Enhancing Self-efficacy of Novice and Emerging Nurse Leaders through a Virtual Emotional Intelligence Education Program

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INTRODUCTION

Nursing leaders are not equipped to meet the current volatile, uncertain, complex and ambiguous healthcare landscapes[1]

Significantly, 51.4% of novice nurse managers have an intent to leave within the next two years[2]

Lack of traditional leadership development programs focused on competency building, specific to emotional intelligence (EI)[3]

Evidence shows that EI associated with Transformational Leadership can influence job satisfaction and retention of Nurse Managers & clinical staff [4].

OBJECTIVES

Project Goal: This DNP project developed and implemented an EI Leadership Development Program for novice and emerging nurse leaders in a large urban healthcare system and in a state-wide professional nursing organization.

Aims:

1. Developed a virtual Emotional Intelligence Education program for novice and emerging nurse leaders.
2. Implemented and evaluated the virtual education program.
3. Made recommendations for scaling and sustainability of the program across the hospital system with potential for regional or national scale.

METHODS

Aim 1: Developed a virtual Emotional Intelligence Education Program for novice and emerging nurse leaders.

- An evidence-based curriculum adapted from Goleman's model was developed consisting of four pillars of EI: Self-Awareness, Self-Management, Social Awareness, Relationship Management[5].
- Course materials consisting of videos, PowerPoint slides and case scenarios were designed with relevance to the nursing workplace.
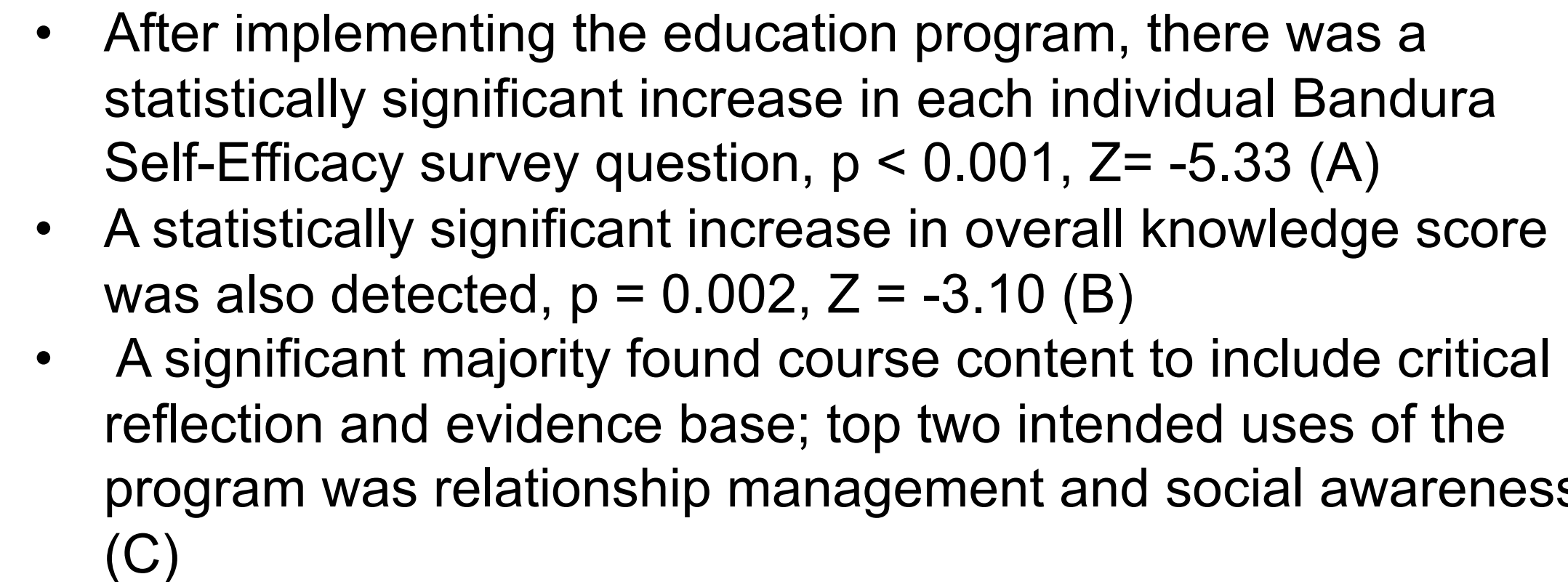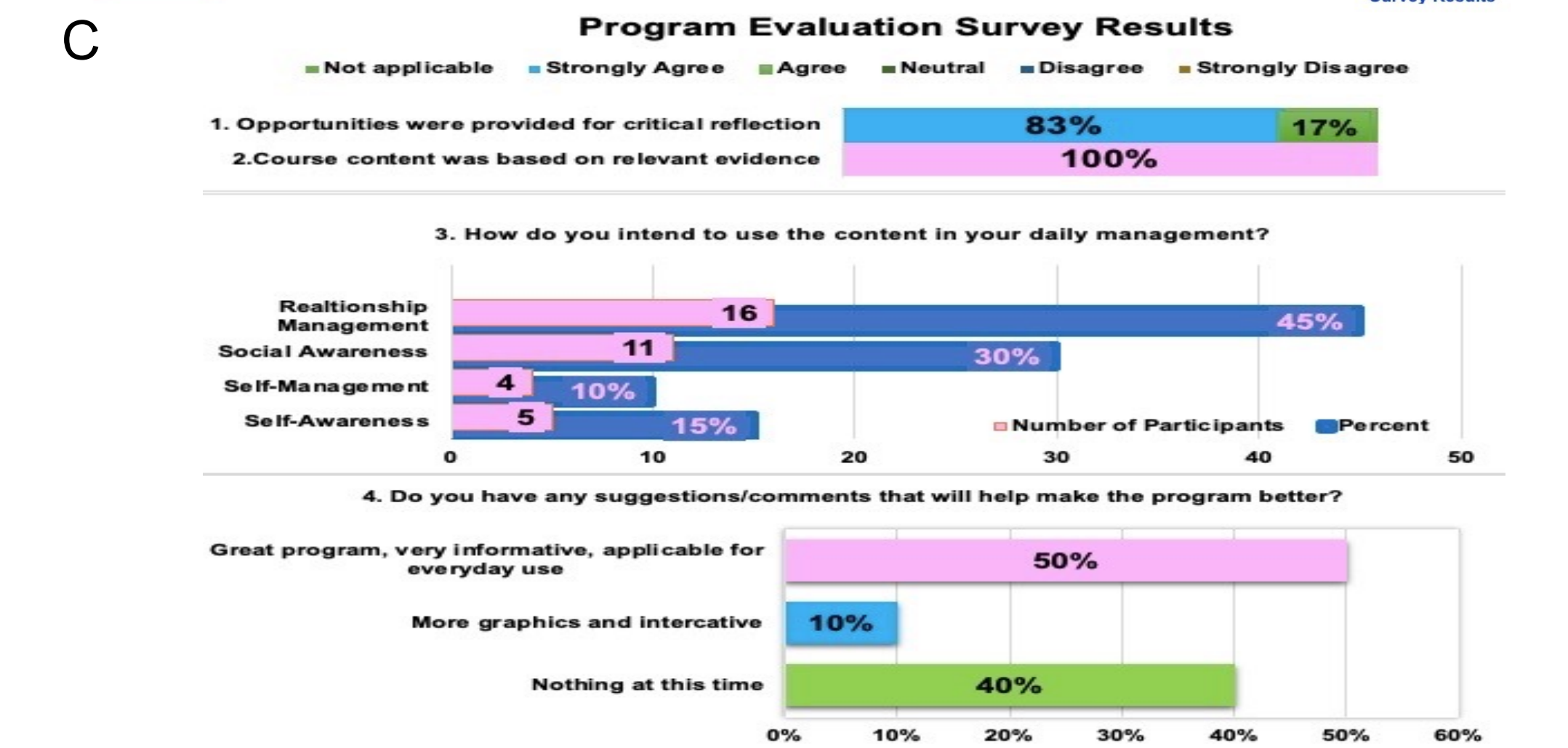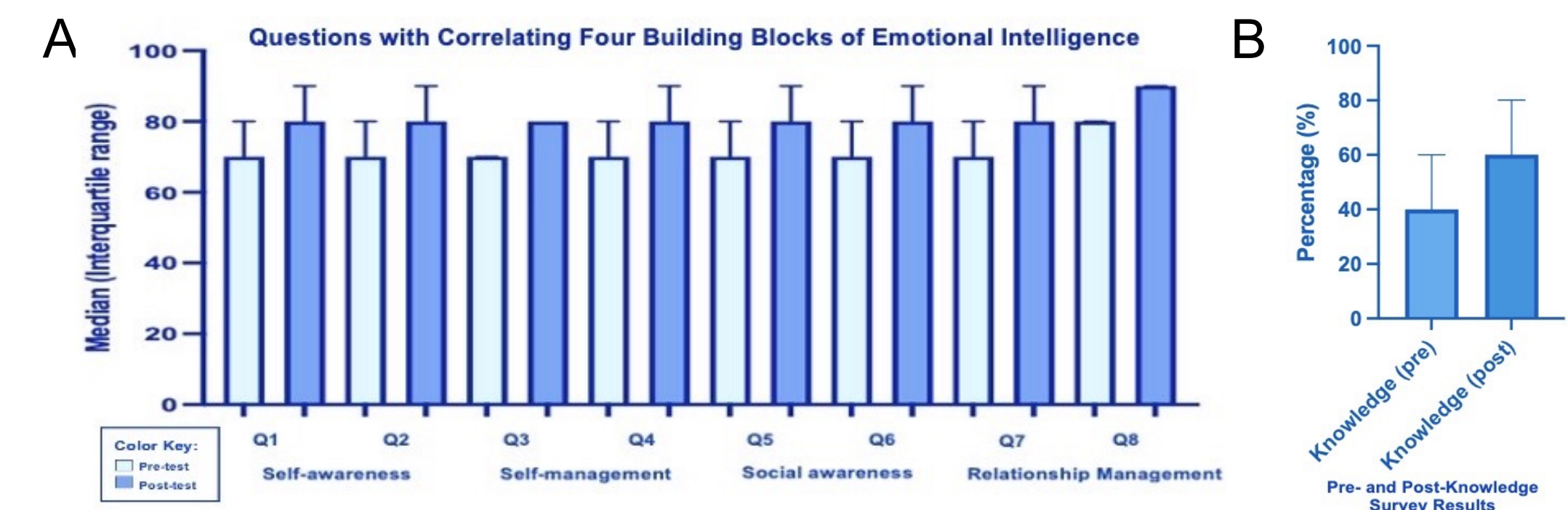- An external web-based platform was created for on-demand accessibility.

