Standard Work for Nurse Leaders: A Quality Improvement Project

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This is to certify that I have examined this
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and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

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Abstract

Providing role clarity and defining the standard work of nursing leaders is essential to reduce burnout, increase the quality of care provided, and ensure there is an adequate supply of qualified nurse leaders (Kelly & Adams, 2018; Seichter, 2018). Standard work is the established best and most reliable method and sequence of work to minimize waste and maximize performance providing routine and structure to create clear expectations for the nurse leader (Thomas Jackson, 2012). The additional responsibilities of leadership can lead to burnout, and the risk is further perpetuated when a leader does not effectively understand the complexities of their role (Kelly & Adams, 2018). Nurse leaders are critical to a healthy work environment as they can unintentionally create a trickle-down effect on those with whom they work. The impact of lower staff engagement correlates to lower-quality patient care, patient experience, productivity, and an increased potential for medical errors and workplace accidents (Seichter, 2018).

Using the Plan-Do-Study-Act (PDSA) framework, best practices, and recommendations from subject matter experts in collaboration with current nurse leaders, this project created and piloted standard work tools related to financial management for nurse leaders of ICUs at a large academic health center in the Midwest. Although the standard work tools will require revision, 100% of the nurse leader participants suggested the continuation and further development of standard work tools to support improving clarity regarding the expectations of the nurse leader role.
Standard Work for Nurse Leaders: A Quality Improvement Project

Nursing is a rewarding career that allows individuals to pursue a variety of clinical interests while developing professionally. Often nurses work in roles providing direct patient care; however, approximately 7% of nurses pursue leadership opportunities (Miltner et al., 2015). The increased accountability of these roles and the demands of the highly stressful working environment place the nurse leader at an increased risk of burnout (Kelly et al., 2019). Kelly and Adams (2018) note burnout is “the state of continuous psychological stress within work life and has been identified as having a negative impact on patients, the workforce, and organizations” (p. 24). According to the Institute of Healthcare Improvement (IHI), providing role clarity and defining the standard work of nursing leaders is essential to reduce burnout, increase the quality of care provided, and ensure there is an adequate supply of qualified nurse leaders (Kelly & Adams, 2018; Seichter, 2018).

The lack of role clarity verbalized by nurse leaders regarding financial management was the foundation of this DNP project. Nurse leaders are accountable for the outcomes of their units, teams, the organization, and the patients they serve. To support their success, nurse leaders must be provided clear expectations regarding their role and responsibilities related to financial management. With the development and implementation of standard work for financial management, the nurse leader will have access to valuable information to describe expectations, serve as a resource, and provide structure for their role. The information learned through this pilot project will be used to support quality improvement strategies that promote improved role clarity through the implementation of standard work for nurse leaders.

Background and Significance

Nurse leaders are often promoted into leadership roles based on their clinical competence and in absence of an adequate evaluation of leadership skills, training, or knowledge (Miltner et
al., 2015; Kelly et al., 2019). They typically receive minimal information regarding the complexity of their role or direction to support their understanding of their responsibilities, expectations, and span of control related to the financial management of a patient care unit (Kelly & Adams, 2018; Kelly et al., 2019). Financial literacy has been identified as essential by government and consumer organizations including the Institute for Medicine, Robert Wood Johnson Foundation, Commonwealth Fund, Kellogg Fellows Leadership Alliance, and the American Nurses Credentialing Center (Brydges, et al., 2019). The American College of Healthcare Executives (ACHE) conducted a survey in 2018 that ranked financial challenges the top concern for hospital chief executive officers for the 5th consecutive year (Brydges, et al., 2019). Yet it has been reported that 83% of nurse leaders feel unprepared in the area of healthcare finance (Brydges, et al., 2019).

Standard work is the established best and most reliable method and sequence of work procedures to minimize waste and maximize performance (Thomas Jackson, 2012). Leader standard work provides routine and structure while creating clear expectations for the leader's role (Mann, 2015). A standard work document includes tasks or duties and their indicated frequency of completion such as once a day, several times a day, once a week, or as needed (Mann, 2015). Standard work can also be considered the observable or measurable "must-haves" to achieve the desired outcomes related to quality, ease, efficiency, and safety (Thomas Jackson, 2012).

**Ethical and Social Justice Implication**

The lack of standard work regarding financial management creates ethical concerns as leaders are uninformed or inadequately prepared to manage multi-million-dollar budgets and complex operations. Failure to responsibly manage resources can increase risks for the financial
wellbeing and stability of the organization as well as the populations served. Nurse leaders have an ethical and social justice obligation to effectively manage resources to avoid causing harm while promoting health equity (Buettner-Schmidt & Lobo, 2012).

**Goals and Objectives**

The goal of the quality improvement project was to understand the change in the participating nurse leaders’ perception of role clarity related to financial management as a result of piloting standard work for financial management. The objectives of the quality improvement project included:

- Assessing the participating nurse leaders' perception of role clarity before and after the pilot.
- Developing and piloting standard work for financial management for ICU nurse leaders.
- Upon completion of the pilot, assess the participating nurse leaders’ ability to describe understanding and proper use of standard work.

**Evidence-Based Practice Problem**

The additional responsibilities of leadership can lead to burnout, and the risk is further perpetuated when a leader does not effectively understand the complexities of their role (Kelly & Adams, 2018). The leader often lacks the proper onboarding, mentorship, and standard work to guide their work as demonstrated in the 5 Whys Analysis Nurse Leader Burnout (see Appendix A). As a result, the leader can develop unhealthy perceived role expectations, believing they must never decline projects or requests, and appear to be constantly working or responding to email, which can lead to high levels of stress or distress (Kelly & Adams, 2018).

