


2014

Nurse Manager Role Perception in an Acute Care Facility

H. Gale Waters
Gardner-Webb University

Follow this and additional works at: https://digitalcommons.gardner-webb.edu/nursing_etd

 Part of the [Critical Care Nursing Commons](#), [Nursing Administration Commons](#), and the [Occupational and Environmental Health Nursing Commons](#)

Recommended Citation

Waters, H. Gale, "Nurse Manager Role Perception in an Acute Care Facility" (2014). *Nursing Theses and Capstone Projects*. 42.
https://digitalcommons.gardner-webb.edu/nursing_etd/42

This Thesis is brought to you for free and open access by the Hunt School of Nursing at Digital Commons @ Gardner-Webb University. It has been accepted for inclusion in Nursing Theses and Capstone Projects by an authorized administrator of Digital Commons @ Gardner-Webb University. For more information, please see [Copyright and Publishing Info](#).

Nurse Manager Role Perception in an Acute Care Facility

By

H. Gale Waters

A thesis submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2014

Submitted by:

Approved by:

H. Gale Waters, BSN, RN

Reimund Serafica, PhD, RN

Date

Date

Abstract

The Nurse Manager role is a crucial part of the healthcare delivery system in an acute care facility, particularly in the current wave of healthcare reform. These are unprecedented times for nursing leadership as they develop and move in a new direction. The role of Nurse Manager is complex with numerous studies including: past roles, characteristics, innovation, outcome, education, and advancement. This study observed the role through the point of view of the Nurse Manager. The Nurse Managers participated in a survey in which they ranked themselves on a one to five scale, with one being a novice in the role and five being an expert based on Patricia Benner's Novice to Expert Theory. The Nurse Managers ranked themselves in 11 categories in the management role. The results in each category were utilized. In conclusion, the Nurse Manager role is one that is evolving with high expectations. In order to become an innovative leader in healthcare reform, Nurse Managers must feel they have the confidence and ability to lead the nursing profession forward.

Acknowledgments

First of all, I would like to thank my Lord, Jesus Christ for divine guidance and the ability to complete this work. I would like to thank the participants from Cleveland County Healthcare System, Veronica Poole-Adams and Sherri Ellis for their participation and constant support. I would also like to thank my colleague, Joel for all of his help in this project.

I would like to especially like to thank my husband, David and my girls, Jaime, Natalie, Brittany, and Carleigh. Their support and love through this milestone in my life has been incredible and no matter what I needed they were there. Thank you.

For my advisor, Dr. Reimund Serafica, thank you so much for your dedication to this project. You were always willing to listen and help and I am thankful for all your guidance and support. You stepped in at the last minute to make this project a reality. For this I will always remember your willingness to go the extra mile to help a friend. Thank you.

© H. Gale Waters 2014

All Rights Reserved

TABLE OF CONTENTS

CHAPTER I: INTRODUCTION

Problem Statement	1
Significance.....	2
Purpose.....	3
Conceptual Framework.....	3
Research Question	7
Definition of Terms.....	7
Summary	7

CHAPTER II: RESEARCH BASED EVIDENCE

Literature Related to Statement of Purpose	8
Literature Review Related to Framework.....	18
Limitations	20
Summary	20

CHAPTER III: METHODOLOGY

Implementation	21
Setting	21
Sample.....	22
Design	22
Protection of Human Subjects	22
Instruments.....	23
Data Collection	23
Data Analysis	24
Summary	24

CHAPTER IV: RESULTS

Sample Characteristics.....25

Major Findings.....27

Summary.....29

CHAPTER V: DISCUSSION

Implication of Findings.....30

Application to Framework.....31

Limitations.....32

Implications for Nursing.....32

Recommendations.....33

Conclusion.....33

REFERENCES.....35

APPENDICES

Appendix A: Letter of Informed Consent.....38

Appendix B: Demographic Data Sheet.....39

Appendix C: Nurse Managers Skills Inventory Tool.....41

List of Tables

Table 1: Benner's Model	6
Table 2: Demographic Data	26
Table 3: Statistics	28
Table 4: Correlations.....	29

CHAPTER I

Introduction

Problem Statement

In today's healthcare arena Nurse Management is an ever evolving role. Nurse Managers must be accountable to senior leadership as well as those who work the front line, and also deal with the complexities of patient care. Kirby (2010) found the role of Nurse Manager the most critical of all front line positions in managing daily patient care activities.

