Nurse Leader Training to Improve Crucial Conversations

By

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A Directed Project Submitted to the
Department of Nursing
in the Graduate School of
Bradley University in
partial fulfillment of
the requirements for the
Degree of Doctor of Nursing Practice

Peoria, Illinois

2023

DNP Project Team Approval Form

Bradley University
Department of Nursing

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Acknowledgements

I would like to express my deepest gratitude to my project preceptor, Lisa Pittman; the project chair, Dr. Stuedemann; and the program chair, Dr. Karin Smith, who gave me the opportunity to complete this project on the topic Nurse Leader Training to Improve Crucial Conversations. Thanks also go to all my colleagues who provided kind words of encouragement throughout my studies at Bradley University. Finally, to my caring and supportive family: I could not have undertaken this journey without you. Your encouragement was a great comfort to me as I completed the DNP program. You have my deepest gratitude and heartfelt thanks.

Abstract

The cost of nurse leader turnover in the health care setting is estimated to total $8 million annually; on average, nurses stay in the manager role for only 5 years (Warden et al., 2021). Based on feedback from nurse leaders at the pilot project site, there is likely a strong correlation with the nurse leader turnover rate and the lack of comfort with accountability and crucial conversations. Implementing education and training for nurse leaders could help increase confidence with compassionate, crucial conversations. The primary purpose of this project was to examine nurse leaders' confidence with crucial conversations and assess their perceptions of crucial conversations after the education and training event. A descriptive study for this project was developed to gain a better understanding of how staff members perceive nurse leader respect, useful feedback, and compassion. The nurse leaders participated in a 2-hour education and training session and accountability plan over 6 weeks and completed pre- and posttraining surveys. The staff also completed a postimplementation survey. Quantitative data were collected and analyzed to determine if nurse leader and staff perceptions and confidence had changed. A cost analysis was completed to determine the sustainability of the education and training program and the potential to replicate the session. The crucial conversations pilot project promoted compassion and accountability in nurse leaders' conversations with staff, thus providing a key benefit to reducing nurse leader turnover and staff satisfaction.

Keywords: nurse leadership, nurses, education, training, compassion, difficult conversations, crucial conversations

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Nurse Leader Training to Improve Crucial Conversations

Chapter I: Introduction

Providing effective communication and feedback is a highly sought after skill (Sherman, 2019). Although leaders must consider team members' emotions, communication can be more effective when focused on a topic with facts (Landry, 2019). Awareness of sensitivities or emotions by leaders is important for the effectiveness of a crucial conversation. Ineffective communication can lead to significant ongoing issues, stress, and unclear priorities for leaders and their teams (Williams, 2022). Nurse leaders must build trust, foster common goals and/or share visions with clear, effective communication. Creating a leader workforce that is committed to effective communication, organizational goals, and team collaboration is essential for leader success and employee satisfaction (Indradevi & Veronica, 2020).

When in high stress situations, leaders must use communication to better understand problems, provide support, and create clear expectations (Priftanji et al., 2020). Moreover, they must understand how to communicate topics that are controversial, emotional, or difficult with a compassionate response. Guaranteeing a workforce of leaders who are trained and successful at compassionate crucial conversations can lead to lower leader turnover rates and an increase in employee-leader trust (Indradevi & Veronica, 2018). Organizations prioritize workforce commitment and job satisfaction as strategic goals (Davis, 2019). These goals can be supported by effective nurse leaders who are highly trained and can easily execute crucial conversations.

Background and Significance

According to Levy (2020), a critical conversation is one that takes place between two people. Communication should allow both people to share ideas and thoughts in the conversation. In a critical or crucial conversation, topics can cause stress between the people

involved. Ineffective conversations can negatively impact the individuals, team, or organization, and ineffective communication could result in lower team morale, reduced productivity, or a decrease in loyalty and commitment to an organization (Joint Commission Resources, n.d.). Some common examples of crucial conversations in the workplace include workers who act inappropriately, people not meeting expectations for a common goal, providing feedback to a peer, reproaching someone who is not following policy/procedure, and/or giving an unfavorable performance review (Williams, 2022). Although the list could be much longer, each example shows how emotions are involved, opinions may vary, and the potential risk if the conversation is not effective (Freed et al., 2021).

Nurse leaders must face challenges and handle controversial topics effectively. Major (2019) recognizes that care, compassion, competence, communication, courage, and commitment are key concepts in nursing that should be represented by nurse leaders. Therefore, action and accountability must come from all involved in a situation with a compassionate crucial conversation to ensure progress. Avoiding tough issues does not make them go away. Strong relationships formed within organizations come from the ability to openly discuss considerably risky topics (Sherman, 2019). In contrast, a crucial conversation that is not productive and does not end with participants communicating the ability to share a common goal can have lasting effects (Tiwary et al., 2019). Although developing proficiency in crucial conversations is a journey, nurse leaders can learn ways to practice, support, mentor, and perfect crucial conversations (Priftanji et al., 2020).

Eldridge et al. (2020) observed challenges nurse leaders have with communication. During times of high stress, they tend to simplify messages; however, they might not use clear, simple messages needed to change the team’s mind-set when necessary (Eldridge et al., 2020).

Confusion, psychological barriers, and stress can affect the information presented by the nurse leader. Therefore, they must acknowledge uncertainties, fears, and anxiety to ensure that effective communication is achieved.

Leaders draw on personal experience when having conversations with team members (Landry, 2019). Effective communication is paramount between the nurse leader and team members to cultivate trust, share experiences, and develop common goals (Waters, 2022). When nurse leaders do not have personal leadership experience, they must have someone to rely on who can support them. Nurse leaders must be well equipped, through education and training, in the art of effective communication and crucial conversations. Without a deep understanding of communication, they might fail to equip fellow nurse leaders with the skills to maneuver crucial conversations in practice. Nurse leaders who were unsatisfied or unaccountable to the team were linked to a decrease in staff morale, retention, and quality of patient care (Warden et al., 2021).

The American Organization of Nurse Leaders identified current challenges with effective communication skills of nurse leaders (Friedman, n.d.). Financial burden, staffing challenge, and the pace of change have been consistently noted by nurse leaders at organizations nationwide as barriers to effective communication. Lack of physiological safety was also noted as a challenge. Although several studies and strategies have been designed for nurse or staff turnover, no evidence was found on national rates of nurse leader turnover. Having consistent nurse leaders who are trained and supported by the organization will generally lead teams with lower staff nurse turnover rates (Friedman, n.d.).

Lack of follow-up for crucial conversations can create a staff workforce commitment and retention problem (Rodríguez-Fernández et al., 2021). Indradevi and Veronica (2018) highlight the importance of workforce commitment on patient experience and quality service. Hence,

nurse leaders must ensure that key issues related to team members are addressed in a timely, effective way. By having effective, crucial conversations, leaders can create trust and confidence within the team (Priftanji et al., 2020).

Needs Assessment

The hospital where the pilot project took place is a 150-bed, Level II Trauma Center located in the Midwest. This hospital is in the eastern region of a larger health system with three regions. The organization employs 5,332 nurses, and the project site employs 275 of those. Nurse leaders account for 7% of the workforce at the project site. The larger organization and the project site hospital executives are interested in strategic goals that will decrease nurse leader turnover and increase employee satisfaction (L. Pittman, personal communication, May 6, 2022). The nurse leadership team posits a strong correlation between the nurse leader turnover rate and the lack of comfort with accountability and compassion in crucial conversations with staff.

Keys to managing crucial conversations by nurse leaders are focused on listening, fact finding, and setting clear expectations for follow-up (Waters, 2022). Current leadership believes that giving nurse leaders training in effective communication is key to reducing stress (L. Pittman, personal communication, May 6, 2022). Experience with using clear, simple messages in a timely manner rather than avoiding crucial conversations could eliminate nurse leaders' stress, fear, and anxiety. In the 24 months before the pilot project, the nurse leadership monthly turnover rate of the hospital project site was 18.2%–39.2%. The monthly rate during the previous 2 years was significantly lower, averaging 5%–10% (OSF HealthCare, Leadership Turnover Portal, July 16, 2022). Executive nurse leadership has identified the more recent turnover rate as a problem. Although official exit interviews were not completed, the executive leadership team has asked current nurse leaders about the causes of stress and nurse leader turnover. In an

interview, the executive nurse leader expressed that accountability and crucial conversations cause the most stress for nurse leaders. Despite the lack of exit interviews, executive nurse leadership recognized the need for education, training, guidance, and follow-up on crucial conversations (L. Pittman, personal communication, May 6, 2022). Avoiding crucial conversations will not make the difficult topic go away. Therefore, nurse leaders might choose to resign from positions rather than train for crucial conversations.

Responses to the annual staff opinion survey conducted prior to this pilot project noted that, for the organization, nurse leaders have opportunities. The nurse leaders at the project site hospital scored, on average, -.02% to -.07% below the national average for those questions related to respect, useful feedback, and effective communication (Press Ganey, OSF HealthCare 2021 Mission Partner Engagement Survey, July 16, 2022). The medical-surgical responses, by staff ($N = 44$), on two workplace engagement survey items: 1. The person I report to treats me with respect; (50% favorable, $N = 44$), 2. The person I report to provides me with useful feedback (84% favorable, $N = 44$) revealed opportunity for improvement. The medical-surgical unit, where the pilot project will take place, has the largest number of open staff positions. Therefore, the medical-surgical unit nurse leadership was chosen as the focus of the project's education and training on incorporating compassion into crucial conversations.

The larger health system provides a general leader orientation for all hospitals in the system. The current training is a 3-day event in which an array of nurse leadership topics are discussed with nurse leaders throughout the organization. Prior to the training, nurse leaders are asked to take a nurse leadership readiness assessment that scores their nurse leadership skills. During the training event, the organization's nurse leaders discuss their assessment results. Nurse leaders are then asked to review the results, choose areas that they believe are priorities, and

make an action plan to make changes in these areas. Following the event, much of the nurse leaders' orientation for day-to-day operations is left to their supervisor at the local level for completion. Finding a mentor for the new nurse leader within the organization is part of the onboarding process. However, there is no formal structure for this process. This system-wide approach, orientation at the organizational and local level, displays the ability of the health care organization to align goals and standards for nurse leaders while maintaining each institution's freedom to teach topics based on hospital size, complexity, and patient population.

