



Nursing leaders' perceptions of the impact of the Strengths-Based Nursing and Healthcare Leadership program three months post training

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ABSTRACT

Background: Development of nursing leadership is necessary to ensure that nurse leaders of the future are well-equipped to tackle the challenges of a burdened healthcare system. In this context, the Strengths-Based Nursing and Healthcare Leadership program was delivered to 121 participants from 5 organizations in Canada in 2021 and 2022. To date, no study used a qualitative approach to explore nursing leaders' perceptions of a leadership Strengths-Based Nursing and Healthcare Leadership program three months post training.

Objective: To describe nursing leaders' perceptions of the impact of the Strengths-Based Nursing and Healthcare Leadership program three months post training.

Methods: Qualitative descriptive design was used with individual semi-structured interviews. A convenient sample of nurse leaders ($n = 20$) who had participated in the leadership program were recruited for an individual interview three months post training. The data generated by interviews were analyzed using a method of thematic content analysis.

Results: Three themes emerged from the qualitative data analysis related to the leadership program that stayed with participants three months post training: 1) *mentorship: a lasting relationship*, 2) *human connections through Story-sharing*, and 3) *focus on strengths*. Two other themes emerged related to the changes that they have made since attending the program: 1) *seeking out different perspectives to work better as a team* and 2) *create a positive work environment and to show appreciation for their staff*.

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Conclusion: The present study offers evidence of the impact of the Strengths-Based Nursing and Healthcare Leadership program three months post training.

Implication: This study reinforces the importance of training using a Strengths-Based Nursing and Healthcare Leadership lens when tackling leadership.

What is already known about the topic

Nursing leadership is a key factor influencing nurses' retention, health, and the quality of nursing care.

Leadership interventions have been shown to have significant impacts on the development of leadership.

The Strength-Based Nursing and Healthcare (SBNH) approach is focused on the discovery and the development of a person's strengths to facilitate optimal functioning, promote health, and facilitate healing.

What this paper adds

The present study supports the impact of the Strengths-Based Nursing and Healthcare Leadership program three months post training.

Nursing leaders identified key characteristics of the Strengths-Based Nursing and Healthcare Leadership program such as the mentorship, story-sharing, and the focus on strengths.

The integration of the key characteristics of the leadership program acted synergically to foster team work, create a positive work environment and show appreciation for staff.

1. Introduction

The past few years have been taxing for the nursing workforce. Prior to the COVID-19 pandemic, the profession was already facing major challenges, such as significant staffing shortages, high workloads, and patient safety concerns (e.g., Carayon and Gurses, 2008). These challenges were exacerbated by the pandemic (Buchan et al., 2022; Falatah, 2021; Weldon, 2022). For instance, while the shortage of nurses is now expected to be even worse than previously anticipated (American Nurses Foundation, 2022; Frogner and Dill, 2022), the current workforce is still showing signs of weakened mental health (depression, anxiety, sleep issues, Buselli et al., 2022; Boyden and Brisbois, 2023; Chemali et al., 2022), the work environment has deteriorated (Doleman et al., 2023), and the workload has significantly increased (Doleman et al., 2023). All these challenges exert a significant burden on healthcare systems which are now trying to juggle the care needs of an aging and sicker population (Administration on Aging, 2021; Canadian Institute for Health Information, 2017), while simultaneously reinventing their model of care (Murphy et al., 2022). Nursing leaders, specifically nurse managers and other nursing leaders directly involved with care teams, are in charge of tackling this re-invention of their care teams to ensure quality care to patients (Berlin et al., 2021; Chen et al., 2021). Nursing leaders are very important agents of change in healthcare systems, they have a critical impact on the functioning of care teams as well as on patient outcomes. However, they often lack the necessary training. Clinical nurses are regularly promoted into leadership positions based on their clinical skills and experience without having had much training in management and leadership (Warshawsky and Cramer, 2019).