The Nurse Manager directs nursing care in the clinical environment through managing and supervising, while developing the work skills of staff (Parker & Hyrkas, 2011). In 2014 the role of Nurse Manager has expanded. The nursing field had conventionally been based on tradition and experience, whereas today it is being led by innovation, evidence based practice, and the ability to get those best practices implemented quickly and efficiently. The goal for modern nurse practice is to achieve the best possible outcomes for the patient. For Nurse Managers it can be a slow process to implement the necessary changes in order to provide the highest level of care possible for the patients.

As Nurse Managers, the role is immense. The expectations are to manage finances, relationships, productivity, employee turnover, patient's satisfaction, quality of care for patients, staff-employee satisfaction, staffing, electronic medical record, competencies, licensures, schedules, budgets, product implementation, and capital purchases along with the daily tasks of overseeing a nursing unit. It is imperative to round and communicate with staff, physicians, and patients. In addition, the Nurse

Manager has committee meeting assignments, shared governance assignments, leadership assignments, unit projects, all along with maintaining competencies to be able to render safe patient care. Moreover, it is the Nurse Manager who sets the tone for the unit and the staff.

As healthcare reform emerges, the motto seems to be to learn to do more with less while providing the highest quality of care for those served at the most efficient cost. Richer, Ritchie, and Marchionni (2009) found the need for radical changes in the way in which healthcare is delivered. Nurse Managers must be equipped to handle their vital leadership roles in order to continue to advance healthcare through nursing.

Significance

According to Curtis, Sheerin, and De Vries (2011) “a problem equally critical to the nursing shortage although not yet receiving as much press, relates to the looming shortage of nurses prepared to assume leadership roles within clinical agencies, professional organizations, and healthcare in general” (p.102). Changes in healthcare delivery, technology, and trends in finance are forcing the roles and responsibilities of the Nurse Managers to change. Duffield, Roche, Blay, and Stasa (2010) found that the Nurse Manager is an important factor in staff retention rates, which can be costly to healthcare in terms of finance and patient outcomes. Higher staff retention rates have also been found in clinical workplaces where the clinical nurse leaders engage positively with staff employees (Mannix, Wilkes, & Daly, 2013).

The Clinical Nurse Manager plays a vital role in advancing the healthcare team. The frontline Nurse Manager is a critical position to make healthcare work and fulfill the demands of the public which include: better access, improved quality, and cost

effectiveness (Kirby, 2010). As we move toward deeper healthcare reform, it is imperative for Nurse Managers to be prepared for their roles in the advancement of patient outcomes.

Purpose

The purpose of this study is to examine the nurse manager's perception of their role in an acute care facility. According to Kirby (2010), fewer and fewer nurses are considering management roles due to additional responsibilities and stresses. Nurse Managers typically work more hours, have more headaches, and get far less pay than their hourly staff nurses. The Nurse Managers must be prepared to face the challenges of nursing leadership. This study will focus on the Nurse Manager's perception of how prepared they feel to perform their job role.

Conceptual Framework

Benner's Theory of Novice to Expert, with the concept of Transformational Leadership in nursing, was used as the framework to operationalize the research variables and develop the research question in this study. Patricia Benner's Theory model from Novice to Expert suggests that:

nursing practice consists of extending practical knowledge (know-how) through theory based scientific investigations and charting the existent knowledge which was developed through clinical experience in the practice of the discipline. The performance level can be determined by consensual validation of expert judges and the assessment of the outcomes of the situation (Tomey & Alligood, 2006, p.142).

Through the use of the Transformational Leadership Model, leaders and followers share a purpose and goal where the shared vision is moral and philosophical leadership rather than technical leadership (McEwen & Willis, 2007).

Patricia Benner's Theory of Novice to Expert is one of advancement through educational and practical steps. Benner's model includes novice, advanced beginner, competent, proficient, and expert. The novice is the starting point; there is no background experience of the situation where the individual will be involved. This level typically applies to students but Benner believed that even an experienced nurse in one area, if placed in an unfamiliar situation, could be classified as a novice nurse (Tomey & Alligood, 2006). Many times this is the starting point for Nurse Managers who are experts and highly skilled in their nursing ability but come into a new role as Nurse Manager without the knowledge and expertise in their new position.

Benner's Theory demonstrates that as skill and education increase the nurse advances from the novice nurse. The nurse moves from novice to advanced beginner, where they begin to grasp aspects of the situation, are dependent on rules and complete tasks. The next step is for the nurse to be competent with the expectation being consistency, predictability, time management, and the ability to allow the situation to guide the response. There is also the proficient nurse who is able to see the whole picture with much insight while implementing skilled responses in the evolving situation and being confident of their intuition. The likely transition from proficient to expert is to meet the patient's actual concerns and needs, then prioritize the importance while planning and negotiating the plan of care as necessary. The expert nurse connects their understanding of any situation with the appropriate action (Tomey & Alligood, 2006).