The associate chief nursing executive (ACNE) of a large academic health center in the Midwest identified the lack of standard work for ICU nurse leaders related to their role and
expectations for financial management. She recognized that nursing departments can account for as much as 50% of the hospital’s budget therefore nurse leaders have substantial responsibility for the organization’s operating margin (Brydges et al., 2019). Nurse leaders must be able to manage the day-to-day activities that support care delivery, handle complex operations, and manage multi-million-dollar budgets often with many employees (Birken et al., 2012; Brydges et al., 2019). As the IHI recommends, creating role clarity through the identification and creation of standard work can articulate expectations, prioritize work, guide time management, identify spheres of influence, and set boundaries around technology, employee management, and personal expectations to support the success of nurse leaders in finding joy in their work and reducing burnout (Seichter, 2018).

**Project Purpose**

The purpose of this quality improvement project was to create and pilot standard work for the financial management of ICUs, to improve role clarity for ICU nurse leaders. The quality improvement question guiding this project was: Does the implementation of standard work related to financial management for ICU nurse leaders improve the nurse leaders' perception of role clarity related to the financial management of their unit?

**Theoretical Framework**

Nurse leaders are critical to a healthy work environment as those who experience burnout or are at risk for becoming burned out can unintentionally create a trickle-down effect and perpetuate symptoms of burnout in those with whom they work. The impact of lower staff engagement correlates to lower-quality patient care, patient experience, productivity, and an increased potential for medical errors and workplace accidents (Seichter, 2018). The IHI Framework for Improving Joy at Work identified the level of burnout in health care to be of
epidemic proportion (Kelly & Adams, 2018; Seichter, 2018). Nursing leaders have an integral role in supporting their engagement and that of those they serve to transform health care. The pilot site uses the BASE of Nursing model to explain how nurses contribute to the healthcare team.

The BASE of Nursing model describes the work of nurses through ways of being and knowing (See Appendix B). The ways of being are identified as Being Present (B) and Active Caring (A). The ways of knowing are demonstrated in Stories or narrative-based evidence (S) and Evidence from science (E). According to Potter (2015) once nurses understand their unique contributions and autonomous practice, then they can fully collaborate with the healthcare team. This model supports the central concepts of the discipline of nursing by improving how nurses provide individualized care for patients as a whole person. Although many nurses serve patients directly, nurse leaders provide care to patients indirectly by serving teams who provide direct patient care. Service to others allows the nurses to feel fulfilled, positively impacting their health, the wellness of the team, and the environment.

The BASE of Nursing model has been integrated into the Professional Practice Model (PPM) for nursing used by the quality improvement pilot site. Whether the nurses care directly for patients or serve teams indirectly supporting patient care, the BASE of Nursing model is easy for nurses to relate to as it succinctly illustrates ways of being and knowing that are core to how all nurses function. The selection of a model that had already been socialized and accepted within the organization increased the adoptability and minimized potential confusion by aligning with the pilot site’s existing nursing professional practice model.

The BASE of Nursing model utilizes a simple acronym in which leaders can easily relate to their work. For nurse leaders who are experiencing confusion or lack of clarity in their role
and at risk of burnout, it is important to implement interventions that are realistic, sustainable, and minimize additional complexity. Since nurse leaders may find themselves lost in operational tasks, lacking direction, having difficulties in identifying priorities, or finding joy in their work, standard work can support the success of the leader by linking the desired operational outcomes for the nurse leader back to the BASE of Nursing model (being present, active caring, stories, and evidence). Intentionally connecting the financial management tasks to nursing practice allows leaders to experience compassion satisfaction and find joy in their work, by reducing feelings of confusion related to lack of role clarity (Kelly & Adams, 2018).

The BASE of Nursing model assumes that by expressing ways of being and knowing, nurses will realize their autonomous practice and find joy in their work. Although the development of standard work focuses on the operational tasks that are often perceived as “non-nursing,” it is valuable to relate the identified expectations to the BASE of Nursing model's ways of being and knowing. “Budgeting” is an example of an operational task, yet the BASE of Nursing model can be used to remind the nurse leader that their decisions and actions are shaped by listening to the stories of patients, team members, or colleagues to consider the evidence and demonstrate active caring. Although nurse leaders may not be providing direct patient care, they are actively practicing nursing. The use of standard work can deepen the connection nurse leaders feel to their nursing practice as they gain clarity around the expectations of their role as nurse leaders.

The assumption core to the BASE of Nursing model is that in understanding the ways of being and knowing, the nurse will be empowered to be their best and fully function as a collaborative member of the interdisciplinary team. Clearly articulating the expectations of the leader will result in an increased level of awareness, autonomy, and engagement for the nurse
leader. Connecting operational work and nursing practice empowers the leader and demonstrates operational leadership and nursing are not exclusive skill sets, rather complementary bodies of knowledge that can be masterfully leveraged to benefit others. The BASE of Nursing model supports nurses in identifying "who" they are and "what" is core to their practice. It is in understanding the ways of being and knowing that nurses can fully engage as members of the healthcare team.

**Review of Literature**

**Search Strategy**

A literature search utilizing medical, nursing, and organizational leadership or business-related electronic databases including PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, Academic Search Premier, and Business Source was conducted in spring 2020. The key terms and Boolean phrases included were nurse leader, nurse manager, standard work, work standards, OR consistent work, AND role clarity, OR role ambiguity, AND burnout (burn out, burn-out, stress, occupational stress, compassion fatigue, fatigue), AND critical care (intensive care or ICU) were included to narrow the search.

