

2011

Founders Leadership Institute: Preparing the Future



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NBNA President

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Disclaimer: Permission was obtained from the authors to utilize the questionnaires to measure the effectiveness of the Institute. Persons outside of the Leadership Institute wishing to make copies of the questionnaires must contact the authors of the questionnaire for their permission.

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Executive Summary

The National Black Nurses Association, Inc. (NBNA) was organized in 1971 under the leadership of Dr. Lauranne Sams, former Dean and Professor of Nursing, Tuskegee University, Tuskegee, Alabama. NBNA is a non-profit organization and represents approximately 150,000 African American nurses from the USA, Eastern Caribbean and Africa, with 77 chartered chapters nationwide.

The mission of the National Black Nurses Association is to provide a forum for collective action by black nurses to investigate, define and advocate for the health care needs of African Americans and to implement strategies that ensure access to health care, equal to, or above health care standards of the larger society.

The founding of the National Black Nurses Association (NBNA) marked a significant milestone in the history of Black nurses in the United States. As an organization that promotes excellence, nurtures creativity, and rewards results, we envision ourselves as leaders in:

- Nursing and health services research and policy development
- Education through scholarship, contributions and mentoring programs
- Data collection and evaluating cultural relevance
- Global revitalization of the public health system, through collaborative efforts locally, nationally and internationally.

This places NBNA in a unique position to be a pivotal force in addressing health disparities that exist in this country. NBNA members have an appreciation for the idea that communities are the experts on themselves. It is also the member's view that when practitioners develop humility and acknowledge their limits, patients and providers have an opportunity to create healthy communities and eliminate health disparities.

Despite government statistics suggesting more than 12% of the U.S. population is Black, less than 5% of its Registered Nurse population is Black, and these same government statistics show that there is a larger percentage of Black nurses with graduate degrees than any other racial/ethnic group. However, the American College of Healthcare Executives reported that less than 1% of hospital leadership is of African descent. As such, NBNA President Debra A. Toney, Ph.D. RN conceptualized a leadership institute in 2009 to develop leadership skills among its members.

Few leadership development programs are available for nurses and even fewer are designed specifically for Black nurses. This leadership institute is built to strengthen Black nurses' competitive edge, expertise, and recognized presence and credibility through education and training. The Institute is designed to increase Black nurses' participation in and assuming leadership roles in a variety of health care settings.

