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Dorothy Jean Graham-Hannah

Yale University, dorothy.graham-hannah@yale.edu

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The Use of Reflection through Narratives for Nurse Manager Leadership Development

**Submitted to the Faculty
Yale University School of Nursing**

**In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice**

Dorothy Jean Graham-Hannah

May 23, 2016

This capstone is accepted in partial fulfillment of the requirements for the degree Doctor of Nursing Practice.

Judith Kunisch, MBA, RN

Signature:

Judith R. Kunisch

Date here

February 29, 2016

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Signed:

Dorothy Jean Graham Hoover

February 29, 2016

Introduction

The NM in contemporary healthcare settings has enormous responsibility to sustain quality, safety, innovation, efficiency and financial performance at the unit level while assuring that staff is prepared and capable of delivering the complex patient care that is required. Hospital NMs impact care at the point of service and, through their leadership, can influence practices that promote or compromise patient safety (1, 2). Expert nursing leadership is essential to achieve the goals of the national patient safety agenda, which include preventing and reducing the incidence of pressure ulcers and central line infections, hospital acquired infections, and hospital readmissions within 30 days of patient discharge through effective discharge planning. (1,3). Medical errors, falls, near misses and sentinel events continue to increase and are often attributed to leadership failures (1).

NMs have a direct effect on hospital reimbursement since the financial penalties for not achieving quality outcomes are high (1, 3, and 4). The need for NMs to know how to manage a unit budget and make sound fiscal decisions have been well documented (1, 2, 3, 5, 6, 7, 8). Poor outcomes and low levels of nurse staffing have been associated with increased hospital costs (9, 10).

As a result of these challenges, the role of the hospital NM has become broader and more complex. Translating the vision and goals of the hospital and the department of nursing into reality is highly dependent on the practice of expert NMs (3, 11). Being successful in this

expanded NM role requires a mastery of leadership skills to inspire staff to embrace change as well as systematically evaluate patient care practices (3, 11).

Traditionally, nurses have been prepared to assume a frontline leadership position through didactic education or on-the-job training that has fallen short of preparing nurse managers to know how to do what is required of them. (3, 12, 13). The complexities of contemporary healthcare demand new leadership development approaches to achieve major organizational goals (3, 5, 12, 13, 14, 15). Assuring highly effective nurse manager practice has rightfully become the focus of nurse executives, researchers and organizational executives (3).

Reflection through narrative: An effective approach to advancing nurse manager leadership development

Several national organizations have developed programs focused on NM development (American Organization of Nurse Executives (AONE), American Association of Critical Care Nurses (AACN), and Association of Perioperative Registered Nurses (AORN)). Most of these programs identify three broad competency domains, which include managing the business of healthcare, the art of leading people, and developing the manager's innate leadership talent (16, 17).

These domains provide a framework of didactic information, which can ground decision-making. There is recognition that effective leadership begins with understanding one's self and requires personal mastery of behavior since self-confidence inspires others to trust and authenticity is the glue needed to build and sustain a healthy work environment (8, 16, 17).

However, the skilled know-how of nurse manager practice is always situated: the nurse manager must be able to see what is salient in a particular situation in order to draw on relevant

knowledge and respond in ways that are effective. There is an often-overlooked distinction between knowledge acquisition and knowledge use in particular situations, so learning a list of predetermined role competencies does not ensure mastery of the practice. (18).

The importance of situated experiential learning in the development of nursing leadership was first described by Florence Nightingale in *Notes on Nursing*: "It is as impossible in a book to teach a person in charge of the sick how to manage, as it is to teach her how to nurse; circumstances must vary with each different case" (19). Encouraging individuals to focus on their own experiential learning, integrity, and intuitive knowledge rather than simply learning to navigate rules and work toward incentives established by others is essential to leadership development. (20). The practice of reflection through narrative helps a NM understand the ethical demand of the practice and develop the comportment to embody it effectively (12, 21).

Benner's corpus of research has demonstrated that narrative is an effective methodology to articulate the experientially acquired knowledge, skill and ethics embedded in clinical nursing practice and describes the ways in which they were developed (22). Cathcart and Greenspan extended Benner's methodology of practice articulation to NM practice (12, 13, and 19). Pellico and Chinn posit that writing about one's experiences offers the opportunity to improve function, develop insight, and foster growth (23). Storytelling and story writing are pedagogical tools used by various professions as vehicles for understanding human experience and aesthetic knowing (23). These researchers introduced the narrative criticism methodology for narrative analysis, which blends two established methods: narrative analysis by Riessman (24) and aesthetic criticism by Chinn et al., (25), to foster a high level of insight into the human experience. Reflection through narrative comes closer than any other pedagogy to providing the experiential learning required for practice growth (26). Our experience has shown that reflective practice

using narrative is the best way to articulate and strengthen the skilled practical knowledge, clinical judgment, moral agency and caring embedded in NM practice. These elements must be incorporated in a program of leadership development if the NM is to effectively learn *how to do* the work of the practice in a right and good way.