Yukl (2006, p. 8) defined leadership as "the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives." A vast literature exists regarding the different styles of leadership and how they impact teams. For instance, transformational leadership (when a leader creates, supports, and empowers the leader-follower partnerships for a common vision, Carless et al., 2000) leads to positive outcomes in terms of the well-being of nurses and the quality of care they provide (e.g., Lavoie-Tremblay et al., 2016; Niinihuhta and Häggman-Laitila, 2022). Similarly, authentic (when a leader demonstrates self-awareness and authentic behaviors, Ilies et al., 2005) and servant (when a leader prioritizes serving followers first, Liden et al., 2015) leadership styles have both also been found to relate positively to nurses' work-related well-being (Niinihuhta and Häggman-Laitila, 2022). A report from the World Health Organization (WHO, 2021) mentioned that investing in the leadership skills of nurse leaders is now a top policy priority. The WHO (2021) further argued that health organizations need to partner with education and research institutions to develop leadership programs and increase access to mentorship. It is imperative to target the development of nursing leadership to strengthen the healthcare systems and to prepare current and future nurse leaders for their roles if the current crisis in healthcare delivery with the retention of nurses are to be addressed. Nursing leadership, that is the style of leadership displayed by nurse managers and other nursing leaders, is a key factor influencing nurses' retention (e.g., Acree, 2006; Marufu et al., 2021), health (Wei et al., 2020), and the quality of nursing care (e.g., Kiwanuka et al., 2021). A recent systematic review (Cummings et al., 2021) reported that leadership interventions generally have significant impacts on the development of a number of leadership competencies. In their systematic review, Cummings and colleagues (2021) reported on the outcomes of several intervention studies using pre/post or longitudinal designs. For instance, Duygulu and Kublay (2011) showed significant increased use of several leadership practices three and six months following a transformational

leadership training program designed for nurse leaders. Fitzpatrick and colleagues (2016) evaluated the leadership practices of clinical nurse leaders before and after a leadership intervention as well as three months after the completion of the intervention. Their results suggested positive and sustained changes in leadership practices. However, none of the studies included in Cummings and colleagues' review (2021) used a qualitative approach to explore nursing leaders' perceptions of a leadership training program three months post training.

Furthermore, Cummings and colleagues (2021) highlighted the importance of developing leadership interventions that are based on established theoretical frameworks and that are tailored to the actual organizational context.

One promising theoretical approach to leadership is the Strengths-Based Nursing and Healthcare Leadership approach (Gottlieb, 2013; Gottlieb et al., 2012, 2021). This leadership approach to care is anchored in the Strengths-Based Nursing and Healthcare approach which is focused on the discovery and the development of a person's strengths to facilitate optimal functioning, promote health, and facilitate healing (Gottlieb, 2013; Gottlieb et al., 2021; Gottlieb et al., 2012; Gottlieb et al., 2023). This approach has been successfully implemented in several care settings (e.g., Arnaert et al., 2023; Loiselle, 2023; Thentz et al., 2022). The strengths-based leadership is a value-driven and embodied approach for nursing leaders that helps them facilitate the creation of equitable and culturally safe workplaces and work environments that honor, develop, mobilize, and capitalize on the strengths of their teams (Hubley et al., 2021). The Strengths-Based Nursing and Healthcare Leadership is based on eight core values: systems thinking (i.e., system- and solution-focused, appreciating the interrelationships and interconnections within the whole system); uniqueness (i.e., recognizing the uniqueness of staff, leaders, units, and the organization); health and healing (i.e., creating a work environment that promotes and facilitate health, wellness, and healing); multiple perspectives and creating meaning (i.e., understanding the importance of multiple perspective and of creating meaning); self-determination (i.e., valuing autonomy and promoting agency); goodness-of-fit (i.e., recognizing the importance of a good fit between a nurse's strengths and the environment); timing, readiness, and learning (i.e., creating environments that promote a learning culture); and collaborative partnership (i.e., developing collaborative partnerships) (Hubley et al., 2021). Nursing leaders that embody these core strengths-based values strive to lead in a humble, self-aware, authentic, open-minded, compassionate, courageous, credible, curious, creative, flexible, and resourceful manner (Hubley et al., 2021). They seek to be a leader who is engaged, collaborative, system-focused, solution-oriented, and evidenced-informed (Hubley et al., 2021). It is believed that a leader who enacts the core strengths-based values can facilitate the transformation of work cultures.