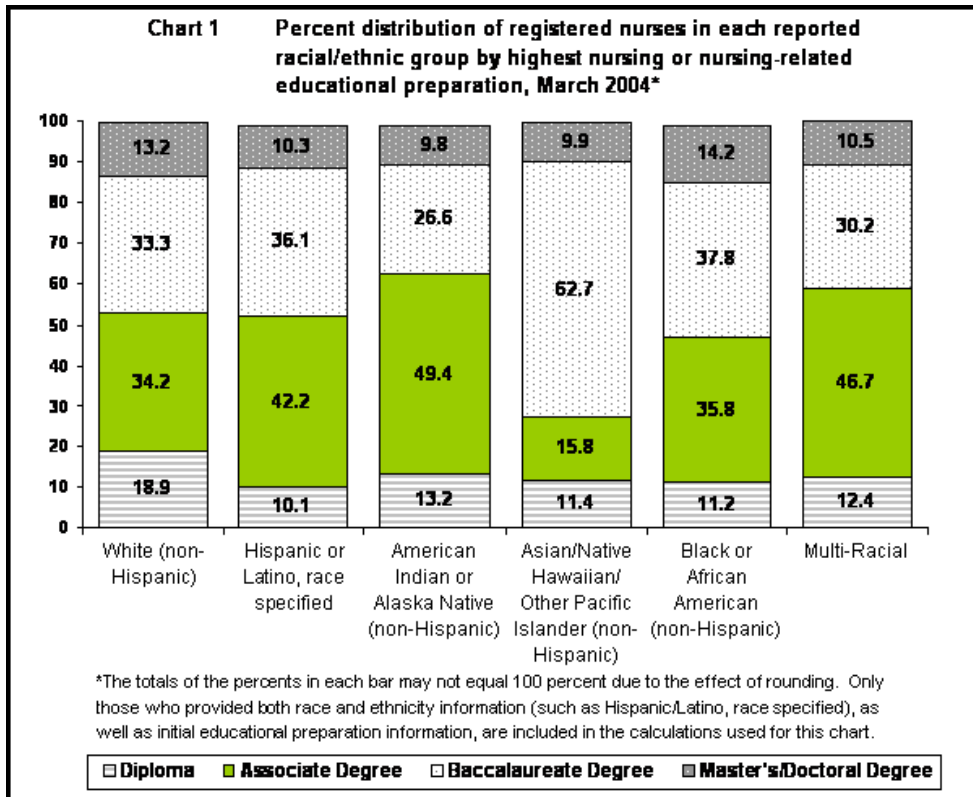
Background

Findings from Health Resources and Services Administration's 2004 National Sample Survey of Registered Nurses reported that African American nurses account for 4.2% of the 2.9 million registered nurses in the United States (HRSA, 2004). Moreover, the same study shows that 14.2 percent of African American nurses hold advanced degrees in nursing and/or in other fields [see chart 1].

The U.S. population is becoming more racially and ethnically diverse, and is expected to reach 50% by the year 2050. The quality of care in racial and ethnic minority populations is lacking due in part to under-representation of minority nurses. Minority health care has been under close scrutiny since the release of the 2003 Institute of Medicine report, which found that racial and ethnic minorities receive lower quality health care than that of the majority population.

While the overall health status of the United States population has improved not all Americans share in this improvement. The health care workforce is not reflective of the patient population and may be a cause of health care disparities in this country according to the Sullivan Commission's 2004 Report "Missing Persons: Minorities in the Health Professions".

The report further highlights the need for more to be done to increase leadership development opportunities for underrepresented health care professionals. According to Wesley & Dobal (2009), Black nurses are employed in work environments where there are few and sometimes no counterparts to facilitate career development.



Source: HRSA 2004

Framework

The Institute is developed based on a behavioral theory approach. Behavioral theory assumes that leaders can be made, rather than are born. Moreover, according to a behavioral theory approach, successful leadership is based on definable & learnable behaviors. From this perspective, inborn traits are not discussed; rather behavioral theory looks at what leaders actually do. If leading can be defined in terms of describable actions, then others should be able to act in the same way when taught the actions.

When behavioral theories are applied to leadership, trait type theories are set aside, in that behavioral theories assume that leadership capability can be learned, rather than being inherent. This opens the door to development of leaders, as opposed to finding leaders by utilizing psychometric assessment tools that sort individuals with leadership potential from those who will never have the chance.

Based on the work of behaviorist such as Ivan Pavlov, John B. Watson, B. F. Skinner, the Institute will teach leadership skills to Nurses of African ancestry with differing educational levels. It is expect that each of the Institute's participants will be able to demonstrate leadership behaviors.

B.F. Skinner's (1989) operant behavior theory suggests that changes in behavior result from an individual's response to the environment. Rewards and penalties change behavior. For example if a certain behavior results in a promotion, verse a behavior that

is a career limiting gesture, the individual ceases to do things that are ineffective. However, unlike the classic behaviorist, this Institute recognizes that an individual's thoughts, feelings, intentions, and mental processes all play a part in their behavior.

Institute Goal

The goal of the Institute is to establish and maintain learning opportunities directed at increasing NBNA member's leadership skills.

Institute Objectives

Upon completion of the Institute, participants will be able to:

1. State at least 3 personality characteristics that contribute to leadership efficacy.
2. Describe the influence of past leadership experience on leadership efficacy.
3. List 3 factors about themselves that position them for leadership roles.
4. State at least 3 effective communication styles of a good leader.
5. Differentiate oral and written communication styles.
6. Describe 3 methods to overcome public speaking anxiety.
7. Paraphrases transformational leadership concepts
8. Describe transformational leadership behaviors.
9. Discuss the importance of follower commitment in a transformational leadership style.