According to Mathew Quin (2015), CNO, Women and Infants Hospital of Rhode Island and expert on narrative writing: “Developing a reflective practice provides NMs with a deep and more personal connection to their practice and to the learning, which is founded in their own experiences, behaviors, actions and use of language.” Furthermore, he states that, “interpreting narratives with peers affords a shared learning which strengthens the group.” Cathcart (19) suggests that describing the characteristics of expert NM practice through narrative can strengthen the leadership development of NMs who are less experienced. It follows that narrative should be included in the curriculum for leadership development.

Nurse Manager Leadership Development: The Role of Executive Nurse Leaders

Although NMs have a complex and pivotal organizational role, they are often the least prepared nurse leaders. Nurse executives must take seriously the mandate to ensure that leadership development programs are in places that recognize that NMs have a distinct practice. Mastery of the skilled know-how of clinical leadership and moral courage are necessary for NMs to effectively translate the values of the organization and the department of nursing into reality. NMs will not be prepared to execute their broad scope of responsibility unless careful attention is paid to selecting and developing individuals for this uniquely demanding clinical leadership practice. (12).

Purpose

The purpose of this educational project was to demonstrate how NMs can utilize the pedagogy of reflection through narrative writing to acquire the knowledge, skills, judgment and ethics to cope with the increasing demands of this evolving role. The purpose of this article is to provide an overview of the importance of the use of reflection through narrative writing and how it was implemented, and to encourage other nurse executives to consider introducing narrative writing into ongoing NM leadership development programs.

Methods

Building on the work of Benner, Cathcart & Greenspan, and Pellico & Chinn, executive nurse leaders, in collaboration with the CNO, conducted an educational program on reflection through narrative writing for 17 NMs at Maimonides Medical Center (MMC) in Brooklyn, NY. The experience level of the group ranged from new NMs with less than 1 year role tenure to those who had been NMs for more than 25 years. An executive nurse leader within the organization, who has expertise in narrative interpretation, facilitated the two-hour seminar. Guidelines that described what constitutes a narrative of NM practice and told how to write a narrative were distributed by email one month prior to the date of the program. During the educational program, the theoretical underpinnings of narrative as a vehicle for reflective practice were discussed. Each NM in attendance read a first-person narrative of her leadership practice that was prepared beforehand and the peer group used interpretive phenomenology by having a conversation about the skilled practical knowledge, clinical judgment, moral agency and caring embedded in the story, which illuminated the notions of good inherent in the particular NM's practice. This

process gave voice to the author's practice and provided learning for other NMs involved in the program.

At the end of the seminar, the participants were given the opportunity to make revisions to their written narratives. They removed all identifiers and submitted the narratives confidentially so that the executive nurse leaders, who will return the findings to them at a later date, could identify common themes. Of the 17 NMs who attended the educational narrative writing program, 11 NMs submitted narratives. Institutional IRB approval was obtained for this project.

Findings:

This project confirmed that expert NMs engaged in complex relational work which is the foundation of their leadership practice (12, 13). These narratives of nurse manager practice revealed the challenges that NMs face on a daily basis. They described how NMs gained and maintained the trust of their staff, demonstrated the moral courage to do right by patients, families and staff, professionally and skillfully managed challenging physician-nurse conflicts, resolved patient-family complaints, and developed "professional relationships" with recalcitrant staff members. Leadership development programs using reflection through narrative have the potential to illuminate the value of skilled knowledge and judgment embedded in NM practice that cannot be accessed otherwise (19). As the NMs shared their stories in the seminar, they realized that the challenges that they experienced were quite similar. They confirmed that reflection through narrative was important for their leadership development and that they would continue to use this tool for their ongoing leadership development.

One example of an expert NM's narrative describing a challenging situation follows:

I was asked to visit a patient by the nurse caring for her. The nurse asked me to talk to the patient's daughter and said, "She is very difficult. There is nothing I am able to say or do that is correct in her opinion." The nurse said that the patient's daughter "continues to give me directions and insists I should not administer her medication without her permission. She wants to know what the policy is for medication administration, particularly the crushing of medication."

I had visited this patient during morning rounds when there was no family present. She is a 78 y/o female who is bed bound and requires total care, has a history of multiple medical problems and needed her feeding tube changed. I observed her resting comfortably; she was able to respond to my greetings and had a pleasant smile.