The Transformational Leadership Model is leadership based on shared values, affiliation, cooperation, and networking while keeping an emphasis on the human relations aspect. Transformational Leadership suggests that leaders should focus on relationships and develop personal skills. This is not leading and controlling but rather coordinating, integrating, and facilitating while building networks and working toward a shared vision or goal while continuing to manage the complexity of the organization (McEwen & Willis, 2007).

Both Benner's Novice to Expert Theory and the Transformational Leadership Model concept play important roles in developing Nursing Management and they were both utilized in this study. The Nurse Manager Inventory Skills Tool (NMIST) was developed through collaboration of the American Association of Critical Care Nurses (AACN) and the American Organization of Nurse Executives (AONE) and was used in the study. The NMIST ranked the Nurse Manager as novice to expert based on Benner's Theory and used the Transformational Leadership Model concept for the performance categories. Table 1 represents the levels of Benner's Theory of Novice to Expert example of a situational process implementation process.

Table 1

Benner's Model

 Nursing practice levels and clinical decision support systems (CDSS) implementation
 Implementations

PRACTICE LEVEL IMPLEMENTATION	PRACTICE DESCRIPTION	CDSS
Novice/Advanced	Focus on immediate need for action for a Clinical situation, based on rules and protocols	Nurse- Receptive Audience CDSS- Assists with task organization. Provides guidance or action for unfamiliar situation. May be limited to distinguishing subtle difference in clinical situations
Competent	Crisis in confidence in their environment Focus on goal setting and time management	Nurse-Increased skepticism of systems CDSS-Provides structure for goal setting. Assists with standardizing practice. May limit professional growth beyond standard practice
Proficient	Understands situational and establishes situational specific priorities	Nurse-May not be receptive to prescriptive systems that do not recognize challenges. Provide clinical knowledge and experience to design and implement teams
Expert	Immediately grasps familiar situations and recognizes when they have a good grasp	Nurse-Difficulty in articulating expert knowledge but could provide practice to assist with system development CDSS-May not farther advance clinical practice May not be appropriate audience for CDSS

Research Question

What are the perceptions of the job role among clinical Nurse Managers in an acute care facility?

Definitions of Terms

Clinical Decision Support Systems- information systems that model and provide support for the human decision making process in clinical situations

Shared Governness- a dynamic staff-leader partnership that promotes collaboration, shared decision making, and accountability for improving quality of care, safety, and enhancing work life.

Summary

As healthcare advances, nursing is moving to the forefront. Nurse leaders are expected to take on more roles and to be knowledgeable in all aspects of nursing. In 2010 the Institute of Medicine and the Robert Wood Johnson Foundation (www.iom.edu) presented a report regarding the future of nursing. Several recommendations in this report challenged nurses to operate to the full extent of their licensure and to be a full partner in the interprofessional team. As healthcare reform moves forward, facilities continue to look for ways to deliver the high quality outcomes in a cost effective manner. This places additional responsibility on the front line Nurse Manager in trying to comply to perform at the extent of their licensure and to also lead others to do the same. Therefore, the purpose of this study is to look at the Nurse Managers perception of their role responsibilities, as well as identifying gaps in order to assist the Nurse Managers in being able to face the role challenges ahead.

CHAPTER II

Research Based Evidence

A review of current literature was completed to examine the perception of the nurse manager's role on their role preparation in an acute care facility. Research was conducted on previous Nurse Manager roles, characteristics of Nurse Managers, outcomes of Nurse Managers, and education and the advancement of Nurse Managers. Each of these areas is comprised of individual topics which affect Nurse Managers daily. These topics include nursing management in the 1990's and 2000's, critical thinking skills, innovation, conflict management, quality of care, productivity, staff retention, masters degrees, and nursing specialist.

Literature Related to Statement of Purpose

Previous Manager Roles

Surakka (2008) investigated the Nurse Manager's role within the hospital environment in the 1990's and 2000's. The study focused on describing and comparing the characteristics of the Nurse Manager's role in different hospital environments as well as different times. Business values and cost efficiency tactics were also observed in the Nurse Managers. The data was comprised of 155 diaries of Nurse Managers working in Finland healthcare districts. The Nurse Managers were asked to keep a one week diary to record their work. They were also asked to describe other activities that did not come up in their week and also to focus on their perception. Upon completion, 47 Nurse Managers (N=47) participated in the study. The participants took part in focus groups where three areas were addressed including: the work of Nurse Managers, the change in the role of the Nurse Manager, and how the role should be modeled. The data was

analyzed as qualitative and quantitative. This study found that the Nurse Manager's work encompasses many responsibilities and much accountability as well as knowledge and ability for traditional bedside nursing. Descriptions from the nurse managers varied according to location of university hospitals as opposed to rural hospitals, and different units within the facilities. There is significant evidence of a change in the Nurse Manager's role in the 21st century. The limitations in the study included the use of the nurse descriptions of their work as opposed to the actual work itself.

