNL simulation activity (p=.006).

Conclusion: FLNL simulation was developed as an innovative and active learning approach to develop advanced leadership skills in the mid-level nurse leader. Findings support FLNL simulation; however, additional research is warranted to fully evaluate its effectiveness.

Keywords: Advanced leadership skills; Confidence; Simulation

Abbreviations

FLNL	:	Front-line nurse leader
SBL	:	Simulation-based learning
AONL	:	American Organization for Nursing Leadership
MSN	:	Master of Science in Nursing
NL	:	Nursing Leadership

Introduction

Simulation-Based Learning (SBL) aimed at emulating realistic patient situations is well- documented, however, little is known about the use of SBL for development of leadership skills. Some authors studied SBL to teach basic leadership skills such as communication, delegation, and priority setting; however, the context is limited to the clinical setting or “At The Bedside” [1]. To our knowledge, no studies investigating the use of SBL to develop advanced leadership skills for the mid-level leader (nurse manager, director), such as provision of discipline and negotiation of disputes [2], have been published.

To describe this largely overlooked niche of SBL, the term “Front-Line Nurse Leader” (FLNL) simulation was created. In addition to creating the term, FLNL, specific leadership simulation scenarios will be designed, implemented, and evaluated in order to produce preliminary scientific evidence related to the use of this innovative and active teaching method. The purpose of this pilot study was to examine the influence of FLNL simulation on perceived confidence in the performance of American Organization for Nursing Leadership’s Nurse Manager Competencies [3] in graduate nursing leadership learners enrolled in a Master of Science in Nursing Leadership (MSN in NL) program.

Background

Leadership is fundamental in the scope of nursing practice and a necessary skill in the complex, rapidly changing healthcare environment. Nurses in every role from the “Bedside to the Boardroom” must effectively demonstrate leadership skills that include oversight for high-quality care, systems improvement, collaboration, communication, conflict resolution, advocacy, and policy influence [4]. Mid-level leaders with 24-hour accountability of patient care units are responsible for creating and maintaining safe, efficient environments that support the healthcare team and optimal patient outcomes [3]. The most severe and worrisome consequence of ineffective leadership is adverse patient outcomes. In fact, nursing leadership is reported as the chief influence on patient care outcomes [5]. Hospital settings with strong leadership, interprofessional collaboration, and employee empowerment demonstrate significantly decreased numbers of medication errors, healthcare acquired infections, patient complaints, and falls [6]. Further, emotional exhaustion is recognized as the core element of employee burnout, and is directly related to low social support, time constraints, and work overload, all of which are related to ineffective leadership [7].

Given the known influence of leadership skills on patient outcomes and employee performance, nursing faculty must provide an environment where learners most effectively develop advanced leadership skills. The use of traditional approaches to learning, such as teacher-centered didactic methods, are predominately used in graduate programs and are not as effective as innovative and active approaches in [2]. The gap in evidence related to the use of SBL for advanced leadership skills provides an ideal opportunity to explore the newly developed FLNL simulation approach while contributing meaningful evidence to science.

Methods

Sample & Procedure

Learners in a foundational, graduate-level leadership course (N=13) were invited to participate in a newly developed FLNL simulation activity. Both pre/post simulation, learners were provided a link to an anonymous electronic survey to measure perceived confidence of performance in AONL Nurse Manager Competencies related to foundational thinking skills, relationship management, and influencing behaviors. Confidence was rated using a 5-point Likert scale ranging from 1 (very little confidence) to 5 (very high confidence). The post- intervention survey included qualitative items related to the experience of simulation. Approval from the university’s Institutional Review Board was obtained, and an informed consent was included in the electronic survey.

The setting was the school of nursing’s simulation laboratory in a room designed to resemble a nurse manager or nursing director’s office in a clinical setting. A simulation technologist was available for trouble-shooting problems with recording and/or audio-visual equipment. Standards of best practice as defined by the International Nursing Association for Clinical Simulation and Learning were met, including protecting professional integrity of learners, clearly identified objectives, effective facilitation by faculty, planned debriefing session, and clearly defined learner assessment and evaluation [8].

Simulation Activity

With faculty oversight, FLNL simulation scenarios were developed by senior learners in the MSN in NL program with the intent to create relevant, “Real-World” situations pertinent to mid-level nursing leadership in a clinical setting. Actors in the FLNL scenarios were the same senior learners who designed the scenarios. A peer-facilitated approach was chosen in order to provide the opportunity for senior learners to further develop their own leadership skills [4], which adds to the innovative nature of our approach and will also provide additional opportunities for future research. Based on the learner’s prior experience, each of 7 scenarios could be altered to a beginner or advanced level. An example scenario follows:

“A staff nurse was told by the charge nurse that she has been assigned to float to another hospital unit that is short-staffed, and to serve as a nursing assistant for the remainder of the shift. As the charge nurse is sharing the new assignment with the staff nurse, the nurse manager enters the room and notices the staff nurse expressing frustration about the assignment. The staff nurse’s behavior escalates from frustration to increasingly aggressive behavior as she resists the assignment. The staff nurse provides a series of excuses/reasons not to float to the other unit, including responsibilities with her current patient assignment, unfriendly staff, and that she was not hired to work as a nursing assistant. With each protest, the staff nurse gets louder and more disrespectful, attempting to pull in her colleagues for support.”