I was prepared for a very difficult visit with who was described to me as an angry, demanding patient's family member. I called the patient representative to accompany me for this visit.

We both entered the room and found the daughter sitting very quietly/calmly. She proceeded to tell me her concerns, one of which was that her mother was here for the 6th feeding apparatus change. She did not want her to come back for a 7th. She indicated that the method by which different medications were crushed was incorrect and inconsistent. It must be done a certain way to prevent the tube from clogging. She also claimed that nurses were defensive with her and seemed to resent her presence. She said she would go to the administration with her complaint. I assured her we would come up with a solution to alleviate her concerns.

The nurse and I then had a discussion with the daughter about how medication would be administered when it needed to be crushed. We assured her that every nurse taking care of her mom would use the same technique to prevent her tube from becoming blocked again. The nurse seemed to have a better understanding of the patient's needs as a result. The daughter thanked me for the visit and stated that the nurse took very good care of her mother and hoped everyone would do the same.

As a nurse manager, this situation was seen not only as a service recovery opportunity, but as an opportunity for improvement in patient care for nurses at the bedside hospital-wide.

A staff meeting was held with the night staff and notices were distributed on how to better crush and administer medications via feeding tubes.

This NM demonstrated the intuitive posture of an expert and was not rattled by the daughter's anger towards the nurse, nor the nurse's frustration with the daughter. During a moment of extreme anger towards the nurse by the daughter, the NM listened to the nurse and swiftly organized a face-to-face meeting with the daughter to hear her concerns. Her response to the

daughter's concerns is common of an expert who no longer relies on analytical thinking and has enough experience to intuitively make connections and take appropriate actions to protect the integrity of the patient-family-nurse relationship (Benner, 19). Her approach and interventions were effective, as demonstrated by her ability to accurately and swiftly analyze the situation, paying close attention to the perspectives of all involved. She used her knowledge, skills, judgment, experience and ethics to do what needed to be done in a way that respects the dignity and concerns of all. Her willingness to listen to the nurse and the daughter, accompanied by another professional to validate their concerns, and create a plan that satisfied everyone, clarified her understanding of her accountability to all involved. The NM's skillful engagement and "presence" in the situation allowed her to remain connected to the patient, daughter and the nurse, which resulted in a good outcome.

The work of the staff nurse is not just about taking care of the patient; it is equally important to involve the patient's family in the plan of care. Families are often as anxious as the patients themselves, if not more so. Staff nurses can do many things to calm patients and families to help them feel more comfortable during hospitalization. The NM was able to help the nurse understand the daughter's concerns not only from the perspective of a daughter, but also from the perspective of a caregiver. Utilizing her expert knowledge and judgment, the NM helped the nurse understand the importance of taking care of both the patient and the daughter. This expert NM understood that advancing nursing practice and relationship building are key to achieving good patient outcomes. The written narrative account of the challenges that this NM experienced gives voice to her practice and allows her to reflect. This process provides an opportunity for her to share her knowledge and skilled know-how with other NMs who may encounter similar challenges.

Conclusions/Implications for Practice

This project demonstrates the importance of including the pedagogy of reflection through narrative in an educational program for NM leadership development. NM development programs that are based on the premise that practice is the application of theory or evidence to a particular situation assume that expertise lies in the managers knowing the right management theory or evidence to apply to a particular situation. This approach fails to capture the experience-based judgment and practical knowledge necessary in this clinical leadership role. It is inconsistent with the way most adults learn and how NMs think and react to ever-changing situations.

Delivery of content and elaborate methods of evaluating the learner's mastery of that content do not help the manager learn how to live in chaotic organizations; solve unpredictable, open-ended problems; or address the confusion and loss of direction and control most managers describe.

Experiential learning requires the learner to be focused and attentive, to be open to having his or her preconceived notions turned around, and to have the opportunity to reflect upon the learning to refine and strengthen his or her practice (26).

As an executive nurse leader, I realize how important it is for these concepts to be understood by nurse leaders at all levels of the organization. Executive nurse leaders are responsible for facilitating the growth and development of NMs and other nurse leaders in healthcare settings. If the NM is to effectively learn *how to do* the work of the practice, executive nurse leaders must ensure that reflection through narrative is incorporated in ongoing NM leadership development programs. The insight and knowledge obtained through the narrative can identify characteristics of expert NM practice, which can then inform curriculum for leadership development of NMs who are less experienced (19). Educating NMs to learn how to live out the complex role they assume is the best way to assure the development of leaders for the practice and the profession.