In conclusion, the Nurse Manager must integrate their managerial and nursing expertise together in order to be successful. The job is complex, multi-layered, and driven by different leadership models. In addition, the study showed vast changes in the Nurse Manager roles throughout the last 10 years. Nurse Managers however, had succeeded in implementing different types of models. Through shared governance, different approaches were integrated. This study focused on front line nursing leadership and found that Nurse Managers should thoroughly assess future nurse leaders for healthcare positions.

Characteristics of Nurse Managers

Zori, Nosek, and Musil (2010) examined critical thinking skills in Nurse Managers compared to that of the staff nurses in their practice environment. Critical thinking skills are essential for Nurse Managers to function in a transformational leadership environment. These skills are vital in helping leaders to influence the staff to align with organizational goals. No previous studies were found linking critical thinking to the Nurse Manager's role with a positive effect on leadership in the health care environment today.

A convenience sample of 12 Nurse Managers (N=12) and 132 respective Registered Nurses (N= 132) on staff participated in this study. The Nurse Managers used a California Critical Thinking Disposition Inventory (CCTDI) and the staff nurses were measured by the Practice Environment Scale (PES). Differences were found between specific nurse manager's scores on open mindedness, analyticity, and critical thinking confidence. There were also differences between the Nurse Managers and the staff nurses and their overall PES scores. The limitations for this study include that it was only conducted in one tertiary medical center and there was a limited number of nurse manager responses. A possible variable for the study may include work status of full time versus part time employment.

In conclusion, the study finds there is a positive relationship between critical thinking of Nurse Managers and the perception of the respective nursing staff with their practice environment. Nurse Managers with stronger critical thinking skills may be able to better create positive practice environments which create higher job satisfaction results that ultimately help improve nurse retention. The study also concludes that Nurse Managers with critical thinking skills including emotional and social intelligence, as well as positive management of change may provide opportunities for improvement of the effectiveness of the Nurse Manager. Furthermore, enhanced critical thinking skills of Nurse Manager's help provide higher quality of care, increase patient safety, and staff perceptions are more positive. This helps staff to provide a higher quality of care and patient safety.

Innovation in Nurse Managers

Richer et al. (2009) researched the question of how to promote innovative ideas for better health care environments in the reorganization of health care. Appreciative Inquiry (AI) is a transformational change process which was used in the study. AI followed the premise that in the healthcare field, knowledge is accumulated and produced. The study consisted of 47 participants (N=47); 28 were nurses and the remaining 19 were pharmacists, physicians, and clerical staff. Five managers participated in the study. The AI process consisted of 11 sessions for one hour with each participant and they were held over a nine-month period. In order to determine the innovation of the ideas, all were listed, discussed, and then ranked as innovative. All sessions were audio recorded and a summary was prepared for the next meeting. The diverse members of the team worked to refine the ideas. In most cases the innovative ideas came from nurses even though other team members were able to shape the innovation. Through the transactions; knowledge and ideas were exchanged. Organizational support proved to be important. The limitations on this study include the short time frame and also the team involvement with the innovations. In conclusion, the study found that it was not only important to come up with innovative ideas but also it was extremely important to follow through with ideas to move the innovation process forward. AI is a process to help organizations change through their most important asset, their people.

Clement-O'Brien, Polit, and Fitzpatrick (2010) explored the innovativeness of nurse leaders. The purpose of this study was to explore innovation and the rate of change for Chief Nursing Officers (CNOs), as well as to examine the innovativeness in magnet and non-magnet hospitals. Innovation is crucial to the culture of change necessary to

adopt the involvement of evidence based practice initiatives. There were 106 CNOs (N=106) who participated in this study. Each participant was asked to complete a demographic sheet including age, gender, degree, number of years at degree level, and number of years in CNO role. In addition, they were asked to complete a survey tool in which answers were based on their level of innovation. There were also open ended questions to be completed by each participant. The study found that there was a correlation between the greater number of years in the role and larger numbers and different types of innovative projects. Personal characteristics of the CNO have a significant effect on the implementation of the innovation. The leader is able to build the case to be effective in order to bring about the change. There were no differences noted for the level of innovation between magnet and non-magnet hospitals. Limitations of the study include limiting it only to New York State CNOs, questions only asked for innovation and not implementation, and the possibility of participants being able to determine the desirable response from the questions asked. The main drivers for change for the CNOs appeared to be motivation, leadership, and commitment. Personal characteristics of the leader have a direct impact on the innovation. In conclusion, Nurse Managers willing to change will assist the workforce to accept and adopt changes more efficiently, assist their organizations to achieve more, and assist staff to deliver safe, effective, patient-centered care. The staff felt empowered to act on new innovation when the leadership team is strong and they share common goals.