This search yielded national guidelines, case reports, quality improvement work, position statements, literature reviews, national presentation abstracts, and qualitative and quantitative research articles. To be considered for inclusion the findings must have been from English-language-only peer-reviewed scholarly journals written within the last ten years. The titles and abstracts of articles and presentations were reviewed to assess for inclusion. The subjects of the content had to include nurse leaders, standard work, or measure role clarity or role ambiguity in acute care or ICU settings to be included in the review. Resources that were duplicative, older than 2010 and those that did not relate to formal nurse leadership roles, standard work, or
improved role clarity were not included. The evidence appraisal tools developed by Johns Hopkins Hospital/Johns Hopkins University (2019a, 2019b) were utilized to assess the level and quality of evidence. Studies that applied to the project and rated *high* or *good* were included in the review.

**Appraisal of Literature**

The initial keywords and Boolean phrases searched generated 203 titles and abstracts. Through the elimination of duplicative content and screening for relevancy, 39 full-text studies were reviewed. Of these studies, fifteen sources were selected based on their sound research design and credible expertise to validate the problem and suggest evidence to support the proposed intervention of creating and piloting standard work for ICU nurse leaders. Many of the articles are expert opinion and the remaining use a qualitative research design. All articles included have a level III, IV, or V research rating with a *good* or *high*-quality rating. Due to the nature of the subject, qualitative or non-research sources were most prevalent, often using a mixed-methods study design. The sample sizes in many examples were large enough that the outcomes could be generalizable. Evidence specific to ICU nurse leaders was limited, however, the themes from the ICU staff nurses or non-ICU nurse leaders were still applicable to the topic of study.

Nine of the articles included in the review were level III non-experimental or qualitative studies in which assessment tools, questionnaires, or focus groups were utilized to identify interventions to improve role clarity or reduce role ambiguity. Although the overall recommendations of the works were similar, the tools utilized for assessment were often different. Five of the articles included in the review of literature were level V including a literature review, two quality improvement projects, a community standard, and a case report.
The remaining article was a level IV position statement.

The evidence specific to implementing standard work to improve role clarity for the nurse leader role was lacking. Instead, the implementation of standard work was correlated to reduced burnout or improved job satisfaction. The term standard work was rarely found in the nursing literature, although it was more commonly described in the business and management sector as evidenced by the manufacturing examples. One example illustrated how the implementation of a protocol for caring for patients at end of life improved the Maslach Burnout Inventory (MBI) subscales (McCarthy, 2014). After implementing a standard way of caring for the patient population, nurses in the ICU reported a lower level of burnout. Even though the presentation abstract did not utilize the term standard work or role clarity, the implementation of a standard protocol to define the requirements for care of the population to improve the working environment of the nursing staff demonstrated the intention of implementation of standard work as defined for this project.

Although the literature consistently identified the importance of assessing and identifying burnout, there were limited studies related to role clarity or role ambiguity. One study reviewed existing role ambiguity and role conflict assessment tools while recommending new scales for assessment. The “Bowling et al. (2017) Role Ambiguity Scale” identified six new role ambiguity items that were validated against Rizzo et al. Role Ambiguity and Role Conflict Scale.

**Synthesis of Literature**

In reviewing the literature, it was noted that the term "standard work" rarely exists. However, ensuring observable or measurable “must-haves” to achieve the desired outcomes related to quality, ease, efficiency, and safety was consistently present in all sources. The purpose of this review was to validate the implementation of standard work as an effective
intervention to improve role clarity for ICU nurse leaders. Instead, the search provided a valuable perspective that the assumed understanding of standard work is far from universal. As a result, it was necessary to utilize the combined learned knowledge from manufacturing and lean principles to create a shared understanding for ICU nurse leaders to gain clarity in their role (Lu & Yang, 2015).

The literature review did validate the impact of lack of role clarity for nurse leaders and the direct correlation to levels of burnout (Flynn & Ironside, 2018; Kelly et al., 2019). There was a consistent focus on the importance of identifying and assessing role ambiguity to minimize the unintended consequences of decreased quality of care, patient outcomes, and employee engagement (Blouin et al., 2016; Steege et al., 2017; Flynn, & Ironside, 2018; Kelly & Adams, 2018; Kawar et al., 2019; Kelly et al., 2019). Most of the literature available focused on role ambiguity for nurses who provide direct patient care, however, there were a few studies that demonstrated there was also a negative impact on nurse leaders who experienced role ambiguity. (Steege et al., 2017; Kelly et al., 2019). The literature indicated that nurse leaders are essential in creating the working environment to attract and retain bedside nurses (Warshawsk & Havens, 2014; Sacco et al., 2015; Steege et al., 2017; Kelly et al., 2019). According to Steege et al. (2017) as a result of role ambiguity “nurse leaders can impact their performance, work–life balance, turn-over intention, and may have a trickle-down effect on nurses providing direct care ultimately impacting patient and nurse outcomes” (p. 284).

After reviewing the literature, it was noted that there was strong and compelling evidence to assess and intervene to improve role clarity for nurse leaders. The evidence indicated the importance of improving role clarity, guiding time management, and setting boundaries around technology to assist in supporting work-life balance for nurse leaders. Although the review of the
literature did not unequivocally recommend the implementation of standard work to minimize the symptoms of burnout experienced by nurse leaders, the evidence did recommend reducing the risk of burnout by improving role clarity, evaluating workload, and establishing boundaries. As standard work has been identified as essential to improving role clarity it can be hypothesized that implementing standard work to improve role clarity would positively impact the working environment and minimize complexity to support the ongoing success of the nurse leader, their teams, and the patients they serve (Seichter, 2018).

