Evaluation of Clinical Nursing Leadership Education Interventions in Long-Term Care in the Champlain Local Health Integration Network

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BACKGROUND

Though nurses are typically required to take on leadership roles in Long-Term Care (LTC), the Bruyère Centre for Learning, Research and Innovation in Long-Term Care (CLRI) identified a lack of leadership programs available to these nurses within the Champlain Local Health Integration Network (LHIN) in the province of Ontario. A pilot education program was implemented for registered practical nurses and registered nurses in LTC in collaboration with Algonquin College. The pilot education program included an in-person two day workshop and sought the participation of nurses’ administrators. Each nursing participant was also paired with a mentor following the training in order to enhance leadership education.

PROJECT AIM

The main objective of this project was to evaluate the education program’s effectiveness on enhancing clinical nursing leadership in LTC. Other objectives of the evaluation included:
- Providing program improvement and determining the impact on nursing participants’ professional development in clinical leadership.
- Evaluating educational content, method of delivery, and the mentorship component of the intervention.
- Measuring whether the objectives of the pilot education program were met.

METHODS

A mixed-method evaluation (through the analysis of both qualitative and quantitative data) was used to answer the research questions and to evaluate the program.

Outcomes were measured through:
- Surveys administered to nursing participants and their respective administrators on both days of workshops with questions aimed at understanding whether the program had met its stated objectives as well as areas for overall program improvement concerning participant experience.
- Follow-up interviews of nursing participants and nurses’ direct supervisors one and three months following the last workshop. Follow-up questions evaluated the knowledge acquired by participants as well as any possible behaviour changes that impacted their practice and skills in the workplace.

Evaluation for this program was based on the Kirkpatrick Model (Kirkpatrick, 2009) to conceptualize and focus the data collection and analysis. Ethics approval for the program evaluation was obtained from the Bruyère Continuing Care Research Ethics Board prior to the beginning of the project.

RESULTS

Program Evaluation Based on the Kirkpatrick Model (Kirkpatrick, 2009):

1) a. Nurse Reactions:

- 56% of participants did not suggest any changes to Day 1 content or method of delivery (on Day 1 n=25) and 43% did not suggest any changes to Day 2 (on Day 2 n=21). Notable concepts to implement in participants’ workplaces inspired from workshops included: conflict resolution, empowering colleagues, communication and showing appreciation.
- Conflict resolution was identified as a more prominent area of need of attention on Day 1 (as illustrated in the graph below).

b. Administrator Reactions:

- 37.5% of administrators (n=8) did not suggest any changes to Day 2 content and method of delivery. Most enjoyed: knowledge sharing and listening to other nurses’ suggestions about barriers and facilitators to leadership.

2) a. Nurses Knowledge Acquired:

- 100% of participants were able to describe the principles of leadership following Day 1 (n=25).
- 96% of participants were able to describe the importance of leadership in the workplace following Day 1.
- 62% of participants (n=21) confirmed that the workshop on Day 2 modified their initial understanding on the concept of mentorship.
- 90% of participants confirmed they intended to develop a plan for mentorship following Day 2.
- 62% of participants were able to describe strategies to address barriers to implementing leadership practices in their workplaces at the end of Day 2.
- 100% of participants identified personal objectives on Day 2.
- 75% of respondents felt that they had been provided with the tools to improve their leadership skills one month after Day 2 (n=4-4 at one-month follow-up period).

b. Administrator Observations:

- 100% of administrators believed that the workshops were valuable to their staff following the workshops (n=8).

3) Actual Behaviour Changes:

a. Nurse Observations (n=4) at 1 Month:

- Improved communication confidence and competence.
- Demonstrated acknowledgement and appreciation of peers.

b. Nurse Observations (n=7) at 3 Months:

- Improved self-awareness, personal insight, teaching and coaching skills, delegation of work to colleagues and conflict resolution skills.
- Motivation to further develop leadership skills.

C. Administrator Observations (n=2) of Nurses at 1 Month:

- Improved communication skills, self-awareness, personal insight and increased comfort levels in task delegation.

Administrator Observations (n=3) of Nurses at 3 Months:

- Improved self-confidence, overall comfort levels in role and initiative,
- Increased assertiveness.

CONCLUSIONS

Despite certain limitations that existed in the program evaluation (such as a loss to follow-up of participants over time), both nursing participants and administrators reported overall improvements in targeted leadership skills and behaviours. The outlined objectives of the evaluation were achieved. The evaluation also provided specific improvements and feedback with regard to content, method of delivery and mentorship components. As well, program evaluation determined the impacts of the program on nursing participants’ leadership competencies. Feedback from administrators did not always mirror the self-assessment of nursing participants, as initially hypothesized.

RECOMMENDATION

Following the evaluation of the leadership program, the following recommendations were made:

- Implement more conflict resolution content and examples of case scenarios in future workshops.
- Hold a follow-up meeting between 3 and 6 months after the last workshop.
- Implement peer evaluation at workshops and have administrators, as well as nursing participants, complete assessment scales at workshops.
- Incorporate leadership trainings into existing corporate orientations in LTC facilities for newly hired nurses, where feasible.

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