Aim 2: Implemented and evaluated the virtual education program.

- Sample: 19 novice and 17 emerging nurse leaders for a total of 36 participants which included 10 from a large urban healthcare system and 26 from a state-wide professional nursing organization.
- Four 10-minute virtual modules were made accessible sequentially through the web-based platform over a 6-week period.
- Evaluation consisted of (1) Pre-test and Post-test for knowledge acquisition; (2) Pre-test and Post-test for self-efficacy using Bandura's Survey and (3) Program Evaluation Survey consisting of two 5-point Likert scale questions and two open-ended questions.
- Results were analyzed using descriptive and bivariate statistics. Opened ended questions were evaluated thematically.

Aim 3: Made recommendations for the scaling and sustainability of the program across the hospital system with potential for regional or national scale.

- Results were presented to Senior Executive Nursing Leadership with recommendations for an expanded pilot or deployment on the organizations learning platform with oversight of the Nursing Education Department for sustainability.
- Results were presented to the professional association's leadership with recommendation for annual offerings statewide and potentially regional/national offerings.

RESULTS

- After implementing the education program, there was a statistically significant increase in each individual Bandura Self-Efficacy survey question, p < 0.001, Z= -5.33 (A)
- A statistically significant increase in overall knowledge score was also detected, p = 0.002, Z = -3.10 (B)
- A significant majority found course content to include critical reflection and evidence base; top two intended uses of the program was relationship management and social awareness (C)

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