The present study will qualitatively describe the nursing leaders' perceptions of the impact of the Strengths-Based Nursing and Healthcare Leadership program three months post training. Specifically, the Strengths-Based Nursing and Healthcare Leadership program was delivered online to two cohorts of nursing leaders (i.e., nurse managers and nursing leaders directly involved with care teams). The program elapsed over a 6-month period and included 12 modules. Each module included one hour of independent learning (i.e., suggested readings and resources) as well as a 3-hour live session (Gottlieb et al., 2023). The first four modules aimed at laying the foundation of the strengths-based approach, how it applies to leadership, how it can be situated within the healthcare system, and how to build strengths-based leadership. The following four modules taught specific know-how to foster creative strengths-based leadership such as effective communication, how to be leading change, continuous quality improvement, and implementation science. The goal of the final four modules was to productively put all the components together to help nursing leaders embody a strengths-based leadership. Specifically, program participants were encouraged to explore leadership ideas that are unique to their own roles and discover

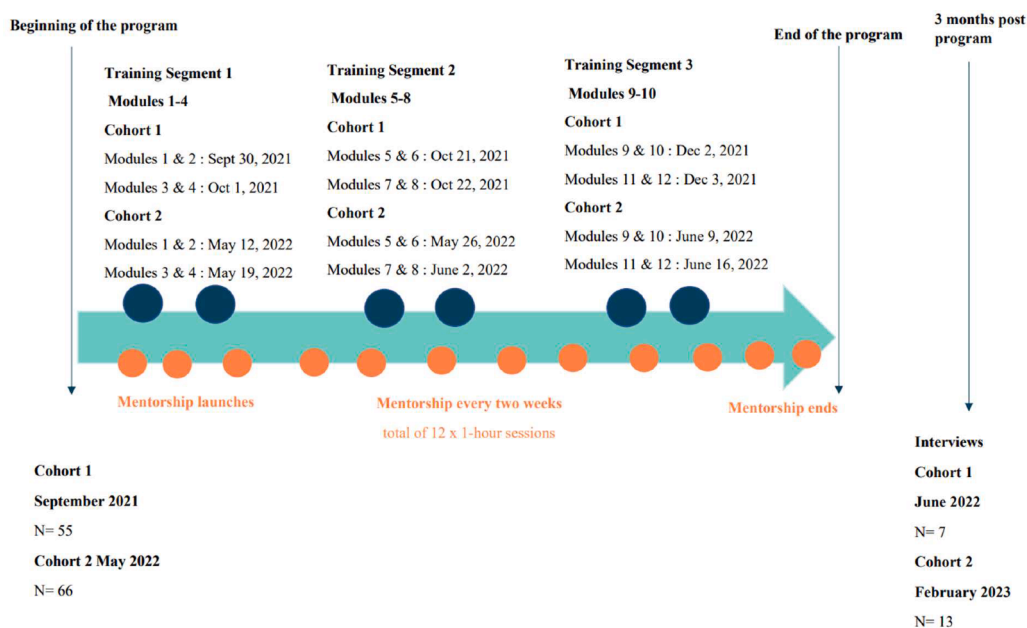


Fig. 1. Strengths-based nursing and healthcare program timeline.

strategies that are relevant to their own leadership challenges. Modules covered themes such as professionalism, collaborative partnerships, what constitutes a healthy workplace environment, equity, diversity, and inclusion in the workplace. The modules used a story-sharing facilitation style as well as art-based active learning activities to encourage reflection, discussion, learning, and to transform thinking and action. The program also included a 6-month small-group mentorship component. Mentors were recruited from the five clinical sites as well as one university based on their knowledge and experience with the strengths-based leadership approach. Mentorship groups included two or three program participants. Mentors and mentee met virtually every two weeks (Gottlieb et al., 2023). Fig. 1 gives a visual presentation of the program and its different components.