Morrison (2008) attempted to determine a relationship between emotional intelligence and preferred conflict handling in nursing. Nursing is a stressful profession where there are many factors that attribute to conflict including but not limited to: critical

patients, workload, lack of appreciation, inadequate pay, and poor coworker relations. Emotional Intelligence (EI) is a means to view and understand behavior, attitudes, interpersonal skills, understanding one's self, and social skills. EI provides the abilities to manage moods and controlling impulses rather than creating conflict. Conflict will have a negative impact if not managed appropriately. The data for this study was completed by 92 registered nurses (N= 92). Each study participant completed a personal questionnaire including gender, age, degree, years of work experience, and ethnicity. The Thomas Kilmann Management of Differences Exercise instrument, which measured cooperation and assertiveness in handling conflict, was also completed. The nurses along with their manager also completed an Emotional Competency Inventory which included understanding their own emotional feelings as well as the emotional feelings of others. The findings of this study showed that it is important to deal with individuals who handle emotional self-control and manage conflicts more effectively. It was found that EI is a process that can be learned and it can help the person better deal with conflict management because they understand their own emotions. It was also revealed that individuals that handle emotional self-control also handle conflicts more effectively. In conclusion, the study revealed that Nurse Managers with emotional intelligence had moral judgment and the necessary skills to make the right decisions in conflict management. Also since EI can be learned and improved upon, development training programs could offer significant enhancement in conflict management.

Outcomes of Nursing Management

Haycock-Stuart and Kean (2011) examined how nursing leadership affects the quality of care. This study was set in a rural community and 39 participated (N= 39)

including: district nurses, school nurses, staff nurses, team leaders, and Nurse Managers in the United Kingdom. Community nursing care is the shift in the United Kingdom for nursing care in rural areas. New policies were established making leadership central in achieving the high quality change that was needed for the rural community nursing. Individual interviews were completed with the participants looking to answer the following questions: how is leadership perceived by community nurses and how is the interaction between nurse managers and the community nurses? The findings included nurse tensions between the Nurse Managers and the front line nurses who felt they were the backbone of all of the nursing care, while management focused on leadership attaining the quality of care. The limitations of this study included the number of participants and the measure of quality which is solely based on patient satisfaction. This study found there needs to be more engagement between the front line nursing staff and Nurse Management. There needs to be support systems developed to assist with the patient care responsibilities and coordination of care. In conclusion, this study found that nurses and leadership are committed to providing quality of care to the patients but there needed to be more clear definitions of what that quality of care should be and development of mechanisms to capture their data.

A study by Kohr, Hickery, and Curley (2012) examined building a productivity measure based on the Synergy Model. The Synergy Model was developed by American Association of Critical Care Nurses (AACN) originally to link certified nursing practice to patient outcomes. The model divides the phases into stability, complexity, predictability, resiliency, vulnerability, participation in decision making, participation in care, and resources available. Productivity is defined as the ratio of patient care hours per

patient day to salary and benefits paid to staff. The study was conducted in several different phases. In the first phase nurses in Intensive Care units were asked to be a participant in a focus group that explored identifying indicators when making nurse patient assignments. Open-ended questions were asked to enhance dialog. The second phase focused on developing an instrument using indicators from previous sessions in phase one based on Synergy Model's eight phases. From this phase the participants were given two tasks: (1) to identify a point on a visual scale to recognize patient condition in each dimension and (2) to identify the three most important indicators that described each patient. From this phase 30 nurses (N=30) were selected to participate in the study. In the findings of the study the patient's stability included vital signs and the numbers of interventions were ranked as number one in determining productivity. Complexity of the patient's condition identified as the second most important dimension in productivity. Participants in the study also acknowledged the impact that family played in the patient workload. Limitations to the study included previous staff knowledge to the Synergy Model and a small number of participants which completed the survey. In conclusion, this study revealed that many variations exist in looking at productivity measurement. This study attempted to investigate using one model that looked at many patient dimensions with the attempt to capture objective data to look at improved nursing resource allocations.