**Project Design**

**Project Method**

Utilizing the evidence to inform the intervention and design of the quality improvement project, the site in collaboration with the investigator, identified the need to create and pilot standard work specific to financial management for nurse leaders. The intent of creating standard work was to improve role clarity for the leaders by providing direction for their work that minimizes waste and maximizes performance (Thomas Jackson, 2012; Mann, 2015).

This quality improvement project design collected quantitative data before the pilot, qualitative feedback through individual interviews and a focus group, as well as quantitative and qualitative data after the pilot. Using the Plan-Do-Study-Act (PDSA) framework, best practices and recommendations from subject matter experts in collaboration with nurse leaders were organized into a standard work document to provide consistent expectations for the financial management of ICUs specific to the identified healthcare organization (See Appendix C) (Thomas Jackson, 2012; Graupp & Purrier, 2013; Moran et al., 2020).

Working in collaboration with the ACNE, four potential participants were identified based on their current role as ICU nurse leaders in the organization. In addition to the ICU nurse
leader participants, twelve other key stakeholders were invited to offer insight and consultation in the development of the standard work document. Some of the stakeholders identified included the ACNE, directors over the ICU leaders, finance, lean promotion office project manager, and ICU nurse leaders from other hospital sites within the organization.

**Pre-Implementation Phase (Plan)**

Before meeting with site leadership to introduce the proposed project, the investigator received Institutional Review Board approval from the organization to proceed as proposed, and notification that the project proposed met the criteria for quality improvement. In early September 2020, the investigator attended a meeting of the site's operational leaders to introduce the quality improvement project and seek approval as the pilot would likely have additional implications within the organization. After receiving overwhelming support from the organization's senior leadership team, the ICU nursing leaders from the identified pilot locations were sent an email inviting them to participate in the quality improvement project. Those who responded with interest were sent an email informing them of the quality improvement project with consent for participation. After the consent had been electronically signed or an email from the participant was received stating they reviewed and agreed to the terms of the consent, the volunteering participants were sent an email inviting their participation in a pre-assessment of role clarity using the "Bowling et al. (2017) Role Ambiguity Scale" (see Appendix D).

The “Bowling et al. (2017) Role Ambiguity Scale” was utilized to collect quantitative data and establish a baseline rating of role clarity and understanding of expectations of ICU nurse leaders specific to financial management. The scale was selected as a brief six-item survey noted to have a high level of validity, internal consistency, and test-retest reliability (Bowling et al., 2017). The role clarity items were validated in multiple studies using proportion and
substantive agreement (Bowling et al., 2017). Although criteria do not exist dictating acceptable $P_{sa}$ and $C_{sv}$ values, the authors identified criterion value of 0.50 for both (Bowling et al., 2017). All six items of the “Bowling et al. (2017) Role Ambiguity Scale” yielded $P_{sa}$ and $C_{sv}$ values $>0.50$ (Bowling et al., 2017). The survey items assess the perception of role clarity related to all aspects of any role, however, for this quality improvement project, the instructions included with the survey link asked the participants to answer the questions related to their experience with financial management in their current role. Each item required selection of a rating on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree) (Bowling et al., 2017).

**Implementation Phase (Do)**

Shortly after the investigator presented the project to the site operational leaders it was identified that an outside consulting agency had been contracted to create a manual of standard work for nurse leaders. Since financial management was to be one chapter in the larger manual, the investigator was invited to participate in the development meetings. The investigator also worked with the members of the consulting team and included them as stakeholders during the drafting process.

Throughout the quality improvement project, the participants were reminded that their participation in this project was completely voluntary and they may choose to withdraw from participation at any time. Demographic data was not collected, nor was the respondent's email addresses or responses to the pre or post-assessment tracked in any identifiable way. Only with the nurse leaders' permission was their participation in the quality improvement project acknowledged or shared. Since the responses to the pre and post-assessment surveys were not linked to the participant's email it was not possible to identify who had or had not yet responded. As a result, all participants received reminder emails. Throughout the quality improvement
project, no personal information was collected, and the pre and post-intervention surveys were sent anonymously via REDCap. The participants were informed that although the findings could be presented and/or published, no results will be shared that could be attributed to specific individual participants, only aggregate results would be reported.

Once the pre-assessment survey response was received, a 30-minute interview (see Appendix E) was scheduled individually with each of the participating ICU nurse leaders to understand their current practice and identify the future financial management standard for the organization. Upon scheduling the individual meetings, three of the nurse leader participants individually contacted the investigator requesting that the individual interviews instead be conducted as a focus group. Accommodating the participant-driven request, the investigator completed the meeting with the remaining three nurse leader participants as a focus group. Other stakeholders such as the director over the ICUs at the participating site, ICU nurse leaders from other select community hospitals within the healthcare system, the ACNE, leaders from staffing and scheduling, members of the finance team, as well as a member of a consulting firm working with the organization to create standard work tools for nurse leaders participated in a 30-minute interview to offer input into the initial draft of the standard work for financial management.

**Study:**

Utilizing the information obtained from the interviews, a draft standard work document was created. The draft was shared via email with the ICU nurse leader participants and stakeholders to review and provide feedback (Thomas Jackson, 2012). Although there were no recommended changes, resources within the standard work document were revised to better align with evolving organizational processes. The subsequent draft of the standard work document was emailed again to the participating ICU nurse leaders to ensure they had an opportunity to ask any
questions and ensure they were comfortable with the standard work document before piloting the tool.