The strengths-based leadership approach (Gottlieb et al., 2021) is believed to be especially suited for the new generation of nurses who are pushing for healthier work environments and more positive work cultures while also looking for a more balanced work life (Hampton and Welsh, 2019; Lee et al., 2021; Tussing et al., 2022). A recent study by Hubley et al. (2022) offered evidence of the positive impact on workplace culture of the strengths-based leadership approach, developed through a strengths-based integrated leadership program. A previous study has also shown that this 6-month program was successful in improving leadership, reducing the stress, and increasing the work satisfaction of nursing leaders (Lavoie-Tremblay et al., 2024). This study further showed that, immediately following program completion, nursing leaders reported having gained an increased ability to focus on people's strengths, having developed a language and a structure based on the strengths-based leadership values, and having built support networks. However, the impact of the program on participants three months following its completion remains unclear. Thus, the aim of the present study is to describe nursing leaders' perceptions of the impact of the Strengths-Based Nursing and Healthcare Leadership program three months post training. The research questions are, three months post training, 1) what are the characteristics of the program that contributed to changes in participants' leadership with their care team and what are the impacts of the changes?

2. Methods

2.1. Design

Qualitative descriptive design was used with individual semi-structured interviews.

2.2. Ethical approval

This study was reviewed and approved through the organizations' Research Ethics Board (SMHC-19-20). Interview participants provided written consent prior to data collection. Participants were made aware that only aggregated data would be presented during dissemination.

2.3. Study participants and data collection

The Strengths-Based Nursing and Healthcare Leadership Program was delivered from 2021 to 2022 to nursing leaders from five Canadian healthcare institutions in two cohorts. Most of the participants were nursing leaders (113 out of 121), primarily, nurse and assistant nurse managers (28 %) as well as advanced practice nurses (18 %), nurse consultant and coordinator (12 %) and nurse educators (12 %). Two out of five participants had no prior years of experience as a manager in the healthcare sector (40.8 %) and nearly one in four (24.5 %) had 3 or fewer years of managerial experience. Leaders who participated in the program were recruited for face-to-face interviews three months after the end of the program. All participants from both cohorts were invited by email to participate in the interview. All those who expressed interest were selected. Thus, a convenience sampling method was adopted based on interest and availability. The interviews lasted between 30 and 45 min. Participant inclusion criteria were 1) attended the training; 2) participated in the full six months of the mentorship component; and 3) able to be interviewed in English or French. Ultimately, 20 participants were recruited.

2.4. Contents of the interview

A semi-structured guide with open-ended questions was developed based on the Kirkpatrick Model (Kirkpatrick and Kirkpatrick, 2016) which is a recognized method for evaluating the results of training and learning programs. It assesses four levels of criteria: reaction, learning, behavior, and results. The guide included questions based on the last two levels, specifically behavior and results. Questions can be found in Table 1.

Table 1
Interview guide.