The organization's hospital locations and populations differ widely, resulting in variances in how decisions are implemented. Executive nurse leadership is required to attend monthly organizational system-wide meetings to address concerns, work-arounds, and barriers and to collaborate with other hospitals on how to design successful processes. Moreover, it is important for all nurse leaders within the organization to attend the same basic orientation process. The decrease in variability benefits all nurse leaders, regardless of which hospital they work for.

Allowing the medical-surgical nurse leaders to be involved in education and training to incorporate compassion into crucial conversations shows respect for staff (Young, 2018). The pilot project fills a gap identified with nurse leader communication. The project highlights accountability and confidence with crucial conversations, based on conversations between nurse leaders and executive leadership about leaders' stress. Although nurse leader feedback is the highest priority during the education and training event, ongoing follow-up and validation of crucial conversations would ensure ongoing competency. Explanations of the expectation for ongoing mentoring must be clear and concise. Nurse leaders should be provided with resources to guarantee success.

Congruence With Organizational Strategic Plan

Incorporating compassion into crucial conversations aligns with the organization's mission, vision, and values of serving persons with the greatest care and love (OSF HealthCare, n.d.). Nurse leaders committed to the success of the organization are part of the wider workforce commitment and strategic goals. Thus, ensuring that nurse leaders focus on service to others to the best of their abilities will effect a positive change in the staff opinion survey questions regarding trust and communication with nurse leaders. This pilot project intervention educates and trains nurse leaders on crucial conversations with a compassionate approach. Documented crucial conversations are then reviewed postintervention. Identifying which nurse leaders in the hospital might need support to align resources and boost performance before the next staff survey will be imperative. The goal is to see an improvement in the nurse leader confidence with crucial conversations and staff opinion survey responses regarding nurse leader respect and effective communication.

Problem Statement

The cost of nurse leader turnover in health care is estimated at $8 million annually, and on average, nurses stay in the manager role for only 5 years (Warden et al., 2021). In the 24 months prior to the project, the hospital saw an increase in the monthly nurse leader turnover rate, 18.2%–39.2%. Based on feedback from nurse leaders, there is likely a strong correlation between the turnover rate and the lack of comfort with accountability and crucial conversations. Growing leader job dissatisfaction and decreased retention create an environment in which staff might not trust nurse leader intentions (Warden et al., 2021). Nurse leaders who focus on the organizational mission, vision, and values, as well as self-awareness, can achieve success in crucial conversations with a compassionate approach.

Although no formal exit interviews were completed, informally, current nurse leaders have discussed barriers to crucial conversations (L. Pittman, personal communication, May 6, 2022). Nurse leaders self-identified lack of comfort with crucial conversations and how it could affect the commitment and perceived respect of staff members. The executive team identified opportunities for support and training on accountability and crucial conversations at a nurse leadership team meeting (L. Pittman, personal communication, May 6, 2022). Validating nurse leaders' feelings regarding lack of competency and follow-up on crucial conversations was important. Nurse leaders scored below the national average on two workplace engagement survey items: 1. The person I report to treats me with respect; 2. The person I report to provides me with useful feedback (Press Ganey, OSF HealthCare 2021 Mission Partner Engagement Survey, July 16, 2022). Based on these scores, training is warranted for lack of accountability for crucial conversations and communication.

Money spent on leadership development by organizations in the United States is estimated at $166 billion annually (Westfall, 2019). However, not all leaders spend time learning how to listen, change leadership style based on the situation, and provide transparency for their teams. Leaders must expand thought processes to include people and communication at the center of every policy, process, structure, or system. Poor performing leaders ignored problems and difficult people and avoided opportunities to create significant relationships with team members (Gregory, 2018). Good leaders managed problems and people, and the best leaders shared visions and goals while holding everyone, regardless of title and position, accountable (Waters, 2022). Crucial conversations could significantly impact nurse leaders' feelings of success and possibly decrease nurse leader turnover.

Clinical Question/PICO(T)

Although difficult, crucial conversations are necessary to address areas of concern and maintain trust between staff and nurse leader. Once a crucial conversation arises, leaders must acknowledge the topic with strategy and empathy (Eva et al., 2021). Maintaining open discussion between the leader and staff member is the most critical strategy (Priftanji et al., 2020). During the conversation, differences in perceptions, beliefs, or varying reactions may occur. The nurse leader must maintain an understanding of assumptions, so the focus of the conversation remains on the topic and not on emotions. Nurse leaders must be well equipped with training and competency in facilitating crucial conversations to ensure mutual respect and to promote open dialogue. Crucial conversations must then be documented for any follow-up that may occur to improve leader relationships with team members (Nilsen et al., 2020). The clinical question for this project is, On a medical-surgical unit in a Midwestern Level II Trauma Center, does education and training on crucial conversations improve nurse leader confidence?

Chapter II: Evidence

Search Strategy

The initial literature search was conducted in the databases CINAHL and Medline using the keywords *nurse leadership*, *nurses*, *education*, *training*, *compassion*, *difficult conversations*, and *crucial conversation*. The search was limited to English language articles and books and yielded 46 studies, mostly Levels I and IV. Books and articles published 5 or more years previously were excluded. From the search limited to the last 5 years, I examined 30 studies on education, training, and support for leaders on crucial conversations. Online surveys, interviews, questionnaires, modules, and case studies were inclusion criteria for the education component of the studies. Articles not involving health care professions were excluded.

Summary of Appraisal

I examined 21 articles for relevance of crucial conversations in health care. The studies appeared to have value in practice and to answer the clinical question posed for evidence on incorporating compassion into crucial conversations. The eight Level I articles studied educating and training leaders on crucial conversations (Bowen et al., 2020; Cardiff et al., 2018; Eva et al., 2021; Keogh et al., 2019; Mansel & Einion, 2019; Papadakos et al., 2021; Schinasi et al., 2018; Spiva et al., 2020). One Level II and one Level III research article included a brief literature review and identified gaps in current research on education and training on crucial conversations (Bibl et al., 2021; Brighton et al., 2018).

Four Level IV articles studied crucial conversation skills with the implementation of a checklist, skills training, or tips for leaders who attended a seminar (Cheng et al., 2017; Coates, 2021; Freed et al., 2021; Hinkle et al., 2017). Seven Level V research articles focused on expert opinion, self-examination, and best practice strategies for crucial conversations (Blatchley, 2017; Bryant et al., 2020; Johnston & Beckman, 2019; Major, 2019; Priftanji et al., 2020; Sherman, 2019; Young, 2018). The Bibl et al. (2021) and Young (2018) findings were inconclusive and require further research. All other studies supported the idea for this pilot project (Bowen et al., 2020; Brighton et al., 2018; Cardiff et al., 2018; Cheng et al., 2017; Coates, 2021; Freed et al., 2021; Hinkle et al., 2017; Mansel & Einion, 2019; Papadakos et al., 2021; Schinasi et al., 2018; Spiva et al., 2020).

Synthesis of Evidence

The sample size of the studies varied from 13 to 3,397 participants (Bibl et al., 2021; Bowen et al., 2020; Brighton et al., 2018; Cardiff et al., 2018; Cheng et al., 2017; Coates, 2021; Freed et al., 2021; Hinkle et al., 2017; Keogh et al., 2019; Mansel & Einion, 2019; Papadakos et

al., 2021; Schinasi et al., 2018; Spiva et al., 2020; Young, 2018). In some, education and training on crucial conversations was the main independent variable (Bibl et al., 2021; Bowen et al., 2020; Brighton et al., 2018; Mansel & Einion, 2019; Papadakos et al., 2021; Schinasi et al., 2018; Spiva et al., 2020; Young, 2018). The perception of learner readiness for future crucial conversations and confidence in crucial conversations was the major dependent variable noted throughout the studies (Bibl et al., 2021; Bowen et al., 2020; Brighton et al., 2018; Cardiff et al., 2018; Cheng et al., 2017; Coates, 2021; Mansel & Einion, 2019; Papadakos et al., 2021; Schinasi et al., 2018; Spiva et al., 2020; Young, 2018). The following themes were identified in the 21 articles: focus, type of participants (health care provider versus leader), size of study, education format (workshop, simulation, checklist and tips, interview, or questionnaire), and challenging mind-set.

Focus

The focus of communication was a theme in the reviewed articles. Some studies chose to focus on the broad topics of communication and feedback (Bibl et al., 2021; Blatchley, 2017; Bryant et al., 2020; Cardiff et al., 2018; Eva et al., 2021; Keogh et al., 2019; Major, 2019; Mansel & Einion, 2019; Sherman, 2019). Others narrowed the focus to crucial or difficult conversations (Bowen et al., 2020; Brighton et al., 2018; Cheng et al., 2017; Coates, 2021; Freed et al., 2021; Hinkle et al., 2017; Johnston & Beckman, 2019; Papadakos et al., 2021; Priftanji et al., 2020; Schinasi et al., 2018; Young, 2018). This differentiation is important because achieving success in communication and feedback is more complex than focusing on the skill of success with crucial conversations. Often, using authentic leadership skills with communication is needed to ensure crucial conversations are impactful (Cardiff et al., 2018). Although the studies with the broad focus on communication and feedback may have had an impact, more

research is needed to ensure that their findings can be replicated (Bibl et al., 2021; Blatchley, 2017; Bryant et al., 2020; Cardiff et al., 2018; Eva et al., 2021; Keogh et al., 2019; Major, 2019; Mansel & Einion, 2019; Sherman, 2019).