Act:

The ICU nurse leaders were asked to pilot the standard work from December 1, 2020, through January 12, 2021. The standard work tools developed included an instructions guide of how to use the standard work tool kit, a brief document stating the expectations and desired frequency of completion of specific tasks related to financial management, information regarding how to address variances in the budget, definitions frequently used in managing budgets, tools to locate and utilize financial reports, tracking logs for capital requests, staffing trends and turnover, and the nurse leader’s adherence to standard work. The investigator recognized the complex timing of the pilot with competing priorities such as the end-of-year events, increasing COVID-19 admissions, and other organizational challenges. As a result, the investigator offered a brief meeting to review the standard work document and ensure the nurse leaders had the information necessary to pilot the drafted standard work. All four nurse leader participants accepted the appointment for the same-day call. During the call, the drafted tools were explained, and questions were answered.

Throughout the 6-week pilot, the investigator was available for questions and reviewed the tracking tools that the nurse leaders had access to utilize on a shared Microsoft Teams page. After the 6-week pilot period, the post-pilot "Bowling et al. (2017) Role Ambiguity Scale" with the addition of 1 multiple choice and 4 short answer questions for the participants to describe their understanding and overall experience with regards to the use of the financial management standard work document (see Appendix F) was emailed. One reminder email was sent after the survey was available for one week to remind participants to complete the post-pilot survey.
This quality improvement project utilized evidence-based information to leverage industry standards for financial management by nurse leaders in addition to seeking organizational subject matter experts to draft standard work for financial management. The BASE of Nursing model was utilized as the investigator was present with the participants demonstrating active caring through the stories and evidence shared to create the draft standard work. Respectfully conducting the data collection and quality improvement project further exemplifies the principles of the BASE of Nursing model as it fosters relationships and partnership.

Evaluation

The “Bowling et al. (2017) Role Ambiguity Scale” was administered to four participating nurse leaders for pre and post-pilot quantitative data. The survey uses a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). In addition, qualitative data was collected during the various stakeholder interviews and the focus group before the standard work development, as well as part of the post-pilot survey. The survey and interview questions collected information regarding the participant's perception of role clarity relating to financial management. The themes identified during the interviews were used in the design of the standard work document, similarly, information from the post-survey has been utilized to inform the dissemination of future work. All data collected was analyzed for trends or themes related to the nurse leaders’ perception of role clarity and use of standard work.

Discussion

Results of Project

The overwhelming theme of the interviews, stakeholder meetings, and focus group was the desire to improve the clarity of the role of the nurse leader. Additional themes identified by
participants and stakeholders included the need for financial management standard work tools that can be easily understood, utilized, readily accessible, and kept up to date to support the success of the nurse leader. Although the stakeholders represented various locations, levels of leadership, operations, and finance, they articulated similar desires of the standard work to be concise and easy to use. All participants and stakeholders recommended the same metrics to monitor in the standard work such as productivity, regular worked hours, overtime, non-productive hours, and supply costs, while relying on and leveraging predictive staffing. The participants and stakeholders also articulated similar recommendations for the frequency of performing each activity. This could be interpreted that although the tools do not formally exist, the desired practices have been previously identified and not appropriately communicated or disseminated. All participants acknowledged that the organization is ever-changing and expressed awareness that the tools would also need to evolve.

There was a 100% (n=4) response rate to the pre and post-assessment survey. The data obtained from both assessments completed by the participating nurse leaders was analyzed using descriptive statistics and a paired t-test to assess if the significance of changes in the nurse leader participant's perception of role clarity related to their financial management responsibilities. Since the "Bowling et al. (2017) Role Ambiguity Scale" utilizes positive and reversed-scored items, the investigator recoded negative or reverse-scored questions before performing a paired t-test of the pre and post-survey results of each question. The $p$-value was identified as 0.05 and although the quantitative data did not indicate a statistically significant improvement in the nurse leaders’ perceived role clarity, the qualitative data collected provided validation of the impact of standard work in providing additional clarity of financial management expectations for nurse leaders.
When reviewing the responses from the pre and post-assessment survey it was noted there was a decrease in rating or no change for all survey questions except for one question. The survey item "The requirements of the job are always clear" had an 11% increase in mean response. Although not statistically significant, this change may demonstrate there was improved clarity about what was expected. The responses to the other questions may reflect the opportunity to still better define "how" to complete the desired requirements (See Appendix G).

The qualitative feedback from the post-pilot survey demonstrated that 100% (n=4) of the participants could accurately explain the purpose or benefit of standard work. They stated standard work "[was] supportive of my past practices," "[puts] references in one location." "Previously had to hunt for info or had to depend on colleagues to provide. Sometimes inaccurate info was propagated. This will be really helpful." “This serves my schedule now and serves as a reminder.” “Provides a standard template for much of the work already being done.” Although none of the participants said the standard work changed their practice it was stated “it has validated my practice which is helpful. I think it is just assumed that new managers know what to do and I don’t believe that is true. I am frequently helping new managers so I am really pleased to have the tools as I think they will be really helpful to new managers.” One hundred percent of the participants shared that they support the continued use of the standard work tools. Fifty percent of the participants recommended expanding the “concept and developing resources for other expected standard work categories” adding “we probably need something similar for employee management.”

While the post-survey data for 50% of the nurse leader participants did acknowledge that they did not perceive great change or new information in the standard work, they did acknowledge that the tools validated their current practice. The investigator was keenly aware
that the development of standard work could serve as a tool to support the onboarding or orientation of new leaders. The impact of this quality improvement project may not have been statistically significant for experienced leaders, however, sentiments expressed by the new nurse leaders later introduced to the standard work tools portray better understanding and comfort with the desired tasks and responsibilities related to financial management.