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References

1. Merrill, K. (2015). *Leadership Style and Patient Safety: Implications for nurse managers. Journal of Nursing Administration* 45 (6), 319-324.
2. Hill, L., (2004). New manager development for the 21st century. *Academy of Management Executive*, 18 (3), 121-126.
3. Fennimore, L. & Wolf, G. (2011). Nurse Manager leadership development: leveraging the evidence and system-level support. *Journal of Nursing Administration* May; 41 (5), 242-10.
4. Centers for Medicare and Medicaid Services. Lower Costs, Better Care: Reforming Our Health Care Delivery System. Retrieved June 19, 2015, from <http://www.cms.gov/>.
5. Abraham, P. J. (2011). Developing Nurse Leaders: A program enhancing staff nurse leadership skills and professionalism... *Nursing Administration Quarterly* 35 (4), 306-312.
6. Cathcart, E. B. (2008). The role of the chief nursing officer in leading the practice: Lessons from the Benner tradition. *Nursing Administration Quarterly*, 32 (2), 87-91.
7. Shirey, M., Ebright, P., McDaniel, A. (2008). Sleepless in America: nurse managers cope with stress and complexity. *Journal of Nursing Administration*, 38, 125-131.
8. Aiken, L. H., Clarke, S. P., Sloan, D. M., Lake, E. T., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *American Journal of Nursing*, 38(5), 223–229.
9. Pappas, S.H. (2007). Describing costs related to nursing, *Journal of Nursing Administration*, 37 (1): 32-40.
10. Wong, C. & Cummings, G. (2007). The relationship between nursing leadership and patient outcomes: A systematic review. *Journal of Nurse Management*, 15, 508-521.
11. Cathcart, E.B., Greenspan, M. & Trainer, M. (2012). *The nurse manager narrative project: In Change Leadership in Nursing; How Change Occurs in a Complex Hospital System* (M.Hickey & P. Kritek eds), pp. 101-107. Springer, New York, NY.
12. Cathcart, E. B. & Greenspan, M. (2012). A new window into nurse manager leadership development. *Journal of Nursing Administration* 42 (12), 557-561.
13. Cathcart, E.B., & Greenspan, M. (2013). The role of practical wisdom in nurse manager practice: why experience matters. *Journal of Nursing Management*, 21, 964-970.
14. Institute of Medicine 2010. *The Future of Nursing: Leading Change, Advancing Health. National Academy of Sciences, Washington, D.C.*

15. Jones, R.A. (2010). Preparing tomorrow's Leaders: A review of the issues. *Journal of Nursing Administration* 40 (4), 154-157. Lippincott, Williams & Wilkins.
16. American Organization of Nurse Executives, American Association of Critical Care Nurses. *Nurse Manager Skills Inventory*. 2006. Available at <http://www.aacn.org/wd/practice/docs/nurse-manager-inventory-tool.pdf>.
17. AORN, (2004). *Nurse Manager Skills Inventory*. Association of Peril-Operative Registered Nurses. Denver, CO.
18. Benner, P., Sutphen M., Leonard V. & Day, L. (2010). *Educating Nurses: A Call for Radical Transformation*, Jossey-Bass, San Francisco, CA.
19. Cathcart, E. B. Greenspan, M., & Quin, M. (2010). The making of a nurse manger: the role of experiential learning in leadership development. *Journal of Nursing Management*, 18 (4), 440-447.
20. Schwartz, B., & Sharpe, K. (2010). *Practical Wisdom: The right thing the Right Way to Do the Right Thing*. Riverhead Books, New York, NY.
21. Ruth-Sahd, L. A. (2003). Reflective practice: A Critical analysis of data-based studies and implications for nursing education. *Journal of Nursing Education*, 42(11), 488-497.
22. Benner, P. A. (1999). *From novice to expert: Excellence and power in clinical nursing practice*. 2nd ed. Menlo Park, CA: Addison Wesley.
23. Pellico, L., Chinn, P. (2007). Narrative Criticism: A systematic approach to the analysis of story. *The Journal of Holistic Nursing*, 25 (1), March 2007, 58-65.
24. Riessman, C.K. (1993). *Narrative Analysis*, 30. Newbury Park, CA. Sage.
25. Chinn, P., Maeve, M.K., & Bostick, C. (1997). Aesthetic inquiry and the art of nursing: *Scholarly Inquiry for Nursing Practice: An International Journal*, 11 (2), 83-96.
26. Benner, P., Tanner, C., & Chesla, C. (2009). *Expertise in nursing practice: Caring, Clinical Judgment and Ethics*, 2nd ed. New York NY: Springer Publishing Company.
27. Kouzes, J., & Posner, B. (1996). *The Leadership Challenge*. San Francisco: Josey-Bass.