Duffield et al. (2010) explored the leadership of Nurse Managers as perceived by staff nurses on staff satisfaction and retention. Nurse Managers play a vital role in creating a positive environment. Important Nurse Manager characteristics included: visibility, accessibility, consultation, recognition, and support. The study was completed

in Australia. All nurses working on randomly selected wards in two Australian states were asked to participate in a survey with a total of 2,141 participants (N=2,141). The nurses completed the survey with questions that related to job satisfaction, satisfaction with nursing as a profession, and their intention to leave their present position. No hospital acquired data or turnover rates were used. There were five items that participants felt distinguished positive and negative scores. Those include a Nurse Manager is a good manager, Nurse Managers consult with staff on daily problems, flexible work schedules, a senior administrator is accessible, and praise for a job well done. The results of the study indicated many times the staff perceived the Nurse Manager as overwhelmed or over worked. The limitations to the study included the Nurse Manager must perform well in all domains to be perceived as a good leader. The Nurse Manager roles are more complex than before, and with budget cuts many management roles have been reduced forcing Nurse Managers to take on additional roles. In conclusion, the Nurse Manager role is vital to the staff and to the organization but it is critical that nurse managers receive organizational support from senior leadership.

Education and Advancement of Nurse Managers

According to Drennan (2011), the aim of the study on Masters in Nursing degrees was to measure the leadership and management abilities of graduates who had completed a Master's Degree in Nursing. The study participants included 322 nurses (N=322) holding a Master's Degree in Nursing from one of six universities in Ireland. The participants were given a retrospective pre-test and a posttest after graduation. The students were given a test after completion of their degree and then were asked to think back about how they saw their ability before their degree and rate that as the retrospective

pretest. The test questions included three domains encompassing professional practice questions, communication and teamwork questions, and problem solving questions. The graduates were put into four categories which included: clinical, education, management, and advanced practice. Overall, the graduates found they had changed significantly in all three domain areas, with the highest gain being in communication and team work. The limitations in this study incorporated self-reporting with no noted outcomes and difficulty in respondents remembering before the master's degree program. The findings revealed that nurses were well placed within healthcare systems to take on strategic roles in leadership. The Master's degree program is effective in developing leadership and management roles in Nurse Managers, and the study also revealed that nurses who aspire in leadership should be encouraged to complete a Master's degree.

Onishi, Sasaki, Nagata, and Kanda (2008) explored Japanese Nurse Administrators' current statuses and the future developing and utilizing nurse specialties. In Japan the need for different structures had increased due to the change in health status of the population as well as the advancement of technology. Nursing specialties in Japan have only existed since the 1990's. In looking at the United States, positive patient outcomes have been linked to nurse specialties of the advanced practice nurse. Participants in this study consisted of nine Nurse Administrators (N= 9) currently working in hospitals in Japan that employed nurse specialists. The study consisted of the use of three focus groups. The participants of the focus groups were asked to discuss the following topics including introductions, qualifications, support and selection of education for the nurse specialist, skill differences in nurse specialist and general nursing and how to utilize the skills and develop the nurse specialist competency. All sessions

were audio recorded. The findings revealed that there had been no educational requirements on Japanese nursing and most nurse specialties had depended on their organizations to maintain their educational support and skill base. The study also found that there was a great need to improve educational awareness for the nurse specialist role as well as motivate nurses to receive more continuing education. The limitations of this study were the small number of participants and also that all participants were nursing administrators. In conclusion the three themes discovered in this study included: expected roles and required competencies, utilization of the nurse specialist, and development of nurse specialist within organizations in Japan.

Literature Review Related to Framework

Review of current literature of Patricia Benner's Novice to Expert Theory and the Transformational Leadership Model were completed. Although well documented, there were no articles related to the perception of the Nurse Manager's role. Articles on Benner's Theory and Transformational Leadership Model as used in aspects of nursing leadership were included. Courtney, Alexander, and Demiris (2008) explored how the Novice to Expert framework played a role in implementing informational technology and clinical decision support into nursing practice. This study was a descriptive analysis of nursing knowledge and decision support systems. Several areas discovered as possible failures in information technology in nursing were computer anxiety, lack of motivation, usability, performance, and task complexity. Clinical decision support systems in nursing were designed to interface evidence-based clinical knowledge with real time data entry at significant decision points. Fragmented, incomplete, or unreliable data slow down data reliability and make it difficult to measure outcomes. In conclusion, the study found that

computerizing nursing knowledge was a difficult process; however this process should not impede nursing care. Organizational support for nursing as they move through the model of Novice to Expert in this clinical decision support is imperative. Also, additional studies are needed to help create better tools for nursing to help with the further implementation of informational technology.