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1. What is significant for you today from your participation in the SBNH-L program and brought changes for you in your leadership style?
 - a. Globally, have you seen any changes in yourself, such as the way you see/handle a situation?
 - b. Or the way you interact with your employees? Can you explain that to me?
 2. How do you think the SBNH-L program has contributed to this?
 - a. More specifically, what keys elements of the program stayed with you and facilitated the sustained changes you describe?
 3. Did you notice any changes (impacts) in your unit/department that you can attribute to the SBNH-L program?
 - a. Can you explain that to me?
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2.5. Data analysis

All interviews were audio-recorded and transcribed verbatim. The qualitative data analysis for interviews was completed by two of the authors (MLT and GC) with extensive expertise in qualitative analysis. The data generated by the interviews (transcripts) was analyzed using a method of thematic content analysis developed by Miles, Huberman, and Saldaña (2019). This method of qualitative data analysis consists of three concurrent streams of activities: condensing the data, data display, and elaboration and verification of the data (Miles et al., 2019). Descriptive statistics were generated through Excel to describe the participants. A sub-set of the data from the transcripts was independently coded by two of the authors (MLT and GC) and then compared (Lincoln and Guba, 1985). Rigor was reinforced through a decision trail that monitored all methodological decisions made throughout the study process. Furthermore, researcher reflexivity and ongoing peer debriefing were done through regular meetings between authors. To establish the data's transferability to other settings, a rich description of the participants is provided.

3. Results

3.1. Characteristics of the sample

Twenty participants were interviewed (19 nursing leaders and 1 healthcare leader), 7 from cohort 1 (June 2022) and 13 from cohort 2 (January–February 2023). All participants were women, mainly between the ages of 35 and 49 (70 %). Regarding their current job title, 7 (35 %) were nurse managers, 6 (30 %) were nurse consultants/educators, 3 (15 %) were in an advanced practice nursing role, and 4 (20 %) occupied other positions such as nurse coordinators and therapist. Most of the sample had been working in their current organization for 5 or fewer years (60 %), 80 % held a master's degree, and half self-identified as white. Regarding their experience in management positions, 30 % had no prior experience, 15 % had 3 or fewer years of experience, 10 % had between 4 and 5 years of experience, and 45 % had 6 or more years of experience. This program was the first leadership training for 45 % of participants and only 20 % had received any previous training based on the strengths-based approach.

3.2. Nursing leaders' perceptions of the impact of the strengths-based nursing and healthcare leadership program three months post training

Three themes emerged from the qualitative data analysis related to the characteristics of the leadership program that stayed with participants three months post training: 1) *mentorship: a lasting relationship*, 2) *human connections through Story-sharing*, and 3) *focus on strengths* (see Fig. 2).

3.2.1. Mentorship: a lasting relationship

First, for participants, the mentorship characteristic was the most valued part of the program. The small group mentorship consisted in 12 1-hour sessions held over the course of the 6-month program, mostly over Zoom. Participants revealed that, due to their mentor's support, they were able to maintain and keep reflecting on what they learned in the program. The mentorship sessions gave them a safe space to brainstorm leadership idea with their colleagues and share experiences. Mentorship contributed to their understanding, helped them transfer their learning into practice and contribute to build relationship.

... Because it (mentorship) allowed you a space to kind of brainstorm, and practice and reflect.... It was nice because it pushed your thinking and your self-reflection. It made it easier to incorporate it and to do it on your own because you had a chance to do it in person and with another group ... (LEADER-T2-2).

I know, the mentorship piece was really important to me. And the relationship that I formed with my mentor, and the other two individuals in my group is a lasting relationship, which is wonderful... I've reached out to my mentor a couple of times on a couple of different things and she has been able to help, help me problem solve through a few things so that, that created great meaning for me... The mentor in particular is a very good support, very wise and great experience. (LEADER-T2-7).