Participants

Education and training on communication, feedback, and difficult conversation for bedside health care providers took place in 10 of the supporting studies (Bibl et al., 2021; Bowen et al., 2020; Brighton et al., 2018; Cheng et al., 2017; Coates, 2021; Freed et al., 2021; Johnston & Beckman, 2019; Papadakos et al., 2021; Schinasi et al., 2018; Young, 2018). Leaders were the primary participants in five of the studies (Cardiff et al., 2018; Eva et al., 2021; Keogh et al., 2019; Mansel & Einion, 2019; Spiva et al., 2020). Authors noted possible alternative explanations for an increase in self-awareness or confidence with crucial conversations for studies that were open to all health care providers with no formal leadership training. The leadership participants might have a more complex role in crucial conversations due to performance evaluation of team members (Davis, 2019). However, the studies emphasized that focusing on leaders as participants in studies can be a strategy to build the whole health care team (Cardiff et al., 2018).

Size

Mansel and Einion (2019) focused on the smallest sample size found in the evidence (only five participants) to mitigate the possible misinterpretation of their meanings in the qualitative data. The researchers recognized that qualities such as self-confidence, self-control, self-knowledge, personal reflection, resilience, determination, and self-awareness are elements of effective nurse leadership. Participants' experiences, beliefs, and perceptions were highlighted (Mansel & Einion, 2019).

The largest study included 3,397 nurse leaders who were participating in a continuing education course (Keogh et al., 2019). These sessions were composed of behavioral style preferences assessment for communication and nurse leadership. Of the four behavioral dimensions assessed (dominance, influence, steadiness, and conscientiousness), 73% of nurse leaders scored highest in dominance and conscientiousness. The remaining 27% scored highest in the behavioral dimensions for influence and steadiness. Nurse leaders may find valuable awareness of the differences in behavioral dimensions. Developing open communication skills is important to leaders, no matter the size of the study. Nurse leaders must work toward using attributes that might not feel natural to them when their staff members respond differently to behavioral styles. Even if a nurse leader shows strength with a particular behavioral style, other styles might require focus, training, and continued practice (Keogh et al., 2019).

Bowen et al. (2020) did not acknowledge their small sample size of 13 as a limitation; however, they did note that future research would be needed to ensure long term retention of the education and use of the communication skills presented. They also noted that skills learned in simulation do not always translate into the clinical setting, so follow-up would be beneficial (Bowen et al., 2020). In contrast, Cardiff et al. (2018), who also had a small sample size, called for further research with a thematic approach to person-centered nurse leadership.

Education Format

All studies in this synthesis included objectives aimed at communication skills and empathy in conducting crucial conversations (Bibl et al., 2021; Blatchley, 2017; Bowen et al., 2020; Brighton et al., 2018; Bryant et al., 2020; Cardiff et al., 2018; Cheng et al., 2017; Coates, 2021; Eva et al., 2021; Freed et al., 2021; Hinkle et al. 2017; Johnston & Beckman, 2019; Keogh et al., 2019; Major, 2019; Mansel & Einion, 2019; Papadakos et al., 2021; Priftanji et al., 2020;

Schinasi et al., 2018; Sherman, 2019; Spiva et al., 2020; Young, 2018). Workshops or training events were the most utilized intervention for the studies, and each of the studies supports the use of education and training as a valuable approach to crucial conversations (Bibl et al., 2021; Bowen et al., 2020; Brighton et al., 2018; Cardiff et al., 2018; Eva et al., 2021; Keogh et al., 2019; Mansel & Einion, 2019; Papadakos et al., 2021). Researchers who utilized simulation as a didactic approach in four studies noted that role playing, reflection in action, and self-monitoring were useful tools in the curriculum for learners (Bryant et al., 2020; Coates, 2021; Freed et al., 2021; Schinasi et al., 2018). Seven studies focused on the use of checklists and tips for crucial conversations (Blatchley, 2017; Cheng et al., 2017; Hinkle et al., 2017; Johnston & Beckman, 2019; Priftanji et al., 2020; Sherman, 2019; Young, 2018). However, those studies might have made assumptions regarding the skill and education of crucial conversations. Finally, Spiva et al. (2020) used a qualitative approach with interviews and an open-ended questionnaire to analyze the impact of the study. Although their findings might be difficult to reproduce, the experiences described should open discussions regarding self-reflection and monitoring of difficult conversations.

Some researchers uniquely used the terminology of communication, navigation, training, education, or simulation as independent variables (Bowen et al., 2020; Brighton et al., 2018; Cardiff et al., 2018; Coates, 2021; Keogh et al., 2019; Papadakos et al., 2021; Schinasi et al., 2018; Spiva et al., 2020; Young, 2018). The variety of independent variables reflected the distinct importance of each study; however, studies' findings can be correlated based on the general association with the terminology. For example, although Johnston and Beckman (2019) and Papadakos et al. (2021) used different forms of education, both studies focused on education, training, and simulation of difficult conversations with oncology patients, and both incorporated

goal setting and a culture of compassionate communication into the education and training (Johnston & Beckman, 2019; Papadakos et al., 2021).

Mind-Set

Having a growth mind-set is important for improvement (Cardiff et al., 2018). Many of the studies provided opportunities for the participants to learn, practice, and implement techniques for crucial conversations (Bibl et al., 2021; Bowen et al., 2020; Brighton et al., 2018; Bryant et al., 2020; Cheng et al., 2017; Coates, 2021; Eva et al., 2021; Freed et al., 2021; Keogh et al., 2019; Papadakos et al., 2021; Spiva et al., 2020). These studies positively impacted participants' communication strategy abilities by using a growth mind-set. Eight studies used a supportive approach for the learning objective of the study (Blatchley, 2017; Cardiff et al., 2018; Hinkle et al. 2021; Mansel & Einion, 2019; Priftanji et al., 2020; Schinasi et al., 2018; Sherman, 2019; Young, 2018). Whether limiting the objective to a supportive approach resulted in as significant an impact as perception of support was hard to quantify (Young, 2018). Using support as an intervention might have generalized the results based on the participants' behavioral styles.

Pilot Project Purpose

Plans developed for this pilot project included providing formal education and training in communication, accountability, and crucial conversations, and incorporating a simulation event into the training as a didactic approach to facilitate learning for nurse leaders, with the purpose of increasing their confidence in having crucial conversations with staff. This design allows the nurse leaders to purposefully integrate learned techniques into practice. They must have extensive knowledge and background on key communication practices (Elsey, 2021). Time must be spent with nurse leaders to develop skills in fact finding, personal reflection, tone, perspective, leading by example, and other interpersonal and communication skills. Challenging

the mind-set of nurse leaders about crucial conversations and the significance of not having crucial conversations should also be included (Nilsen et al, 2020).

Development and recognition of the purpose behind communication strategies is imperative for the growth of the nurse leaders. Teaching about the skills of listening, patience, and follow-up should be incorporated (Blatchley, 2017). Integrating personal reflection, along with simulation feedback, allows nurse leaders to discover their own capacity and skill level for crucial conversations (Cheng et al., 2017). Moreover, education explaining the “why” for goals or visions and listening to teams’ interests assists with aligning with the organization’s goals (L. Pittman, personal communication, May 6, 2022). Refreshing nurse leaders’ knowledge of effective communication improves their ability and capacity to plan crucial conversations.

Seeking qualitative feedback from nurse leaders on education and training highlights the effectiveness of the training and focuses on areas that might still be of some concern (Coates, 2021). Increased job satisfaction for nurse leaders and subsequent decrease in nurse leader turnover can have long-term benefits for the organization. Increasing comfort level, training, and experience with crucial conversations benefits nurse leaders, staff, and patients (Bowen et al., 2020). Hospitals benefit from ensuring that nurse leaders understand the importance of crucial conversations when creating a highly accountable work environment (Keogh et al., 2019). Allowing nurse leaders time to develop their skills, utilize the resources, and participate in simulation of crucial conversations can allow growth and increased confidence over time.

This pilot project was designed to evaluate the nurse leaders’ confidence in crucial conversations with their staff nurses. One goal was to have 50% of nurse leaders on a medical-surgical unit rate themselves more confident after the implementation of the pilot project, as evidenced by their responses on a posteducation survey. A second goal was to have 50% of the

staff on the medical-surgical unit indicate an increase in perception of the respect and level of communication shown to them by nurse leaders, as evidenced by their responses on a postimplementation survey. A third goal was that every nurse leader on the medical-surgical unit had a minimum of one encounter with the staff using crucial conversations. Validation was analyzed using Nobl software at the end of the implementation of the pilot project.

Implementation Theory and Model

Evidence shows that clear, open, compassionate communication is important in the health care setting (Brighton et al., 2018). Despite ensuring all nurse leaders had the same basic understanding at the hospital, nurse leaders sometimes disengage when a crucial conversation must occur (L. Pittman, personal communication, May 6, 2022). Executive nurse leadership supports the implementation of an education and training event for medical-surgical nurse leaders on incorporating compassion into crucial conversations (L. Pittman, personal communication, May 6, 2022). The education and training includes active listening, asking questions, giving clear information, and using a calm, empathetic approach (Coates, 2021).

The education component of the pilot project incorporates the situational nurse leadership theory. Situational nurse leadership allows the nurse leader to change their approach or style based on the person and situation (Magee, n.d.). This theory, developed by Dr. Paul Hersey and Kenneth Blanchard (1969), suggests that not all leadership styles are relevant (Magee, n.d.). The type of nurse leadership strategies best suited to the situation will dictate the success of the leadership style (Magee, n.d.). The most effective nurse leaders are those who can adapt their style of nurse leadership to the person and the situation (Magee, n.d.). For example, when a nurse leader collaborates with a staff member who is task driven, the conversation must be focused on specific functions. When working through a problem, situational nurse leadership allows the

nurse leader to use a directive or supportive method to guide the crucial conversation with a compassionate approach.