Bamford-Wade and Moss (2010) examined Transformational Leadership in nursing and associated with a culture change through shared governess. The study was conducted in a tertiary hospital in New Zealand that was trying to find a solution in transforming the nursing workforce and reshaping the effectiveness of nursing. Transformation leadership was based on the four I's including: idealized influence, inspirational motivation, intellectual stimulation, and individual consideration. The study was based on six years of interaction between the Director of Nursing and the nursing staff. Nurses were encouraged to rethink their current status, and through the guidance of leadership they held workshops to reset goals and visions. This step energized the nurses and helped them to work toward creating their own future, including implementing shared governess structure. The next step in their journey was the realizing their need for questioning the status quo and to think critically. This built confidence within the nursing staff and helped them to engage with coworkers and establish leaders based on their ownership and professional excellence. In conclusion, transformational leadership was the means to implement a shared governess program that was able to motivate staff to make necessary changes within their own system. Transformational leadership requires structure and motivation for staff to advance the Four I's in order to achieve their desired outcomes (Bamford-Wade and Moss, 2010).

Limitations

There are numerous studies referencing Nurse Managers and the different aspects of their roles. In the literature search there was no literature found examining how the Nurse Managers felt about their job role. With current shortages and constant change in the role due to technology and budget cuts it is important to be able to retain Nurse Managers in their current roles. Much research has been performed on individual aspects for the Nurse Manager roles but few studies are based on their perception of their roles as a whole. This deficit in Nurse Manager's perception of their roles requires additional study as healthcare reform advances the practice of nursing.

Summary

It is important that researchers continue to concentrate on Nurse Managers and their current roles and looking at future nurse manager roles. The Nurse Manager role is more intensive and demanding than ever before. Nurse Managers are vital to the field of nursing and to future outcomes.

CHAPTER III

Methodology

The study of Nurse Manager's perception of their multiple job roles was the focus for this research. In the ever changing times of healthcare reform there are many roles that the nurse manager must fulfil. These many responsibilities pose a threat to the job role of the Nurse Manager as many find it easier to move back into a staff position with less responsibility. This research will look at how the Nurse Managers perceive these responsibilities in hope of finding areas for additional research to look at ways to make the job role more manageable.

Implementation

The research study on the Nurse Manager's perception of their job role was a quantitative, descriptive research study. Participants in the study were clinical Nurse Managers who had been in their current role for a minimum of one year. The participants were given a letter of Informed consent (Appendix A), a demographic data sheet (Appendix B) and the Nurse Manager Skills Inventory Tool (Appendix C). The demographic data sheet contained questions referencing gender, ethnicity, years as a RN, educational degree, and years of experience in management.

The Nurse Manager Inventory Tool was a questionnaire containing 11 categories and a total of 49 questions relating to the practice of Nurse Managers.

Setting

The setting for this study was a rural, not for profit 241 bed, acute care facility in the South. The facility provides care for all socioeconomic classes and has a large

indigent population. The facility is accredited by the Joint Commission. The hospital employs approximately 1,100 staff and has an average daily census of 106 patients.

Sample

The target population consists of a convenience sample of clinical Nurse Managers, Assistant Nurse Managers, and Nurse Supervisors. All of the participants work in a rural hospital system in the South. A total of 38 Nurse Managers were invited to participate in the study with 25 (N=25) completing the survey process. The participation rate for the study was 65 percent. The Institutional Review Board (IRB) approval was obtained from the University and permission to survey the acute care facility was obtained from the Chief Nurse Officer/Vice President. The survey period lasted seven days. The participants must have been in their current role for at least one year. There were no exclusions made based on age, race, or gender.

Design

The study uses a descriptive quantitative design. In this design a systematic process uses numerical data to gather information about a phenomenon (Burns & Grove, 2005). Using quantitative data helps to understand and rank the Nurse Manager perception study. Participants were given an Informed Consent, a demographic data sheet, and a Nurse Manager Inventory Skills Tool to complete.

Protection of Human Subjects

The study was approved by the IRB at the University and the CNO/VP of the acute facility where the research was conducted. Participants were informed that completion of the questionnaire was solely voluntary and anonymity was maintained by requesting that the participants make no identifying marks on any of the questionnaires.

The faculty advisor's contact information was made available to all participants in the event that any questions or concerns may arise. Consent was implied with the completion of the demographic data sheet and the survey. There were no risks to human study participants.