3.2.2. Human connections through story-sharing

Story-sharing is another characteristic of the program that was important for most of the participants. Story-sharing is a method of communication and teaching through stories to facilitate the sharing of experiences. Story-sharing helps learners connect concepts or theories to their personal or professional experience and that of others, enabling them to understand concepts more deeply and to

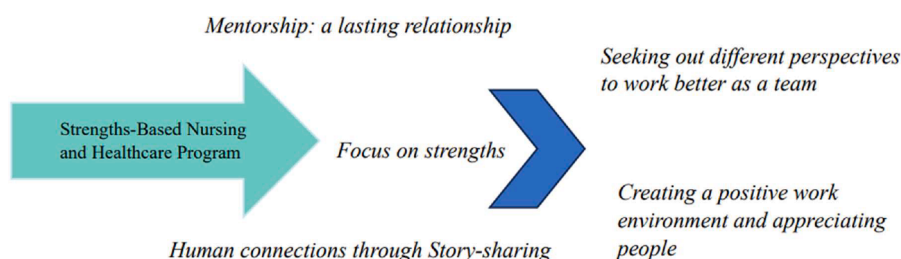


Fig. 2. Perception of the impact of the strengths-based nursing and healthcare leadership program three months post training.

reflect on their past and future actions. This approach also promotes human connections between the individuals who exchange, share their experiences, and listen. Story-sharing was modeled throughout the program by faculty presenters and mentors who used this communication method to present the program's material, emphasize important issues, foster discussion, and encourage further story-sharing among participants. Participants mentioned that they kept using story-sharing after the program as they found it to be a mode of communication that is beneficial to human relationships, that helps them better understand and to respond to situations.

So, storytelling is what I do every Wednesday, we have a huddle. And when I wanted to highlight a specific case or a specific learning opportunity (Leader2-T2-11).

I think story sharing is extremely helpful and beneficial for the learner because it allows the concepts and the things you are talking about to become more relatable. You can see and connect your story to their story. Pick up things that resonate with you. Story sharing is very powerful... it stayed with me. It gives more colors to the words that are being said and the theories that are being taught for the concepts. I really enjoyed it (Leader2-T2-12).

3.2.3. Focus on strengths

The Strengths-Based Nursing and Healthcare Leadership approach underpinning the program appealed to participants because of its focus on individual and team strengths, as opposed to the traditional problem-focused/deficit-based paradigm. The program help teach participants how to focus on what is working, what are people's strengths, and how to leverage these strengths for the benefit of their team and patients. Participants revealed how the program gave them a new leadership strengths-based language. By focusing on the strengths of others, they now had a strategy to lead in a more open, collaborative, and inclusive way and to foster respectful and harmonious interactions with their staff.

I think the thing that has stayed with me was to... know that every person who you meet has a strength. It may not be obvious, but there is a strength to each person... Is that being a leader, you realize that everyone ... has some kind of strength (Leader2-T2-8).

3.2.4. What is unique is that this program is bringing that language together and getting us to that common language. (Leader2-T2-9)

I think just by nature of the philosophy of strengths-based nursing and healthcare, yeah. I think that shifts, that mindset, that positivity, the search for strength, the positivity, it brings a difference to your work. (Leader2-T2-6).

Two other themes emerged from the qualitative data analysis related to the changes that they have made three months post program. The participants mentioned that they are seeking out different perspectives to work better as a team. They also noted that they have made changes to create a positive work environment and to show appreciation for their staff.

3.2.5. Seeking out different perspectives to work better as a team

Participants reported using the strengths-based leadership approach and language to listen, to seek out different perspectives, and to collaborate with their team, embodying the eight strengths-based leadership core values. They now see this as a strength of their leadership style for themselves as a leader and for their teams. They mentioned that the program gave them tools to better communicate and listen to their team for the benefit of all.

I try to use what I learned from the strengths-based leadership, for example, listening to others' opinions, listening to different perspectives, taking into consideration the different perspectives. And I try to also during the meetings, I try to tell them about it.... It's important that we listen to everyone's perspective now, because everyone has their own opinion, it's important that we decide this together as a team, or, or in terms of identifying the strengths of the people in the team. It's like "This person is good in this. Why don't we let her do this thing? (LEADER-T2-5).