Institute Outcomes

The participants will have improved scores on measures of:

- Self-knowledge/awareness
- Effective communication
- Ability to inspire others

Description of Institute

The National Black Nurses Association Founders Leadership Institute is designed to develop nursing leaders among all association members. In order to lead improvements in healthcare quality, minority nurses must develop the leadership skills necessary to lead health care change in a global society. Principles from The RWJ Executive Nurse

Fellows Program are also used for the development of the Institute. The Institute expects that its participants will demonstrate the following three competencies;

- ✓ Self-knowledge – The ability to understand and develop the self in the context of organizational challenges, interpersonal demands and individual motivation.
- ✓ Interpersonal and communication effectiveness – The ability to translate a strategic vision into compelling and motivating messages.
- ✓ Inspiring and leading change – The ability to inspire, structure, lead and effectively implement organizational change in an inclusive way.

Method

National Black Nurses Association members are recruited via a specifically designed application (see appendix A). The application asks NBNA members to share their career challenge. The Institute is open to all association members. Because of the diversity of membership, attention is given to varying levels of leadership development.

The application is reviewed by a panel of judges from the Institutes' Advisory Committee. The panel of judges utilize a score sheet (see appendix B), individually and their mean scores determine the successful candidates for the Institute.

The learning experience is an intensive one day seminar and held annually at the NBNA conference with plans for expansion in the future. The intensive one day seminar is led by some of the most renowned nursing and health care leaders in the country. Faculty is inclusive of leaders who are reflective of the health and business community and lecture on a variety of topics (see appendix C) related to the core competencies of the Institute.

The Institute will be evaluated and will include a summary of accomplishments and documentation of activities that support each objective.

Timelines for the Institute are presented below (table 1). Marketing of the Institute should begin in February and the application deadline is the last Friday in March. Applications are reviewed by select members of the Advisory Committee and selected participants are notified by the first Friday in June. The Institute's faculty are recruited by end of March and continuing education objectives consistent with the Institute's competencies are due in from the speakers by the first Friday in June.

Table 1

NBNA Founders Leadership Institute	
Deadline	Functions
February	Marketing the Institute
March	Recruit speakers
May	Review applications & Obtain speaker Continuing Education materials
June	Notify selected participants
August	Day of the Institute & Immediate post-test
September	30-day follow-up post-test
October	Analysis of data & write-up

The eight-hour Institute begins with a Welcome from the NBNA President and the participants are asked to complete the pre-test found in their folders. The first 75-minutes presentation ‘*Self-Knowledge & Leadership*’ begins thereafter (see table 2). The next faculty member follows with an experiential activity to re-

enforce the learning experience. Participants break for 15-minutes and the 60-minute *Motivation to Lead* lecture begins at 11:00am. The two-hour mentoring luncheon is conducted at round tables with 6-8 participants per table having access to a Mentor. Mentors are asked to share their leadership experiences and respond to participant’s questions about career development. The afternoon session begins with a 75-minute transformational leadership lecture. After a 15-minute break the final experiential experience is conducted to enhance their leadership skills. The day ends with post-test.

Table 2

Sample Schedule for the Day	
Time	Content
8am	Welcome – Pre-test
8:15	1st speaker – <i>Self-Knowledge & Leadership</i>
9:30	Exercise #1
10:45am break	
11:00	2nd speaker -- <i>Interpersonal & Communication Effectiveness</i>
Lunch	Mentors
2:00pm	3rd speaker -- <i>Inspiring and Leading Change</i>
3:15pm break	
3:30pm	Exercise #2
4:45pm	Closing – Post -test

Pre and post intervention scores are obtained to determine the impact of the Institute. Scales have been identified to measure the outcomes of self-knowledge, leadership self-efficacy, motivation to lead as well as communication and the ability to inspire (see appendix D).

Chan & Drasgow's (2001) Motivation to Lead (MTL) questionnaire measures a person's self-knowledge of whether they will assume a leadership role or persist as a leader. Chan & Drasgow defined leadership as a multidimensional concept. Based on their theory of leader development, they created a tool to measure three domains that determine a person's level of Motivation to Lead (MTL). A major assumption of the theory is that leadership style and skill are learned, thus self-efficacy accounts for some of the difference in MTL. This 27-item self-report measure set in a 5-point Likert type scale where 1= strongly disagree to 5=strongly agree.

Leadership self-efficacy will be measure by a 7-point Likert type 6-item scale developed by Chan & Drasgow (2001). Examples of the items include: "I feel confident that I can be an effective leader in most of the groups that I work with" and "I am not confident that I can lead others effectively." Chan & Drasgow reported Cronbach's alphas that ranged from .76 to .83 in the three different samples.