Using the conceptual framework, Advancing Research and Clinical practice through close Collaboration (ARCC) Model helped to guide the development of education and the simulation event to support the change for incorporating compassion into crucial conversations (Melnyk & Fineout-Overholt, 2019). Determining the current state and ideal state by using the ARCC Model helped to identify strengths and challenges for the pilot project. ARCC is user friendly and easily implemented at the point of change. Change agents include frontline involvement. Postimplementation of the pilot project, staff provided perspective on the medical-surgical nurse leaders' growth. Utilization of the ARCC Model created a framework for the development and implementation of the pilot project.

Chapter III: Methodology

Project Design

Incorporating compassion into crucial conversations is the topic for this pilot project. According to Ashkenas and Matta (2021), a pilot project is utilized to make a change in process by using a sample group within an organization to reduce the risk of failure. Applying this project design offered a diminutive, controlled environment with an opportunity to see the results on a modest scale. An innovative solution based on the results can then be implemented to meet the needs of all leaders having crucial conversations at the hospital. This project used the pilot project design to test the viability of incorporating compassion into crucial conversations on a single nursing unit. Education and training for nurse leaders was developed and implemented during this project. As the student project leader, I designed and implemented the 6-week project, with the goal of increasing nurse leaders' perceived confidence with crucial

conversations and increasing staff perceptions of the respect and effective communication given by the nurse leaders on the medical-surgical unit. Project results showing an increase in nurse leader confidence with incorporating compassion into crucial conversations and an increase in staff perception of nurse leader respect and useful feedback could lead to hospital-wide implementation of crucial conversations for all leaders.

Setting

The project site is a 150-bed, Level II Trauma Center located in the Midwest. This hospital is part of a larger faith-based health system that has three regions. The medical-surgical unit in the hospital is the largest, with 56 adult and pediatric patient beds, was chosen based on its physical size, impact on employee satisfaction, and total number of nurse leaders. The medical-surgical unit has 10 nurse leaders, the most leaders on a single unit in the hospital. It is in the oldest part of the hospital, where the physical resources need updates, and although the structure is sound, the patient rooms are outdated and small. The unit comprises two long hallways that connect at each end, which creates workflow challenges for nurses who have patient assignments throughout the unit.

The hospital is well established within the community and has a generally positive reputation (L. Pittman, personal communication, May 6, 2022). The hiring of a new chief nursing officer (CNO) and high nurse leader turnover in the last year might have contributed to culture changes based on differing expectations between the CNO and the nurse leaders. The nurse-to-patient ratio on the medical-surgical unit is generally one to five/six, which can be vary based on the volume and acuity of the unit. The unit has workforce challenges with recruitment and retention of staff nurses. Hospital units hire nurses to maintain a filled and functioning percentage goal of 88%–100%, but the medical-surgical unit filled and functioning for nurses is

44%. When 13 travel nurses are hired to supplement staffing, the filled and functioning rate increases to 79%. Most of the nurse leaders on the unit have been in their roles less than 2 years and must work to fill the gap in staffing between mitigated filled and functioning and the goal. According to the unit manager, the leadership has been focused on accountability, best practices, and patient experience (B. Suarez, personal communication, September 9, 2022).

Population

Ten medical-surgical unit nurse leaders and staff made up the population for this pilot project and included the manager, the unit supervisors, and the charge nurses. All staff who were full-time or part-time during the implementation phase were included in the second aim of the project. Staff excluded were per diem, float, and travel nurses. The director of the medical-surgical unit and the CNO do not routinely have one-on-one conversations with the staff on the unit so were also excluded. I informed the potential participants of the project via their work email address (see Appendix A). The full-time and part-time staff were notified of the pilot project via email and during shift huddles (see Appendix B).

Leadership support for the medical-surgical unit includes a charge nurse for each shift, two unit supervisors, a manager, a director, and the CNO. Information should flow back and forth between these leaders. The charge nurses support the bed assignments, daily quality assurance compliance, and any other assigned duties for the shift. The unit supervisors support the charge nurse and the nursing team by completing quality assurance audits, rounding with patients, completing the schedule, and overseeing payroll. The manager oversees all daily operations by supporting the charge nurses and unit supervisors and also implements processes and policies to ensure that the unit is achieving the goals set forth by the director and the CNO.

Current research on crucial conversation training and education has frequently utilized a small sample size focused on leader's confidence. The smallest study noted a sample size of only five participants (Mansel & Einion, 2019). Researchers noted that utilizing a small sample of participants helped to ensure that outcomes were attainable (Cardiff et al., 2018). This pilot project focused on one inpatient unit's leadership team as a small sample of the total number of leaders in the hospital.

Tools and Instruments

Nobl software is a leadership tool used to document conversations with staff. It provides preset questions for leaders to use when meeting one-on-one with staff members and keeps track of how often these meeting occur. One objective for this project was for leaders to meet one-on-one with 100% of their team every month. During the project, I validated that every nurse leader on the medical-surgical unit had a minimum of one encounter with the staff using crucial conversations entered in Nobl software for 1 month. I developed pre- and posttraining 5-point Likert scale surveys (strongly disagree to strongly agree) to measure leaders' confidence with incorporating compassion in crucial conversations (see Appendices C & D). The survey highlights key behaviors and skills that have been shown to correlate with a positive increase in leader confidence for crucial conversations (Bowen et al., 2020; Schinasi et al., 2018). The survey was collected twice: prior to the education and training event and again at the completion of the validation of a crucial conversation in Nobl. Staff completed a 5-point Likert scale survey (strongly disagree to strongly agree) I developed to measure their perceptions of the respect and effective feedback given by the nurse leaders on the medical-surgical unit after having a crucial conversation (see Appendix E). This survey mirrored the questions from the previous staff engagement survey, but also incorporated a question regarding compassion.

Project Plan

This pilot project took place over a 6-week period (see Appendix F). Initial steps for the project included verifying the number of leaders on the medical-surgical unit who were eligible to participate. Written consent by nurse leaders was obtained for the pilot project. A time was planned for all nurse leaders to join with me for a learning event in person, where they completed a 5-point Likert scale pretraining survey to assess their confidence in incorporating compassion into crucial conversations.

I developed the training formatted as a PowerPoint presentation with reflection, educational content, discussion, and scenarios. The training focused on tips for structuring a crucial conversation; how to use the active listening model; skills in asking open-ended questions; giving clear information and feedback; ensuring that policies, processes, and expectations are discussed; techniques to use a calm, empathetic approach if the staff does not receive the feedback well; and solution starters for action planning with the staff. Scenarios were then conducted with the nurse leaders pairing off to practice the conversations. I assisted with identifying their opportunities and successes during the scenarios. The groups of nurse leaders then debriefed on the crucial conversation scenarios. The rationale for this content is based on several studies with similar goals to increase comfort with crucial conversations (Bibl et al., 2021). Finally, I distributed a crucial conversations worksheet to the nurse leaders who attended to ensure that they would have written guidance for crucial conversations (see Appendix G).

When the education and training event was completed, the nurse leaders had 2 weeks to complete one-on-one crucial conversations with the staff. The nurse leaders documented the crucial conversation in the Nobl software. The objective was to validate that every nurse leader on the medical-surgical unit had a minimum of one encounter with the staff incorporating

compassion in crucial conversations. Nurse leaders completed a 5-point Likert scale posttraining survey to assess their confidence in incorporating compassion into crucial conversations. Additionally, staff completed a voluntary 5-point Likert scale survey postimplementation to assess their perceptions of respect and feedback from nurse leaders as well as their perception of nurse leader compassion.

Two of the project goals were to see a 50% increase in nurse leaders' confidence with incorporating compassion in crucial conversations and to see a 50% increase in staff perception of: 1. The person I report to treats me with respect, and 2. The person I report to provided me with useful feedback and the perception of compassion in crucial conversations by nurse leaders.

I collected data through paper survey tools, which I then locked in a private office drawer to which I had the only key. The third project objective was to validate that every nurse leader on the medical-surgical unit had a minimum of one encounter with the staff using crucial conversations. I collected data from Nobl software for 1 month, with the expectation that each nurse leader would conduct one crucial conversation. Potential barriers were the nurse leaders' inability to round on staff nurses because of time constraints, illness, or other unforeseeable circumstances. Sustainability for this project included incorporating the crucial conversation into the Nobl software. Nurse leaders were able to document the conversation effectively and efficiently with the staff and present it to me for validation.

Data Analysis

Participants completed the paper survey tools without the use of personal identifiers, and I kept them in a locked drawer. I analyzed the data using Excel software on a computer registered to me. I stored the collected data in the organization's information system, which requires a user-generated password each time I access it. To ensure safeguarding of the

organization's data, I will keep the paper surveys for 1 year, with sole access, and will then dispose of them by shredding.

Institutional Review Board and Ethical Issues

Although this pilot project required interaction with humans, it was not research and received Institutional Review Board (IRB) exemption. No identifying information of the nurse leaders or staff was collected, ensuring the protection of the rights and well-being of human subjects. A participatory statement was included for the education and training session for nurse leaders. Although participants' completion of the project is general knowledge, individual performance remained confidential, and survey and response data was de-identified. Following project completion, data will be retained for 1 year and will then be disposed of. Participants incurred no risk during this project, and the project methods involved no ethical concerns.

The required IRB forms were submitted for review and approval to comply with the hospital IRB and Bradley University's Committee on the Use of Human Subjects in Research. The Committee required me to complete Collaborative Institutional Training Initiative certification to ensure an ethical quality improvement project. No dual language needs were anticipated for this pilot project. The benefit of participating includes improved confidence in nurse leaders, which will result in increased job satisfaction and improved staff retention. The participants received their hourly rate while participating in this project but received no additional compensation. Only the project mentor and I reviewed the collected data.

Chapter IV: Organizational Assessment and Cost-Effectiveness Analysis

Organizational Assessment

The project site organization adopts evidence-based practice into the hospital setting (L. Pittman, personal communication, May 6, 2022). The organization appears to be open to change

management for leadership support, utilizes shared governance through councils and staff opinion surveys, and has current performance improvement projects in progress to guide health care practice. This pilot project utilized interprofessional collaboration between unit staff and the nurse leadership team.