... before doing the program, I would have judged myself more by being like "cuddly, I can't impose myself enough, I can't manage to get out of the game, to be more of a fighter" now I'm more like "no, my way of doing it is to listen to others, to collaborate, to bring my point of view and it's not a story of someone who wins someone who loses. It's a question of working together and the best of us is going to get out of all this. It's true that it changes my way. (LEADER-T2- 1).

3.2.6. Creating a positive work environment and appreciating people

Participants revealed that the program gave them a positive perspective on things which has positively impacted their work climate. They mentioned that the strengths-based leadership approach contributed to the creation of a healthy workplace by focusing on positive and inclusive values. Participants noted that they made changes to better value and appreciate their employees and to build a more positive work environment which many suggested would impact nurse retention.

...like checking in on people but that there is kind of a purpose to that and there is kind of a building a positive culture... Maybe To more readily look for strengths in people and kind of think about, you know, if a nurse is like- if a new nurse is struggling ...I'm kind of thinking, 'Okay, how can we help this nurse past their orientation? What do they need? What are they bringing, you know, what are the positives about this nurse?' so I think that reflex is more positive... (LEADER-3).

And I think that the more people who kind of have more this approach of you know, valuing their employees and creating a positive work environment and appreciating people... I think that's going to make people, I think that's going to keep nurses around longer (LEADER-T2-3).

... yes, because I believe healthcare providers should embody the foundations and the concepts of SBNH-L. If nurses, managers, just healthcare workers or providers in general can incorporate these core values in the everyday workplace – the sky is the limit. We're going to achieve our goal which is to provide high quality services to the population (LEADER2-7).

4. Discussion

A previous mixed-methods study has demonstrated the effectiveness of the program in improving leadership, reducing the stress,

and increasing the work satisfaction of two cohorts of nursing leaders (Lavoie-Tremblay et al., 2024) following program completion. The present study sought to describe nursing leaders' perceptions of the impact of the Strengths-Based Nursing and Healthcare Leadership program three months post training. Thus, seven nursing leaders from cohort 1 and 13 from cohort 2 participated in individual semi-structured interviews three months following the end of the program.

As illustrated in the Fig. 2, the mentorship relationship appears to have contributed to participants' understanding of the strengths-based leadership core values while also helping them transfer this new knowledge into their leadership practice. This is in line with previous reviews which also reported that a mentorship component to a leadership intervention is highly beneficial (Chen et al., 2022). Other reports have also identified mentoring and coaching as key factors contributing to nurse leaders' managerial competencies (e.g., Gunawan et al., 2017). The present results add strong evidence to the importance of mentorship for nursing leaders.

Another theme is the human connections through story-sharing as a method of communication and teaching. The use of story-sharing is unique and central to the strengths-based leadership approach (Gottlieb and Durrant, 2021). The present study suggests that it was beneficial in making the program content relatable and understandable while also promoting a sense of connectedness between participants. Strong human values and a sense of connectedness to others (e.g., Al-Banna, 2017; Rassin, 2008) are common among nurses, which might explain why this teaching method is so beneficial to the program. Furthermore, Schwieger and Ladwig (2018) recently argued that to attract and retain Gen Z students, programs should use more storytelling and story-sharing, suggesting that the strengths-based leadership approach is likely to resonate well with this new generation of nurses and leaders.

Finally, the participants highlighted how important is the focus on strengths instead of the traditional focus on deficits. This is at the heart of the strengths-based model of care which focuses on the strengths of the person instead of using a deficit-centered approach (Gottlieb et al., 2021; Hubley et al., 2021). The strengths-based leadership program teaches nursing leaders to approach leadership through a collaborative and relational lens by focusing on the strengths of others instead of through a problem-solving lens by focusing on productivity metrics. Strengths-based leaders aim at recognizing the uniqueness of each individual and to identify in which environment they fit and perform best based on their individual strengths. Furthermore, strengths-based leaders are believed to foster appreciative conversations by being and presenting as open-minded, authentic, compassionate, and by displaying integrity (Hubley et al., 2021). Appreciative conversations are based on the appreciative inquiry style of leadership which is also strengths-based, but that focuses more on the strengths of a situation or of an organization (Cooperrider et al., 2008). The strengths-based leadership focuses on the strengths of the person which can potentially be more sustainable and have a greater impact of the work climate.