This scenario lasted approximately 10 minutes followed by a post-simulation debriefing. The goal of debriefing was to provide participants with the opportunity for meaningful reflection and analysis. Faculty guided the discussion and posed specific questions, including, 1) What went well in the scenario? 2) What could have been done better? and 3) What did you learn by participating in or watching this scenario?

Results

Seven participants completed both pre/post-intervention surveys. Preliminary findings indicate significantly improved confidence related to AONL Nurse Manager Competencies after the FLNL simulation activity ($p=.006$). Participants also reported the FLNL simulation was more realistic than expected, fostered supportive and constructive critique of self and peers, and promoted meaningful discussions in post-simulation debriefing sessions.

Discussion

Leadership is a fundamental component in the scope of nursing practice and a necessary skill in our complex, rapidly changing healthcare environment. Recent review of the MSN in NL program revealed an opportunity to create innovative and active learning approaches for development of advanced nursing leadership skills. The purpose of the pilot study was to examine the influence of FLNL simulation on perceived confidence in performance of AONL Nurse Manager Competencies in graduate nursing leadership learners. Although the small sample size is a serious limitation, preliminary findings are promising and warrant further investigation.

Findings are similar to scarce published evidence related to the use of SBL for development of advanced leadership skills in the mid-level leader. In fact, the literature review revealed that Radovich, et al. [2] was the only published article with similar aims. Presented in a case-study format, Radovich, et al. [2] provided a detailed description of the process for designing an advanced leadership simulation experience for nurse managers. Simulation scenarios were designed to develop transformational leadership skills, including negotiation, interpersonal communication, and active listening. Participants reported surprise regarding the realistic authenticity of the simulation, improved ability to critique one’s own body language and communication, and overall satisfaction with the activity [2].

Perhaps the most significant phase of SBL is the formalized debriefing session that occurs post-simulation. In fact, authors of one study reported that debriefing is the most important part of SBL and was even referred to as the “heart and soul” [9]. To ensure time in the debriefing session was used most effectively, the debriefing process focused on including three main components of targeted feedback [10]. First, faculty planned how and when feedback would be provided to ensure consistency with specific learning objectives. Second, faculty prepared learners by including a pre-event briefing where rules and expectations were explained, including the establishment of a psychologically safe environment. Lastly, the focused debriefing included learner reactions, followed by in-depth reflection and analysis, and concluded with lessons learned and main points [10].

Participant feedback related to the FLNL simulation activity was encouraging and similar to Radovich, et al.’s [2] case-study. Participants reported that FLNL simulation promoted the process of critical thinking during difficult conversations that it was helpful to reflect on how their peers used different communication techniques, and that feedback in the debriefing was important for leadership skills development.

Conclusion

SBL is widely documented as a successful, active learning approach to develop clinical skills. FLNL simulation was developed as an innovative approach to foster learner engagement and self-directed learning for advanced leadership skills in the mid-level leader. Preliminary findings are promising and support the need to analyze this innovative teaching-learning approach further. A greater understanding of the relationship of FLNL simulation with both objective and subjective outcomes in may provide evidence to support additional investigation of this overlooked niche in SBL.

Acknowledgements

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. There are no conflicts of interest to declare.

References

1. Clark TJ, Yoder-Wise P (2015) Enhancing trifocal leadership practices using simulation in a pediatric charge nurse orientation program. *The Journal of Continuing Education in Nursing* 46: 311-317.
2. Radovich P, Palaganas J, Kiemeney J, et al. (2011) Enhancing leadership orientation through leadership simulation. *Best Practices in Critical Care* 31: 58-63.
3. American Organization for Nursing Leadership (2019) Nurse Manager Competencies.
4. Brown KM, Rode JL (2018) Leadership development through peer-facilitated simulation in nursing education. *Journal of Nursing Education* 57: 53-57.
5. Murray MM, Sundin D, Cope V (2017) The nexus of nursing leadership and a culture of safer patient care. *Journal of Clinical Nursing* 27: 1287-1293.
6. Kristensen S, Christensen K, Jaquet A, et al. (2016) Strengthening leadership as a catalyst for enhanced patient safety culture: A repeated cross-sectional experimental study. *BMJ Open* 6: e010180.
7. Roche MR, Duffield C, Dimitrelis S, et al. (2015) Leadership skills for nursing unit managers to decrease intention to leave. *Nursing: Research and Reviews* 5: 57-64.
8. Sittner BJ, Aebersold JB, Graham L, et al. (2015) INACSL standards of best practice for simulation: Past, present, and future. *Nursing Education Perspectives* 36: 294-298.
9. Rall M, Manser T, Howard SK (2000) Key elements of debriefing for simulator training. *European Journal of Anesthesiology* 17: 516-517.
10. Motola I, Devine LA, Chung HS, et al. (2013) Simulation in healthcare education: A best evidence practical guide. *AMEE Guide No. 82. Medical Teacher* 35: e1511-e1530.