To measure communication skills and leadership efficacy in general Chemers, Watson, & May, (2000) 15-item Leadership Dimensions questionnaire will be used. Participants rate their ability on a 9-point Likert type (1=poor to 9=superior) scale. The scale was developed using the 16 leadership dimensions employed in the Army Leadership Assessment Program, which is a standardized rating form used for the evaluation of specific leadership skills among officers. The dimensions include oral communication, written communication, oral presentation, initiative, sensitivity, influence, planning and organizing, delegation, administrative control, problem analysis, judgment, decisiveness, technical competence, physical stamina, mission accomplishment, and followership.

The Self-Perceived Communication Competence Scale (SPCC) was developed to obtain information on how persons perceive their competence in a variety of communication contexts. This scale is intended to let the respondent define their communication competence. It is important that users of this measure recognize that this is not a measure of actual communication competence; it is a measure of perceived competence. McCroskey & McCroskey (1988) report that this measure has generated good alpha reliability estimates (above .85) and had strong face validity. It has been found to have substantial predictive validity.

Inspiring change will be measured in part by items on Chemers, Watson, & May, (2000) 15-item Leadership Dimensions questionnaire.

Reference

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Appendix A

**FOUNDERS LEADERSHIP INSTITUTE
2011 APPLICATION**

PERSONAL DATA

Name:

Last 4 digits of SS #:

Home Address:

City/State/Zip:

Email Address:

Home Phone:

Cell Phone:

Gender:

Age:

EDUCATION: Number of Years Completed _____

EMPLOYMENT INFORMATION

Currently employed: Yes No

If YES, Employment Status: Full-time Part-time

Job Title:

RN LPN/LVN

Place of Employment:

Work Address:

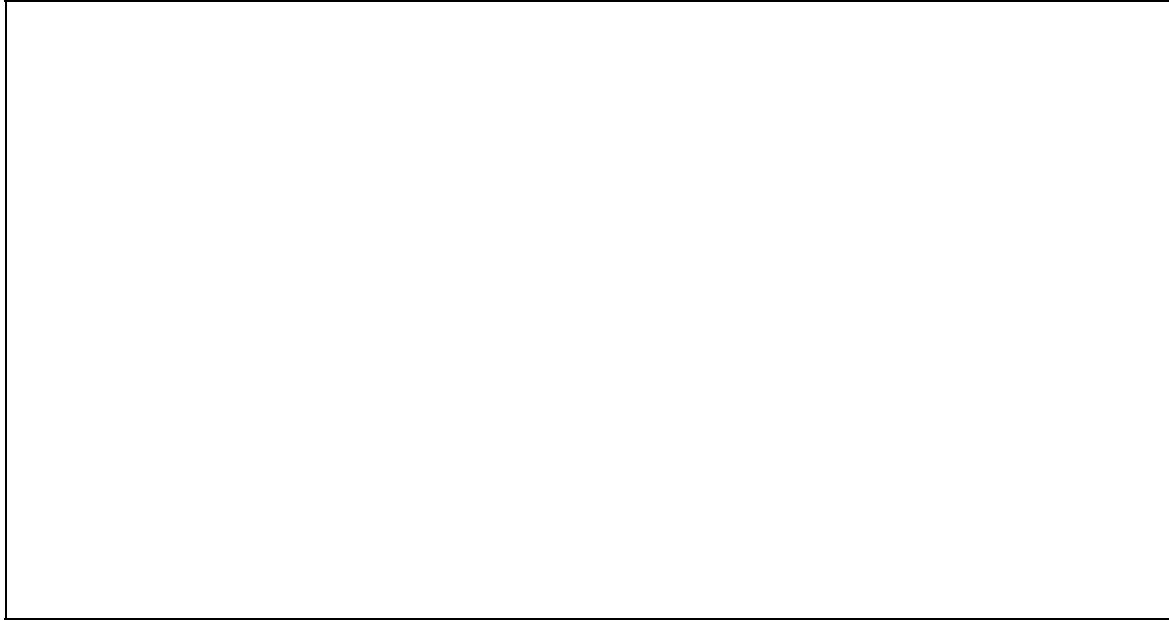
City/State/Zip:

Work Number:

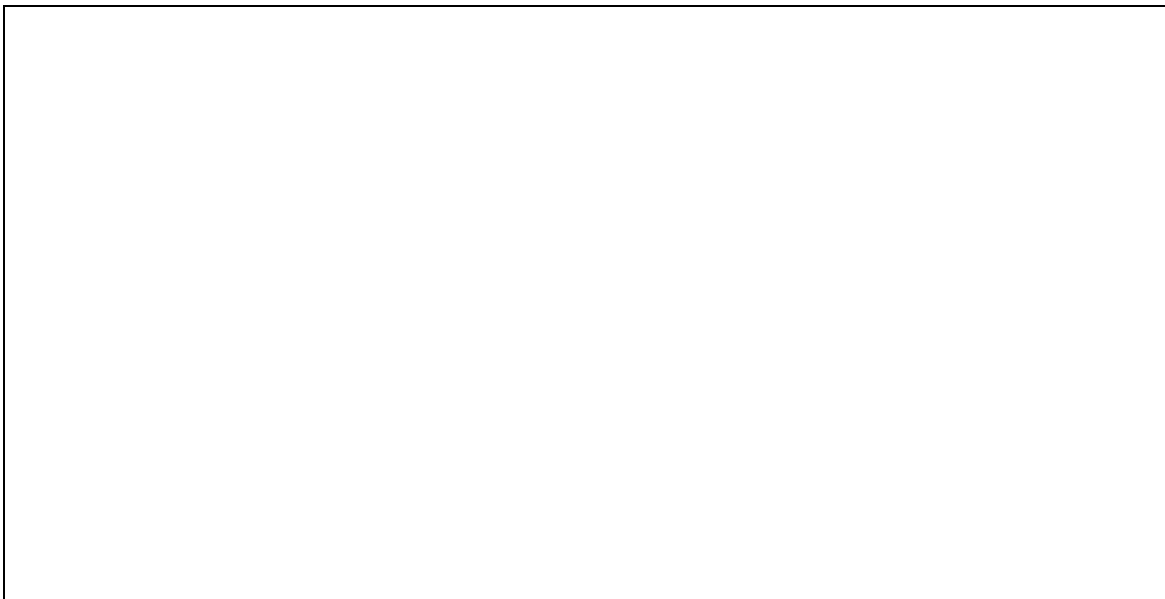
Fax Number:

PROFESSIONAL ACTIVITIES: Click in the box below and describe all professional activities in which you have been involved by date and organization; provide examples of any leadership role in this area. (no more than one half page, single spaced 12 point type.)

CIVIC ACTIVITIES: List your most significant civic, religious and/or community activities by date; provide examples of your leadership. (no more than one half page, single space 12 point type)



CAREER CHALLENGE: Please briefly describe a leadership challenge you are experiencing at your facility or community that you would like to discuss at the institute. Describe your expected outcome. (no more than one half page, single spaced, 12 point type)



GOAL STATEMENT FOR PARTICIPATING IN THIS LEADERSHIP

INSTITUTE: Briefly describe what you hope to gain by being a participant in this Institute. (no more than one half page, single space, 12 point type)

RESUME: Please include your resume

LETTERS OF RECOMMENDATION

We respectfully ask that applicants email two (2) letters of recommendation with the completed application. The Chief Nursing Officer or equivalent should provide one recommendation, and the applicant's direct supervisor should provide the second recommendation. Letters of recommendation must include the following: reference name, title, organization, address, phone, and fax, applicant name, reference signature and date. Letters of reference should address the following questions:

1. In what capacity do you know the applicant?
2. How long have you known the applicant?
3. Why do you believe the applicant has the potential to be a change agent? Please elaborate on reasons for supporting the applicant and provide examples if possible.

I understand the purpose and requirements of the Founders Leadership Institute and will abide by them. I will devote time to complete the learning activities and participate in the multi-method approach to learning.

Applicant's Signature _____

Date: _____

APPLICATIONS ARE DUE: Friday, March 25, 2011

Selected participants will be notification by June 6, 2011.

- **EMAIL completed application to Millicent@nbna.org**
- Please complete the application using 12 point type
- To sign the application electronically, type in your name using the Lucinda Handwriting font
- Email 2 recommendations

**If you have questions, contact: Millicent Gorham, NBNA Executive Director,
Millicent@nbna.org; 301-589-3200**