The integration of these three characteristics differentiates the strengths-based leadership program from other leadership programs (Chen et al., 2022; Cummings et al., 2021). The uniqueness of the strengths-based leadership program comes from the integration of these different characteristics that act in synergy to seek out different perspectives to work better as team and creation a positive work environment where people are appreciated. The strengths-based leadership approach emerged from nursing practice and nursing values which makes it a unique leadership and care philosophy. It is believed that by training nursing leaders in the eight core strengths-based leadership values, they will reclaim or develop and embody these values and their related leadership (Hubley et al., 2021), which should ultimately positively impact nurses' work environments and work cultures. Understanding the value of taking multiple perspective, encouraging multiple voices to be heard to facilitate better work teams (strengths-based leadership value: Multiple perspectives). They reported having a new strengths-based language, seeking increased collaborative partnership, and creating trusting relationships with their staff (strengths-based leadership value: Collaborative partnership). Participants in the interviews further reported that their new leadership skills were helpful in building a more positive work environment that capitalizes on the strengths of their staff (strengths-based leadership value: Goodness-of-fit). Considering the difficult climate currently affecting nurses worldwide following the devastating and persistent impact of the COVID-19 pandemic in terms of nursing resources (e.g., American Nurses Foundation, 2022; Frogner and Dill, 2022) and on the mental and physical health of nurses (e.g., Boyden and Brisbois, 2023; Buselli et al., 2022; Chemali et al., 2022), creating positive work environments is now even more crucial. This is in line with several recent articles such as Weston (2022), Bradley and Bitton (2022), and Buchan and colleagues (2022) who emphasize the importance of positive work environments.

4.1. Limitations

The present study has a number of limitations that deserve mention. A convenience sampling strategy was used; thus, a self-selection bias of participants is possible. However, it was possible to reach data saturation with the final sample. All interviews were conducted online which may limit the research team's ability to detect subtle non-verbal communications. This was in response to the COVID-19 health measures and participants' heavy workload. Finally, only one source of data was included in this study, observations of actual behaviors as well as quantitative data would be beneficial.

5. Conclusion

Considering the significant workload care teams are now facing (Doleman et al., 2023), it may prove challenging for nursing leaders to slow down, listen, and gather different perspectives in this chaotic environment where decisions must be made quickly. However, to successfully reinvent care teams (Berlin et al., 2021) and to re-engage nurses, nursing leaders would benefit from developing in themselves, and fostering in others, strengths-based leadership values and practices. The present study supports the impact of the Strengths-Based Nursing and Healthcare Leadership program three months post training.

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CRediT authorship contribution statement

Mélanie Lavoie-Tremblay: Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Writing – original draft, Writing – review & editing. **Kathleen Boies:** Conceptualization, Formal analysis, Investigation, Methodology, Supervision, Writing – original draft, Writing – review & editing. **Christina Clausen:** Conceptualization, Formal analysis, Methodology, Supervision, Writing – original draft, Writing – review & editing. **Julie Frechette:** Conceptualization, Formal analysis, Methodology, Writing – original draft, Writing – review & editing. **Kimberley Manning:** Formal analysis, Methodology, Writing – review & editing. **Christina Gelsomini:** Investigation, Methodology, Project administration, Supervision, Writing – review & editing. **Guylaine Cyr:** Formal analysis, Methodology, Writing – original draft, Writing – review & editing. **Geneviève Lavigne:** Formal analysis, Methodology, Writing – review & editing. **Bruce Gottlieb:** Conceptualization, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing. **Laurie N. Gottlieb:** Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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