Although the quantitative data collected did not demonstrate improvement in the perception of role clarity experienced by the participating nurse leaders, there is compelling evidence to recommend the distribution of the standard work tool to new nurse leaders in the organization. After this pilot project, participants referred two new ICU nurse leaders to meet with the investigator to learn about how to utilize the standard work tools for continued support and further role development. The nurse leader participants that referred their new colleagues shared the tools were “exceptionally helpful and appreciated.” The two new leaders similarly expressed how helpful the standard work tools were in providing direction and guidance. They appreciated meeting with the investigator to review the information and further their understanding of the purpose and use of the tools. The investigator was then asked to meet with two additional new leaders and share the financial management standard work tools.

Limitations

Although the quality improvement project was eagerly endorsed by the organizational leadership and the participants acknowledged the need for standard work, there were numerous complicating factors. The nurse leader participants were limited in number. They were all experienced nurse leaders of the same gender. The assessment tool utilized for the pre and post-assessment was not specific to the appraisal of perceptions specific to responsibilities related to financial management and may have impacted how the nurse leader participants responded.
During the planning and implementation phase of the project, COVID-19 cases were increasing, and ICUs were at capacity placing additional constraints on the time of the participants. The organization was undergoing a restructuring of roles as well as various other end-of-year efforts to position itself for success in the new budgeting period. Following the revision of the standard work draft and one week before the pilot's beginning, the financial reporting tools and the reports to be utilized by the leaders and referenced in the standard work were made unavailable. The updated reports were not available again for use until just before the close of the pilot in January. As a result, the exact reports identified in the standard work and the tip sheets of how to access them were no longer applicable. Although the lack of financial reporting for the month impacted information available to the leader for review, they were still able to utilize other portions of the standard work tool. The experience reinforced the importance of continual process improvement as healthcare organizations and the technology or reporting utilized is also continually evolving.

Additionally, the 6-week time frame of the pilot was complicated by several factors limiting the time the leaders could engage with and utilize the standard work tools. In addition to typical daily operational responsibilities, the leaders were also completing numerous yearly employee performance evaluations and organizing COVID-19 healthcare worker vaccination efforts. These obligations impacted the leader's ability to spend the time they would have liked utilizing the tools. One of the participants commented on their post-survey that they were not able "to have focused on this project" as much as they would have liked. Despite these limitations, the experiential learning that occurred and the feedback obtained from the nurse leaders at the site and other stakeholders support the continued development and dissemination of standard work tools.
Recommendation

There is no question that the identification and implementation of standard work for nurse leaders is necessary. It is validating to have 100% support and recommendation from the pilot participants endorsing further dissemination and implementation of the tools across other nursing units. Additionally, 50% of the participants provided unsolicited feedback recommending the development of standard work for other aspect of the nurse leader’s role. The ACNE also recommended the tools be shared with the Chief Nurse Officers throughout the system so that the financial management standard work tools could be shared more broadly across the entire organization. A key consideration in planning broader dissemination includes strategically timing the education and implementation to minimize constraints, the method of education, and communication strategies. As found during this pilot it would be advised to minimize implementation when reporting tools are unavailable and there are numerous competing priorities.

Based on the feedback received through this pilot and as evidenced by the preference of the participants to send other nurse leaders to meet with the investigator instead of sharing the standard work documents themselves, it is recommended that the education of standard work should be shared through a series of meaningful dialogs with nurse leaders. Disseminating the content consistent with the BASE of Nursing model and in a format that allows for sharing experiences, case studies, and asking questions will encourage better adoption and utilization of the available tools. Supporting the collaborative learning of nurse leaders will encourage camaraderie and create a natural cohort to provide ongoing support.

The role of the nurse leader requires the leader to constantly manage many competing priorities. Without support, it is unlikely a nurse leader will be able to efficiently leverage the
standard work tools to their full potential. The feedback from the various stakeholders and participants echoes guidance offered in the literature that for the standard work tools to be effectively utilized everyone must know what they are, how to use them, and where to find them (Thomas Jackson, 2012). Best practice suggests standard work tools are accessible and available for quick reference. It is encouraged that the nurse leader saves the standard work tool where best accessible for the nurse leader to document notes, completion, or have a hard copy printed to keep with them, to check completed tasks off, and record notes, observations, or requests for follow up (Mann, 2015).

Fortunately, the financial management standard work tool developed and piloted augments the nurse leader standard work manual created by the outside consulting agency. Since the nurse leader standard work manual has been completed, the financial management standard work tools have been updated and will be communicated, trained, and utilized in collaboration with the nurse leader manual training. The manual is a robust resource for nurse leaders focusing on various aspects of the nurse leader role including operations, employee engagement, and quality. Although the manual and the standard work are aligned and complement each other, the manual and the standard work tools support unique needs. The manual is available electronically and requires scrolling through numerous pages of content. It is a comprehensive manual that will be an exceptional resource for leaders looking for in-depth detail. The standard work document in comparison is a two-page document that links to other tip sheets, and resources to support the leader at a glance and serve as a "one-stop-shop" "how-to" guide.

This design was intentional based on the feedback from the nurse leader participants, about what would best serve their needs and support their success. The standard work tools can easily be saved to the leader’s desktop, OneNote, or Microsoft Teams for ease of use and
interaction with the tools. The standard work tools were also designed so that the leader could track valuable information and refer to their tools for one on one discussions with their leader, finance partner, and or staffing specialist.

**Significance for Future Study**

This quality improvement project has established foundational work in building a culture supporting nurse leader development. Although nurse leaders must have a broad range of skills, knowledge, and abilities to effectively navigate and drive outcomes in today's complex health care environment there was limited evidence to support the term and concept of standard work in nursing. Future quality improvement efforts should expand beyond the pilot site and include the further development of standard work to support other aspect of the role of the nurse leader. As evidenced in this project, organizations are constantly changing and evolving therefore a continuous improvement methodology such as PDSA must be utilized to ensure the standard work tools evolve and remain aligned with current organizational requirements and practices to best support the needs of the nurse leaders.