Anticipated barriers included peak census on the unit in combination with low filled and functioning of nurse roles. The likelihood of nurse leaders completing crucial conversations during the implementation phase of the project could have decreased based on the architectural physical barriers creating workflow challenges, which sometimes causes nurse leadership and staff communication breakdown. Anticipating these barriers, I scheduled the education and training when the medical-surgical leaders were available.

Unexpected risk or failure of the project could have resulted from hospital size, complexity of the unit, or patient population. Moreover, nurse leaders could have chosen to have crucial conversations only with staff with whom they feel comfortable rather than with staff who have performance issues, which could have skewed the project results. Incorporating compassion into crucial conversations is not easy. Nurse leaders might not feel that education and training provides enough support.

Benefits of this pilot project include not only assisting with the leader-staff relationship, but also positively affecting both nurse and leader turnover. Education and training on crucial conversations could increase the perception of respect so that nurses want to stay at the organization, particularly to work for these leaders. Creating an education and training event on crucial conversations allows nurse leaders to practice through simulation. One purpose of having crucial conversations is to maintain a dialogue in which the nurse leader and staff build rapport and multiple respect (Mansel & Einion, 2019).

Cost Factors

The budget for the project included the cost of ink and paper for printing the education and training materials and the paper survey tools, which was approximately $40.00 (see Appendix H). This cost was covered by the hospital. Resources included the computer with Excel and Nobl software. The hospital waived the charge for a room reserved for the novice nurse leader education and training event. No unexpected costs were anticipated for the education and training event.

Success in meeting the project goals of increasing nurse leaders' confidence in having crucial conversations and improving staff perceptions of respect from their leaders and ability to receive useful feedback could result in cost avoidance of staff nurse and leader turnover. The pilot project supports the medical-surgical unit nurse leadership as a strategy for staff retention. Avoiding the cost of having to hire more nurses over the number of nurses still needed to meet the filled and functioning goal would benefit the unit and the organization (L. Pittman, personal communication, May 6, 2022).

Cost savings might not be seen immediately with this pilot project. However, Sherman (2019) noted that the art of providing both positive and negative feedback in crucial conversations is a skill of an effective leader. The pilot project could increase the medical-surgical unit nurse leaders' confidence in crucial conversations, which could in turn increase their accountability in completing crucial conversations. The more comfortable they become with having crucial conversations, the more conversations they will have. If they maximize the time spent on crucial conversations, the flow of information between unit staff and nurse leader should foster a relationship of respect and useful feedback.

Chapter V: Results

Analysis of Project Outcome Data

The crucial conversations education and training for nurse leaders was developed as a descriptive study to assess nurse leader confidence in crucial conversations. The pilot project objectives were to (1) evaluate nurse leaders' confidence in crucial conversations with their staff, and (2) validate that every nurse leader on the medical-surgical unit had a minimum of one encounter with staff incorporating compassion in crucial conversations. Opportunities to meet these objectives were observed throughout the pilot project. As nurse leaders completed the education and training event, many reached out to me for continued guidance. They verbalized the importance of being prepared and comfortable with crucial conversations to ensure that compassion is incorporated. Positive statements from nurse leaders were received expressing gratitude for the opportunity to develop their skills with crucial conversations.

Expected outcomes for the crucial conversations education and training pilot project were both quantitative and qualitative. Objective data were gathered using Nobl software to validate that each nurse leader completed at least one crucial conversation and documented the conversation. Subjective data were received in the pre- and posttraining surveys for nurse leaders and the postimplemention survey for staff. Outcomes conveyed the importance of nurse leaders having confidence with having crucial conversations. The data collected from the surveys were then compiled in an Excel file to create visual representations, such as graphs, to aid in the future discussion of crucial conversation education and training efficacy.

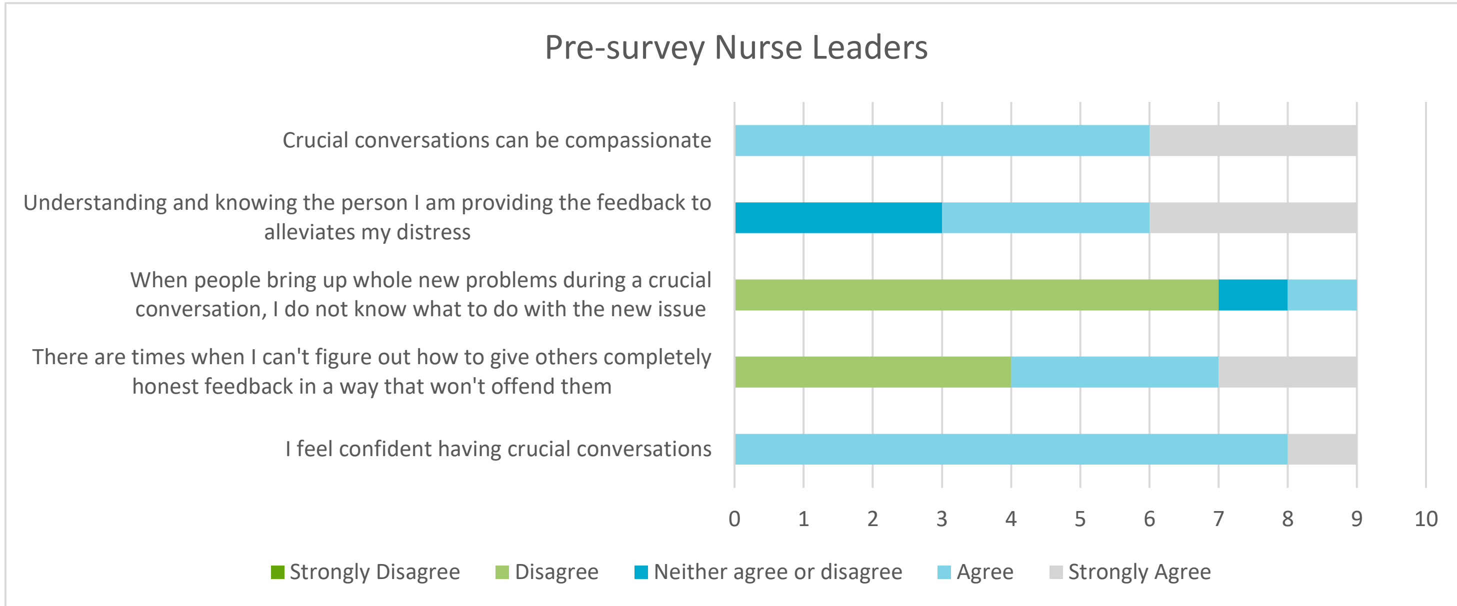
The pilot project outcomes assisted in measuring the established goals to (1) see a 50% increase in nurse leaders' confidence with incorporating compassion into crucial conversations, and (2) see a 50% increase in staff perception of: 1. The person I report to treats me with respect,

and 2. The person I report to provided me with useful feedback and the perception of compassion in crucial conversations by nurse leaders, and (3) validate that every nurse leader on the medical-surgical unit had a minimum of one encounter with staff incorporating compassion in crucial conversations. Pre- and posttraining surveys, a tip sheet, and Nobl software were utilized. The data analyzed were from qualitative feedback from nurse leaders' and staff's responses on the surveys. A 5-point Likert scale (strongly disagree to strongly agree) used for the surveys asked closed-ended questions. The questions were linked to the crucial conversation education and training event objectives. Categories used to classify the objectives were: nurse leader confidence, ability to give useful feedback, techniques for crucial conversations, comfort with crucial conversations regardless of who the receiver is, and compassion in crucial conversations. The surveys were instrumental in linking the pilot project objectives to the goals.

Overall nurse leader compliance with the pilot project was 100%. Nine nurse leaders, $N = 9$, completed the pretraining survey, the education and training event, and the posttraining survey, and documented at least one crucial conversation in the Nobl software. Survey responses from nurse leaders prior to the crucial conversations training event (see Figure 1) showed that 66%, $N = 6$, felt that crucial conversations could be compassionate. However, 55%, $N = 5$, agreed there are times when they cannot figure out how to give others completely honest feedback in a way that will not offend them. It is also important to note that 88%, $N = 8$, agreed with the statement regarding being confident having crucial conversations. Although 66%, $N = 6$, agreed or strongly agreed that they feel less stress having a crucial conversation if they know the receiver, only 22%, $N = 2$, do not feel comfortable if a new problem arises in the crucial conversation.