The organization must also clearly articulate expectations and create a culture that is accepting and supportive of the use of standard work. The literature supporting the use and purpose of standard work identified standard work as being essential to effectively manage variation in processes while creating a framework for measurement and improved performance (Thomas Jackson, 2012). Additional studies could evaluate the most effective way to implement standard work as well as the nurse leader’s understanding of the purpose and benefits of its consistent use.

Although standard work often refers to the operational tasks and "must-haves" to achieve desired outcomes, the evidence shows there are many non-operational components that should be
included in the standard work to support nurse leaders. Future quality improvement projects could intentionally integrate impactful interventions such as mindful leadership, self-care, guidance for managing boundaries around staff and organizational needs, and time for collaboration with colleagues into the standard way in which nurse leaders do their work (Henry, 2014; Warshawsky & Havens, 2014; Blouin et al, 2016; Hill et al., 2020; Monroe et al., 2020).

Utilizing the BASE of Nursing model can help nurse leaders connect the meaning of what they do as operational nurse leaders and how they support direct caregivers, indirectly benefiting patients. While improving role clarity related to financial management expectations, it is imperative to remind nurse leaders how they practice nursing through the synthesis of information collected through being present, active caring, utilizing stories, and gathering evidence to make decisions. One must carefully consider and intentionally address the holistic needs of the nurse leader when further developing standard work tools.

Contributions to Nursing Practice Knowledge

Nurse leaders spend their days most often firefighting in turbulent, interruption-prone environments (Mann, 2015). Providing clear expectations, structure, and routine can be interpreted as efforts to destroy innovation and creativity, however, once standard work is implemented the leaders have more time for creativity, and improvement activities which result in increased job satisfaction (Mann, 2015). Standard work can be leveraged to establish priorities or set limits as a helpful way to explain to others making requests why something could not be done that was asked "I have to stick to my standardized work" (Mann, 2015, p.61). This pilot project contributed a basic understanding of standard work, as well as standard work tools to support financial management for nurse leaders in an existing limited body of evidence.

Conclusion
Nursing leadership, like health care, is both an art and science. Understanding “how to do” and “what to do” using conclusions of evidence is science, and the understanding of the nuances that leads to applying the science successfully to the individual patient or team is the art. Creating role clarity for the nurse leaders can articulate the science around expectations, prioritizing work, setting boundaries around technology, employee management, and personal expectations allowing freedom for the nurse leader to find joy in the art of practicing nursing and nursing leadership. Reducing ambiguity raises the performance of existing leaders and by leveraging their experience, further supports other nurse leaders (Mann, 2015). The increased pressure of managing budget constraints and overcoming financial shortfalls places additional burden on the nurse leaders, therefore, there must be immediate and continual work to empower nurse leaders in finding joy at work. Nurse leaders are essential in supporting the success of their teams and organization. Supporting nurse leaders to be their best both personally and professionally through the implementation of standard work enables their achievement of optimal outcomes for their team, organization, and the patients and families they serve.
References


Appendix A

Five Whys Analysis Nurse Leader Burnout

Problem Statement: Nurse leaders experience a high level of burnout due to dissatisfaction in their role. Why are nurse leaders experiencing burnout?

- The role of a nursing leader is not what the nurse expected (evidence: discussions with nursing leaders). Why?
  - Applicants often have preconceived notions that do not align with the reality of the role of a nursing leader (evidence: discussions with nursing leaders). Why?
  - Few practical resources or entry level leadership roles are available to prepare nurses for the demands of a full time leadership position (evidence: discussions with nursing leaders). Why?
  - Leadership roles can be misleading as the expectations are often poorly defined due to the ambiguous and constantly evolving nature of healthcare (evidence: discussions with nursing leaders). Why?
  - There is an absence of standard work to support the role of a nursing leader (evidence: discussions with nursing leaders).

- Nursing leaders find it challenging to balance professional and personal life (evidence: discussions with nursing leaders). Why?
  - Although Nursing leaders may have more flexibility in their schedules they also have more responsibility. The additional responsibilities often involve 24/7 accountability (evidence: discussions with nursing leaders). Why?
  - Competing priorities such as financial performance, patient and employee experience and quality outcomes create overwhelming workload for leaders (evidence: discussions with nursing leaders). Why?
  - The Joy a nursing leader finds in their role is often minimized as they may have less opportunity to do the work that fulfills them due to workloads (evidence: discussions with nursing leaders). Why?

- Nursing leaders feel isolated (evidence: discussions with nursing leaders). Why?
  - Nursing leadership roles often lack formal onboarding support and ongoing mentorship (evidence: discussions with nursing leaders). Why?
  - Organizational resources are prioritized for supporting the development of front line team members leaving nurse leaders to create and support the onboarding of other nurse leaders (evidence: discussions with nursing leaders). Why?
  - Nurse leaders are already overwhelmed with the requirements of their work and do not have additional time or energy to create and sustain a successful onboarding for new nursing leaders (evidence: discussions with nursing leaders). Why?

- In the absence of standard work nursing leaders are challenged to adequately prioritize thereby creating inefficiencies that lead to long work hours and minimize the time available for the leader to spend doing the work that brings them joy (evidence: discussions with nursing leaders).