Figure 1

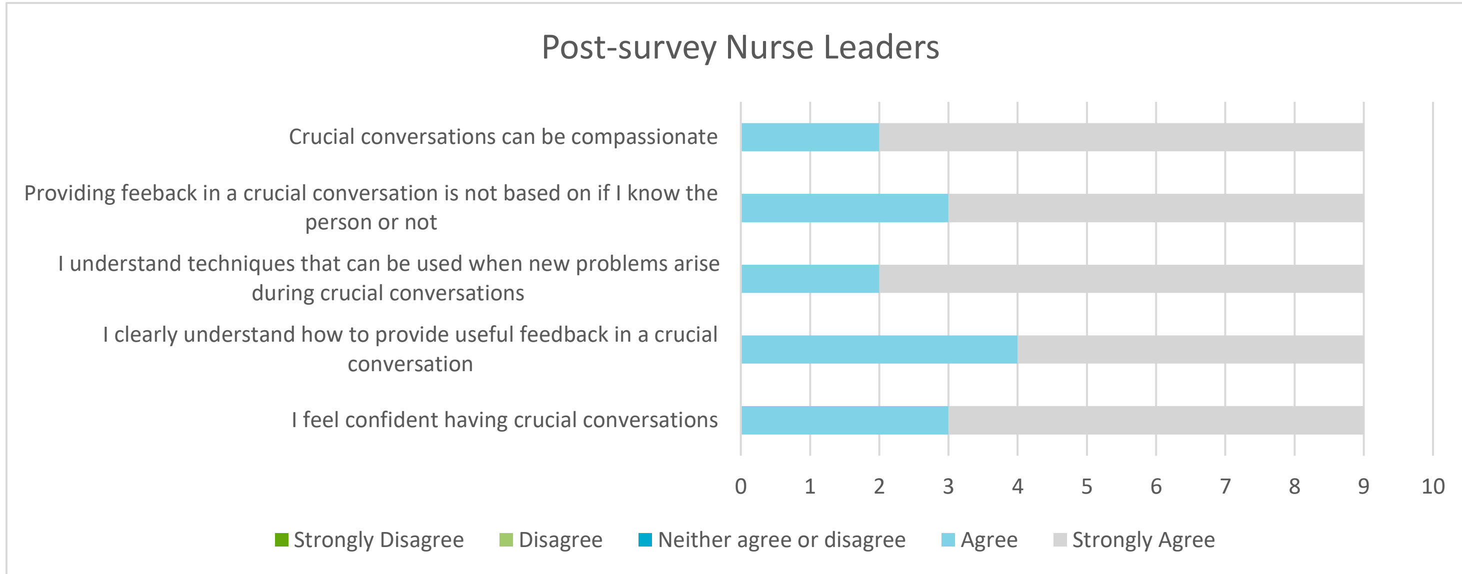
Nurse Leader Pretraining Survey Responses



During Week 6 of the pilot project, the medical-surgical nurse leaders and I met to discuss crucial conversations, and the nurse leaders completed the posttraining survey. After the education and training on crucial conversations, 77%, $N = 7$, of the nurse leaders strongly agreed that compassion can be incorporated into crucial conversations (see Figure 2). Confidence in crucial conversations increased to 66%, $N = 6$, strongly agreeing, compared to only 11%, $N = 1$, strongly agreeing prior to the education and training event. Additionally, 66%, $N = 6$, strongly agreed that they could now give feedback in a crucial conversation regardless of whether they knew the receiver, and 77%, $N = 7$, understood the techniques to use when a new problem arises in a crucial conversation. A total of 100% of nurse leaders agreed or strongly agreed about understanding how to give useful feedback after the education and training event on crucial conversations.

Figure 2

Nurse Leader Posttraining Survey Responses

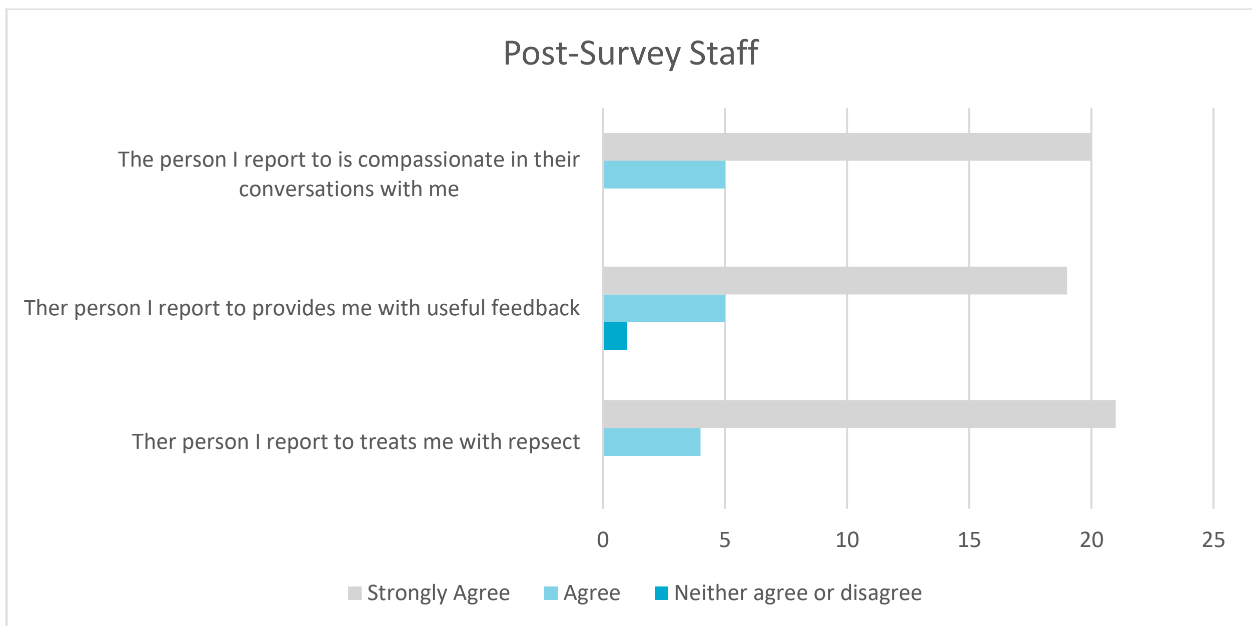


The second goal was to see a 50% increase in staff perception of: 1. The person I report to treats me with respect, and 2. The person I report to provided me with useful feedback and the perception of compassion in crucial conversations by nurse leaders. A third question was added to the postimplementation staff survey to explore staff perception of leader compassion. A total of 25 staff members completed the postimplementation survey during Week 6. Previously, the nurse leaders at the hospital scored, on average, -.02% to -.07% below the national average for those questions related to respect, useful feedback, and good communication (Press Ganey, OSF HealthCare 2021 Mission Partner Engagement Survey, July 16, 2022). The posttraining staff survey reveals that 80%, $N = 25$, strongly agreed that the medical-surgical leaders are compassionate in their conversations. Regarding nurse leaders providing useful feedback, 76%, $N = 19$, strongly agreed; 20%, $N = 5$, agreed; and 4%, $N = 1$, neither agreed nor disagreed. Most of the surveyed staff (84%, $N = 21$), strongly agreed that the medical-surgical nurse leaders treat staff with respect, and 16%, $N = 4$, agreed. Although correlating the previous staff engagement

survey results with the postimplementation survey results did not show a 50% increase, 96% of staff following implementation reported feeling that the nurse leaders on the medical-surgical unit provide useful feedback, and 100% that the nurse leaders treat the staff with respect. For the additional question regarding compassion, all of the surveyed staff (80%, $N = 20$), strongly agreed that the medical-surgical nurse leaders are compassionate in their conversations, and 20%, $N = 5$, agreed.

Figure 3

Staff Postimplementation Survey



Finally, validation of crucial conversation documentation into the Nobl software was reviewed (see Figure 4). The goal, that each nurse leader would complete at least one crucial conversation and then document the conversation into the Nobl software, was met by all nine (100%) medical-surgical nurse leaders. Most of the conversations occurred during the staff shift when the performance issue occurred. All the conversations were then discussed with the nurse manager for continued follow-up with the staff member.

Figure 4

Documentation of Crucial Conversations Conducted by Nurse Leaders

nobl
Empowering Care

Leader Coaching Tasks Report
Apr 12, 2023 - May 17, 2023

Status	Created By	Category	Created At	Last Updated At	Comments
Coaching Completed	Kirstan L Keeling	Behavior	2023-05-15 22:33:45	2023-05-15 22:35:13	Discussion with PCT and RN about behaviors regarding one another. Each person felt as though their needs were not being met. However, both employees came to me without ever talking to each other. I had separate conversations with them, but ultimately led them to have a conversation with each other about what was needed to successfully care for patients together . Crucial convo complete
Coaching Completed	Trevor L Bulington	Behavior	2023-05-15 21:15:29	2023-05-15 21:15:29	Crucial convo---Patient needed new IV in place and a PCT asked if it was even in the right spot. After discussion with patient about placement of IV. I had a private conversation away from the patient about etiquette in front of the patient and that even though they may have a concern they need to trust the bedside nurse to place an IV in the correct position.
Coaching Completed	Bridget F Suarez	AIDET	2023-05-02 09:44:08	2023-05-02 09:44:08	Family update not on board
Coaching Completed	Bridget F Suarez	AIDET	2023-05-01 13:46:56	2023-05-01 13:46:56	Day shift RN not being attentive
Coaching Completed	Kathryn A Crawford	AIDET	2023-04-27 12:04:55	2023-04-27 12:04:55	Patient call light not in reach.
Coaching Completed	Bridget F Suarez	AIDET	2023-04-27 12:04:55	2023-04-29 16:45:37	call light not each reach
Coaching Completed	Kathryn A Crawford	AIDET	2023-04-27 11:59:08	2023-04-27 11:59:08	Patient c/o urinal not being emptied in a timely manner. Crucial conversation with mp on PHR.
Coaching Completed	Thomas Hogan	AIDET	2023-		Crucial convo---expectations set regarding cleaning up rooms and completing white boards
Coaching Completed	Elvin Florez	Expectations			Dirty tray and full urinal in patient room. Critical convo---with expectations for AIDET and PHR
Coaching Completed	Katherine Marcotte	AIDET			MP on phone from ED- coached on expectations for bed placement of patient and verbalized undertsanding. Coaching completed. Crucial conversation
Coaching Completed	Elise Schroder	AIDET			Crucial convo/difficult convo---coached on helping and assisting others when she is completed with tasks for her patients
Coaching Completed	Heather R Koester	Expectations			Crucial convo completed- patient room had full urinal, linen on floor and dirty tray. MP coached on PHR.

Chapter VI: Discussion

Evaluation of Processes and Findings

This descriptive study investigated the question, does education and training on crucial conversations improve nurse leader confidence? For the pilot project, I used evidence from previously published research and modeled a new education and training event for nurse leaders that incorporated compassion into crucial conversations. Although pre- and posttraining survey responses could not be linked with individual nurse leaders due to privacy protections, evidence suggests that nurse leader confidence increased based on the positive changes noted in the

posttraining responses. Providing education and training on crucial conversations to nurse leaders facilitated crucial conversations skills, and staff perception of respect and useful feedback improved. I believe that more research and exploration should be completed for continued education in this area for the development of nurse leader communication and confidence.

Magee (n.d.) notes that leaders are the most effective when the leadership style can be tailored to the person and the situation. When a nurse leader collaborates with a staff member who is not performing to expectations, a crucial conversation must focus on the specific topic of performance. This pilot project deployed the situational nurse leadership theory during the education and training event, which allows the nurse leader to take a more directive or supportive method to guide the crucial conversation with a compassionate approach. This project found a correlation between education and training on crucial conversations and nurse leader confidence with crucial conversations.

The findings suggest that the crucial conversations education and training is a useful way to increase confidence for nurse leaders. Results reveal a 55% increase in nurse leaders' confidence with having crucial conversations; the goal was a 50% increase. To maintain nurse leaders' confidence with crucial conversations, I provided the scenarios, a tip sheet, and use of the Nobl software. With ample practice and resources to maintain crucial conversations confidence, the nurse leaders verbalized assurance in the ability to maintain confidence with crucial conversations. The objective for increasing nurse leaders' confidence with crucial conversations was met.

The staff surveyed on the medical-surgical unit were asked three questions using a 5-point Likert scale (strongly disagree to strongly agree). The questions on the postimplementation

survey mirrored the questions from the previous staff engagement survey taken by the staff earlier in the year as well as a question regarding compassion. For each question, 1. If the person I report to treats me with respect, 2. The person I report to provides me with useful feedback, and 3. The person I report to shows compassion in their conversations with me, each of the surveyed staff answered the questions with agree, strongly agree or neither agree nor disagree. All the surveyed staff, 100%, answered that the medical-surgical nurse leaders are compassionate and treat staff with respect. During the final meeting I had with the medical-surgical unit manager, we discussed the question regarding the nurse leaders providing useful feedback to staff, which was the only question to 100% of the staff did not answer agree or strongly agree. The medical-surgical manager and the CNO recognized that the nurse leaders must continue to practice the crucial conversations skills and training to ensure that useful feedback and follow-up is provided to staff.

Analysis of Implementation Process

During the Weeks 1 and 6 of the pilot project, the pre- and posttraining surveys were given to the nine nurse leaders and collected once completed. Using a 5-point Likert scale (strongly disagree to strongly agree), the five questions were linked to the crucial conversations education and training event objectives. The staff also received a survey during Week 6 consisted of three questions using a 5- point Likert scale (strongly disagree to strongly agree). The nurse leaders and staff were instructed to complete the surveys without including their name to ensure confidentiality. I then stored the data in a locked confidential location. During the pilot project, wins and opportunities were noted.

Lessons Learned

Engaging key stakeholders early and often was a success for this pilot project. The medical-surgical nurse leaders were excited about the education and training event. Several replied enthusiastically to the email sent prior to the education and training event. Weekly meetings with the nurse manager on the medical-surgical unit were helpful in preparing for the start of the pilot project. However, the implementation could have been stronger if all nurse leaders on the medical-surgical unit had validated their access to the Nobl software. In addition, it would have important to have more clearly defined results from the preimplementation staff opinion slpipsurvey.

Implementation Success

The education and training event for crucial conversations was a PowerPoint presentation that I developed. The nurse leaders provided feedback that the presentation was clear and concise. I provided a paper copy of the presentation to each nurse leader, along with a crucial conversations tip sheet to aid in planning a crucial conversation. The topics in the PowerPoint, all relating to interpersonal communication skills, encouraged multiple conversations during the event. The nurse leaders shared firsthand experiences that correlated to the crucial conversations topic. They verbalized that the open dialogue the education and training event was useful for their growth with crucial conversations. After the education and training event, two nurse leaders reached out to me for further discussion regarding specific crucial conversation planning.

Participant Feedback

During the posttraining survey meeting session, the nurse leaders discussed their success with crucial conversations. They felt more confident planning and holding crucial conversations after the education and training event and emphasized that utilizing the Nobl software to document the crucial conversations allowed them all to see which staff had been coached. They

recognized that this act of documentating in Nobl would increase their accountability to follow up with staff members on performance issues. Engaging the nurse leaders with this pilot project not only grew their leadership skills, but also introduced a practical resource for tracking staff follow-up.

Limitations or Deviations

The pilot project had limitations that could have affected the data. The small sample size of both nurse leaders and staff was noted. The medical-surgical unit experienced nurse leadership changes that reduced the total number of participants from 10 to nine. After the education and training event, it was found that not all nurse leaders had access to the Nobl software. Three weeks were spent working with IT to ensure that all nurse leaders received access. This delay might have altered the detail of the notes regarding the crucial conversations that occurred. Although I believe that the data entered were from notes handwritten during crucial conversations, there might be gaps in the nurse leaders' notetaking and memory.

Implications for Practice Change

Providing opportunities for nurse leaders to learn and practice crucial conversations is seen in current research and documented in multiple references (Bryant et al., 2020; Coates, 2021; Freed et al., 2021; Schinasi et al., 2018). Increasing confidence and incorporating compassion into crucial conversations is an effective method to demonstrate respect and communication with staff. Promoting an education and training event on crucial conversations can strengthen the skills of nurse leaders in health care organizations.

Utilizing the Nobl software to document crucial conversations encourages nurse leaders to share their knowledge. The documentation provides an opportunity to share the topics of conversations among the medical-surgical nurse leaders and empowers them. This accountability

tool aids with timely follow-up for the nurse leader and the staff for performance improvement and management. Follow-up support regarding the crucial conversations must occur between the nurse leader and the staff members.

Chapter VII: Conclusion

Value of the Project

Leadership competency and confidence in crucial conversations are pivotal for the accountability and success of teams (Davis, 2019). In health care, staff turnover has become a key issue (L. Pittman, personal communication, May 6, 2022). Hospital leadership turnover is also a concern. As expert leaders retire, novice leaders are replacing them. Moreover, succession planning in health care leadership might be lacking, which could lead to gaps in education and training for nurse leaders and place health care organizations in a precarious position to be competitive for the future.

The hospital where the pilot project was completed has had significant nurse leadership turnover, thereby creating the opportunity for more training, support, and orientation for nurse leaders (Mansel & Einion, 2019). The ability to survey all nurse leaders on their confidence with accountability and crucial conversations would further support the use of crucial conversations education and training. Increasing nurse leaders' comfort level, training, and experience with crucial conversations will benefit staff members. Ensuring that nurse leaders understand the importance of crucial conversations when creating a highly accountable work environment will also benefit the health care organization's strategic goal to provide the best care and be the best employer.

DNP Essentials

The DNP Essentials outline eight foundational competencies for doctoral nursing practice (American Association of Colleges of Nursing [AACN], 2006). These Essentials also provide a foundation for scientifically based nursing practice. During the pilot project, I incorporated each DNP Essential throughout the planning, implementation, interpretation, and evaluation phases.

Essential I, Scientific Underpinnings for Practice, provides a context for the use of nursing science and theory to guide nursing practice (AACN, 2006). This pilot project utilized evidence-based practice on crucial conversations to develop the education and training event. Essential I was achieved during the pilot project by increasing the confidence of nurse leaders with crucial conversations through education, training, and simulation. Knowledge of nursing science surrounding crucial conversations education and training was applied to create a process change with accountability. A new practice approach was utilized through Nobl software for accountability and follow-up by nurse leaders of crucial conversations.

Essential II, Organizational and Systems Leadership for Quality Improvement and Systems Thinking, creates an opportunity for the development and improvement of nursing processes (AACN, 2006). Advanced communication skills, change management, process improvement, and fiscal integrity are vital concepts required to achieve Essential II. Moreover, key stakeholders were identified for this pilot project. During the pilot project, Essential II was achieved by defining and creating the project objectives, goals, and process. Learning to lead a pilot project by deploying tactics for crucial conversation education and training for nurse leaders displayed skills in nursing excellence. The key stakeholders for the pilot project were well-versed in the crucial conversation education and training plan that was implemented based on scientific findings and evidenced-based practice. By developing strategies that incorporated

all levels of leadership, the crucial conversations education and training for nurse leaders can be implemented throughout the whole hospital.

Essential III, Clinical Scholarship and Analytical Methods for Evidence-Based Practice, guides DNP graduates to critique evidence and create new processes based on the current practice (AACN, 2006). The Essential also provides a framework for the skills needed to facilitate organization-wide practice change. Essential III was achieved with this pilot project by conducting a thorough literature review. Ensuring structure and accountability for nurse leaders with crucial conversations was pivotal to the success of the project. Teaching and supporting the nurse leaders during the crucial conversations pilot project created a unique way to improve practice and accountability on the medical-surgical unit. Applying the relevant findings from the pilot project will support continued use of the education and training on crucial conversations for additional nurse leaders.

Essential IV, Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care, demonstrated my ability to design, select, use, and evaluate programs that evaluate and monitor outcomes of care and quality improvement of health care information systems during this pilot project (AACN, 2006). Essential IV was followed during the pilot project through the support of the information technology team with the Nobl software program. Surveys were developed to evaluate the education and training effectiveness for increasing nurse leaders' confidence in crucial conversations and staff's perceived respect and useful feedback from the nurse leaders. Data were kept secure and confidential during the pilot project.

Essential V, Health Care Policy for Advocacy in Health Care, asks DNP graduates to engage with current and future health care policy topics (AACN, 2006). Identifying the problem

with nurse leader turnover and staff dissatisfaction with nurse leaders' perceived respect and useful feedback achieved Essential V. Advocating for the education and training for nurse leaders on crucial conversations was vital for increasing nurse leader confidence. Health care policy makers must be engaged and supportive of evidence-based practice. Implementing the crucial conversations education and training throughout the hospital could help influence staff who are not nurses or leaders to become future nurses and leaders, thereby decreasing the nursing shortage.