- Standard work does not exist to support the onboarding and development of other nursing leaders (evidence: discussions with nursing leaders).
Appendix B

BASE of Nursing Model

Nursing Professional Practice Model
Transforming Health Care Through Partnership

- Our framework: BASE theory
- Our voice: JOY in excellence

- Being Present
- Active Caring
- Stories
- Evidence

- Teamwork
- Interdisciplinary partnerships
- Mutual respect

- Communication
- Recognition and gratitude
- Shared decision-making
- Compassion

- Quality Care
- Safety always
- Research and Innovation
- Continuous Improvement

- Relationship-based
- Whole Person
- Healing
- Integrative Therapies
- Wellbeing
- Nature

Our care delivery model: Integrative Nursing
Appendix C

Plan-Do-Study-Act (PDSA)

**Act**
- Pilot standard work
- Post-Intervention Survey

**Plan**
- Literature Search
- Pre-Intervention Survey

**Study**
- Draft Standard Work Created
- Draft reviewed and revised

**Do**
- Interview stakeholders
- Focus Group
Appendix D

Pre-Intervention Survey

**Study Title:** Standard Work for Nurse Leaders: A Quality Improvement Project

Role Ambiguity Scale
By: Nathan Bowling, ….

The following survey questions have been adapted with permission from the author of the Bowling et al. (2017) role ambiguity scale.

Please answer each question by selecting the response option that most closely matches your opinion specifically related to financial management within your role.

1-Strongly Disagree, 2- Disagree, 3- Slightly Disagree, 4-Neither agree nor disagree, 5-Slightly Agree, 6-Agree, 7- Strongly Agree

<table>
<thead>
<tr>
<th></th>
<th>1-Strongly Disagree</th>
<th>2- Disagree</th>
<th>3- Slightly Disagree</th>
<th>4- Neither agree nor Disagree</th>
<th>5- Slightly Agree</th>
<th>6- Agree</th>
<th>7- Strongly Agree</th>
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<tr>
<td>1</td>
<td>I am not sure what is expected of me at work.</td>
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<td>2</td>
<td>My job duties are clearly defined.</td>
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<td>3</td>
<td>The requirements of my job aren’t always clear.</td>
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<td>4</td>
<td>I know everything that I am expected to do at work with certainty.</td>
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<td>5</td>
<td>I often don’t know what is expected of me at work.</td>
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<td>6</td>
<td>I know what I am required to do for every aspect of my job.</td>
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Appendix E

Interview Questions

**Study Title:** Standard Work for Nurse Leaders: A Quality Improvement Project

Questions for nurse leader participants and stakeholders will be conducted over Microsoft Teams.

**Nurse Leader Participants**

**Script for conversation lead by DNP student:**
Thank you for your time. I have a few questions to help me better understand the current state of how you as a nurse leader manage your financial responsibilities of your ICU, as well as what suggestions you have so we can create a standard that is effective in supporting the organization’s financial needs, and the efficiencies desired as a nurse leader.

**Questions for nurse leader participants:**
1. What is your understanding of your responsibilities in managing the unit’s budget/finances?
2. How do you monitor costs and intervene?
3. What is the frequency in which you perform tasks (using the answers provided in question 2) related to the unit’s finances?
4. What pieces of the financial management of the ICU do you find most challenging or cumbersome?
5. What recommendations or suggestions do you have for effectively and efficiently managing the unit’s finances?

**Other Stakeholders**

**Script for conversation lead by DNP student:**
Thank you for your time. I have a few questions to help me better understand the current state of how you, in your role, manage, support or inform the financial responsibilities of the ICU. I am interested in your suggestions as we work to create a standard for ICU nurse leader financial management that is effective in supporting the organization’s financial needs, and the efficiencies desired as a nurse leader.

**Questions for stakeholders:**
1. What are your expectations of nurse leaders in managing the unit’s budget/finances?
2. What methods have been identified and recommended for nurse leaders to monitor finances and intervene?
3. What is the frequency in which you expect nurse leaders to address the specific expectations identified in question 1 and 2 regarding the unit’s finances?
4. What recommendations or suggestions do you have for effectively and efficiently managing the unit’s finances?
Appendix F

Post-Pilot Survey

**Study Title:** Standard Work for Nurse Leaders: A Quality Improvement Project

Role Ambiguity Scale
By: Nathan Bowling, ....

The following survey questions have been adapted with permission from the author of the Bowling et al. (2017) role ambiguity scale.

Please answer each question by selecting the response option that most closely matches your opinion *specifically related to financial management within your role.*

1-Strongly Disagree, 2- Disagree, 3- Slightly Disagree, 4-Neither agree nor disagree, 5-Slightly Agree, 6-Agree, 7- Strongly Agree

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<th>3- Slightly Disagree</th>
<th>4- Neither agree nor Disagree</th>
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Please briefly answer or select the answer to the following questions specific to your experience piloting the standard work for financial management document.

1. Describe your understanding of standard work?

2. How has the standard work document supported your work managing the finances of the ICU?

3. How has your understanding of standard work changed over the course of this pilot?

4. Is there anything else you would like to share or any additional comments?

5. Would you recommend continued use of the standard work document (or something similar)?
   Yes             No             I do not have a preference at this time
Appendix G

Pre and Post Survey Mean Score Data

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<th>Survey Questions</th>
<th>Pre-Survey Mean</th>
<th>Post Survey Mean</th>
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<td>The requirements of my job are always clear.</td>
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<tr>
<td>I know everything that I am expected to do at work with certainty.</td>
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<td>5</td>
</tr>
<tr>
<td>I often know what is expected of me at work.</td>
<td>4</td>
<td>4</td>
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<tr>
<td>I know what I am required to do for every aspect of my job.</td>
<td>4</td>
<td>4</td>
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</table>

I am sure what is expected of me at work.
My job duties are clearly defined.
The requirements of my job are always clear.
I know everything that I am expected to do at work with certainty.
I often know what is expected of me at work.
I know what I am required to do for every aspect of my job.