Essential VI, Interprofessional Collaboration for Improving Patient and Population Health Outcomes, requires effective communication and collaboration skills within interprofessional teams (AACN, 2006). During the pilot project for education and training of nurse leaders on crucial conversations, key stakeholders throughout the hospital were engaged to garner support. Incorporating the information technology and education team and developing and implementing the practice change for nurse leaders to enter crucial conversations in the Nobl software for accountability demonstrated Essential VI.

Essential VII is Clinical Prevention and Population Health for Improving the Nation's Health (AACN, 2006). Identifying gaps in nurse leaders' confidence with crucial conversations was important to achieving Essential VII in this pilot project. By training nurse leaders on how to incorporate compassion into crucial conversations, staff perceived the nurse leaders as more respectful. Fulfilling Essential VII enables the DNP graduate to promote risk reduction for nurse turnover. Creating safe, positive health care environments for health care workers benefits not only the staff, but also the patients.

Essential VIII, Advanced Nursing Practice, supports the continuous development of clinical nursing practice (AACN, 2006). DNP graduates are expected to demonstrate advanced

assessment skills by becoming nurse scientists, researchers, and innovators (AACN, 2006). The Essential was met for the project by demonstrating clinical knowledge and designing and evaluating an evidence-based education and training on crucial conversations for nurse leaders. I have developed skills to achieve advanced levels of clinical expertise, which will support nurse leaders with crucial conversations. I then utilized Essential VIII to ensure mentorship for nurse leaders on crucial conversations.

Plan for Dissemination

A live presentation regarding the crucial conversations education and training pilot project will take place through Bradley University. Further dissemination of the pilot project will consist of potential submission to an online repository for DNP projects and publishing the results in a nursing publication. Securing ongoing support from key stakeholders to aid in the dissemination of this pilot project will be necessary. Assembling a group of fellow nurse leaders to support the opportunity to present the education and training event at other hospitals within the organization would allow for the expansion of this project. Putting together the team of nurse leaders will provide an experience for increased communication skills and accountability for nurse leaders.

Improving the confidence of nurse leaders with crucial conversations will support a decrease in nurse leader turnover and job satisfaction. Other forms of dissemination for the crucial conversations pilot project include presenting a poster podium presentation, submitting a peer review article for publication, and training other leadership disciplines on incorporating compassion into crucial conversations. It is important to the nursing profession that doctoral projects are disseminated. Sharing this pilot project ensures that all who have helped in its

development, planning, and execution are acknowledged, and reflects all the arduous work I have completed.

Attainment of Personal and Professional Goals

Goals, personal and professional, were developed prior to starting the DNP project. First, I made the decision to pursue the highest professional level of nursing by selecting Bradley University. Once the decision was made to start the doctoral program, I made a commitment to learn and refine leadership skills. Each course has created opportunities for growth and skill development as a leader. Leadership competency and training became a priority during the DNP program. Then, meeting with the hospital CNO illuminated the aim for the doctoral pilot project. Increasing confidence of nurse leaders with crucial conversations and staff perception of nurse leader respect and useful feedback is vital to nurse leader and staff satisfaction. As a nursing professional, having the opportunity to conduct an evidence-based practice project has highlighted the importance of DNP-prepared nurses in the profession. Implementing this crucial conversation education and training program in the future to ensure that nurse leaders are confident in providing feedback would demonstrate advanced knowledge and training as a DNP-prepared nurse.

Conclusion

Effective communication is one of the most essential skills leaders can possess (Hinkle, et al., 2017). The ability of a leader to articulate ideas and convey clear feedback to others is vital (Carlow University, 2022). Using compassion while building a team's trust and establishing a shared vision or goal with communication shows respect for team members (Coates, 2021). At times, crucial conversations must take place to ensure clear guidance accountability. All participants involved in conversations must feel at ease to share thoughts and ideas. Therefore,

leaders must have the knowledge, skill, training, and follow-up on crucial conversations (Major, 2019). Incorporating compassion into crucial conversations ensures effective communication when topics are difficult or controversial (Bryant et al., 2020). This pilot project aimed to increase employee satisfaction and increase nurse leaders' confidence with crucial conversations.

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Appendix A: Communication About Project to Nurse Leaders

Fellow leaders,

My name is Sheri Piper, and I am a doctoral student working with Bridget Suarez and Lisa Pittman to complete an education and training event on incorporating compassion into crucial conversations. This education and training event will be offered to all medical-surgical leaders. The training and education will include topics such as active listening model, skills for open-ended questions, how to provide clear information and feedback, techniques to use a calm, empathetic approach if the staff nurse does not receive the feedback well, and solution starters for action planning with the staff nurse. Time will also be allotted for scenarios on crucial conversations. The goal is to positively impact leaders' comfort on crucial conversations as well as staff nurses' perception of trust and ability to receive useful feedback from their leader. Surveys will be conducted for leaders and staff nurses. Responses to surveys will be kept separately from names and personal information. This data will be used to implement a hospital-wide education and training for leaders on crucial conversations. This project is optional participation, and refusal will not affect employment. Please let me know what questions you have.

Thank you, Sheri Piper

Appendix B: Communication About Project to Staff

Hello,

My name is Sheri Piper, and I am a doctoral student working with Bridget Suarez and Lisa Pittman to complete an education and training event on incorporating compassion into crucial conversations. A survey is available for you to provide feedback on the trust and useful feedback that you have with your leader. Responses to surveys will be kept separately from names and personal information. This data will be used to implement a hospital-wide education and training for leaders on crucial conversations. This project is optional participation, and refusal will not affect employment. Please let me know what questions you have.

Thank you, Sheri Piper

Appendix C: Pretraining Survey for Nurse Leaders

1. I feel confident having crucial conversations.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

2. I know how to ask open-ended questions to guide a crucial conversation.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

3. When people bring up new problems during a crucial conversation, I do not know how to respond with a calm, empathetic approach.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

4. Understanding and knowing the polices, processes and expectations for a crucial conversation is useful.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

5. Crucial conversations must be objective, with no emphasis on compassion.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

Appendix D: Posttraining Survey for Nurse Leaders

1. I feel confident having crucial conversations.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

2. I clearly understand how to ask open-ended questions in a crucial conversation to provide useful feedback in a crucial conversation.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

3. I understand techniques that can be used when new problems arise during a crucial conversation that are calm and empathetic.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

4. Providing feedback in a crucial conversation using policies, processes and expectations can be useful.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

5. Crucial conversations can be compassionate.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

Appendix E: Staff Survey

The person you report to can be a charge nurse, supervisor, or manager.

1. The person I report to treats me with respect.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

2. The person I report to provides me with useful feedback.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

3. The person I report to shows compassion in their conversations with me.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

Appendix F: Project Timeline

	6 week project timeline					
Activity	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Verify total # of leaders						
Email leaders about project						
Set date education & training						
Pre-survey leaders						
Education and training event						
Scenarios complete						
Validation of conversations in Nobl						
Postsurvey leaders						
Survey staff nurses						

Appendix G: Incorporating Compassion Into Crucial Conversations Tip Sheet

PURPOSE OF THE CONVERSATION:

What is the problem, what are the facts?

____

____

____

____

____

Current reality: What do you think and feel about the problem? About the other person and yourself as the leader? Is this problem new or ongoing?

____

____

____

____

____

How do you think the other person would describe the problem? Is there an alternative perspective? How do you think they would respond when you raised the purpose of the conversation?

____

____

____

____

OBJECTIVE/GOAL OF CONVERSATION:

____

____

____

____

CONTRIBUTING FACTORS:

Is there anything going on now or that has happened in the past that might be contributing to your feelings about this problem or the other person?

____

____

____
____

Is there any past history or something more recent that may be contributing to the other person's behavior/performance?
____
____
____

Is there any triggers that lead to behavior or performance which result in the problem?
____
____

THE CONVERSATION:

Strategies

When and where would you likely have the crucial conversation? Be specific—time of day, location, etc.
____
____

Plan some key sentences that you will want to use:

When you/I have noticed that you ____ (name a specific behavior) I feel that ____ (be sure to use an emotion, not a judgement) because ____ (name the impact the behavior has on you)

Consider using Open-Ended Questions:

- Tell me about…
- What current challenges are you facing with…?
- What do you feel is needed to make your role better?
- What are you the most proud of in your work? What do you struggle with?
- How do you feel about the current situation?

- How would you approach this problem?
- What do you think is the best solution?
- Why did you choose to answer/respond that way?

Here is an example to get you started: Hello _____. I have noticed your late clock-ins. Talk to me about what is making you late for work. When you do not show up for work on time, the team feels frustrated because they have to continue to care for patients after their shift has ended. How can we assure that you have a successful plan to get to work on time moving forward?

Framing the conversation in this way keeps it concrete and about a behavior and its impact on the team--NOT the person and their character defects.

Show compassion in the conversation. Be present.

Active Listening

How will you stay attentive and listen to understand rather than listen to react?

____

____

____

____

What body language will you use to show a compassion approach to the crucial conversation?

____

____

____

Action

How will the other person react when you say this? ______________________________
How will you feel like responding?____
____
How will you actually respond? ____

The other person may be defensive, and you have some insight about this now, so listen and reflect what you hear with empathy. Then be prepared to repeat "when you..., I feel..., because..." before they take some responsibility. When they do, immediately move toward problem solving.

Problem Solving/Solution

Work through problem solving and solutions together.

What are possible solutions?

What steps are needed to get to the solution?

What is the timeline to execute solution/achieve expectation?

DOCUMENTATION & FOLLOW- UP

Document the crucial conversation into Nobl Software as a coaching task.

When will follow-up take place?

Will this conversation be escalated to another leader on the team?

Has the solution achieved the expectations?

Is further follow-up needed?

Appendix H: Budget Table

Category	Item	Details	Amount
Materials	Paper	Needed for surveys	$20.00
Materials	Ink	Needed for surveys	$20.00
Equipment	Printer	Surveys will be printed	0.00
Equipment	Computer	Need for data entry and analysis	0.00
IT	Nobl software	Software used to validate conversations	0.00
Space	Meeting room	Education and training event	0.00
		Total	$40.00