Instruments

A demographic data sheet was formulated to obtain demographic variables of age, gender, ethnicity, years as a RN, current level of education, and years in current role. The Nurse Manager Skills Inventory Tool is a 49 question survey that was formulated in a collaborative effort by the American Association of Critical Care Nurses (AACN) and the American Organization of Nurse Executives (AONE). Permission for use in this survey was obtained from both AACN and AONE (Appendix C). The survey explored 11 different domain areas for the Nurse Manager including finance, human resources, technology, relationships, career planning, performance improvement, thinking skills, strategic management, diversity, accountability, and shared decision making. The survey questionnaire used a ranking of one to five with one being a novice and five being an expert.

Data Collection

The data was collected over a period of seven days. The potential participants were recruited while attending a joint council meeting. Each participant was informed in writing the purpose of the study, the risks and benefits, privacy concerns, withdrawal instructions, and a university study contact for any concerns. The completion of the survey and demographic data sheet sent to an assigned location indicated their consent to participate. The estimated time to complete the survey information was 15 to 20 minutes.

A total of 38 survey questionnaires along with the demographic data sheet and a cover letter including an Informed Consent were distributed.

Data Analysis

Each returned survey questionnaire was assigned a number and responses were entered for each individual item into an excel spreadsheet for computing results using Pearson's correlation. Descriptive analysis was used to examine the population sample. Correlation data was also used to determine if there was a relationship in the demographic data and the relationship of Nurse Manager's perception of the job role.

Summary

When undertaking this research, the researcher found that the challenges for Nurse Managers are greater than ever before. There is a great need to examine the data in order to advance Nurse Manager's forward with innovation and fresh ideas to help them meet their goals of higher quality patient care. With greater demands and constant uncertainties in the role of Nurse Manager, it is imperative to find ways to assist in making the role more manageable.

CHAPTER IV

Results

The topic for the research was the Nurse Manager's perception of their job role in an Acute Care Facility. The purpose of this research was to examine how Nurse Managers perceive themselves in their current management roles. They ranked themselves from novice (1), advanced beginner (2), competent (3), proficient (4), and expert (5) on 49 questions in 11 categories.

Sample Characteristics

A total of 38 Nurse Managers were invited to participate in this research. There were a total of 25 participants (66%) in the study, with 24 being female. Ethnicity results for this study revealed that 88% of the participants were Caucasian and 12% were African American. The range of years serving in management, an average of six to ten years, was 76%. The educational results of the participants in the study were Associate Degree Nurses comprised 20% of the participants, Bachelor Degree Nurses were 44%, and Master Degree Nurses were 36% of the study sample.

Table 2

Demographic Data

Category	N	%
Age		
21-25	0	0
26-30	1	4%
31-35	5	20%
36-40	4	16%
41-45	5	20%
46-50	2	8%
51-55	4	16%
56-60	4	16%
Ethnicity		
African American	3	12%
Caucasian	22	88%
Gender		
Female	24	96%
Male	1	4%
Years as RN		
1-5	0	0
6-10	6	24%
11-15	9	36%
16-20	4	16%
>20	6	24%
Years in Management		
1-5	13	52%
6-10	6	24%
11-15	6	24%
16-20	0	0
>20	0	0
Education		
ADN	5	20%
BSN	11	44%
MSN	9	36%

Major Findings

The sample consisting of 25 Nurse Manager's mean score was 3.56 overall on all management skills questions in the survey. The lowest area of scoring related to budget with a minimum score of one and a maximum score of five ($SD=0.92936$). The mean score was 2.25. Strategic Management was the next lowest score with a mean score of 2.99 ($SD=0.75028$). The Performance Improvement mean score was 3.16 ($SD=0.86265$). The Human Resources and Foundational Thinking mean scores were both 3.22 ($SD=0.62161$ and $SD=0.767941$ respectively). Diversity was the last of the bottom half with a mean scores at 3.36 ($SD=0.58468$).

The Shared Governness mean score was 3.40 ($SD=0.67700$). The Behaviors mean score was 3.52 ($SD=0.64925$). The mean score for Leadership was 3.53 ($SD=0.65169$) while the mean score for Career Development was 3.56 ($SD=0.85375$). The mean score for Accountability was 3.61 ($SD=0.76404$). The highest ranking of all the categories was Technology with a mean score of 3.74 ($SD=0.72342$) and also it was the only category not to receive a one by any survey participants (Minimum 2, Maximum 5).

Table 3

Statistics

Category	N	Minimum	Maximum	Mean	Std. Deviation
Budget	25	1	5	2.25	0.92936
Human Resources	25	1	5	3.22	0.62161
P I	25	1	5	3.16	0.86265
Thinking	25	1	5	3.22	0.76794
Technology	25	2	5	3.74	0.72342
Strategic Management	25	1	5	2.99	0.75028
Leadership	25	1	5	3.53	0.65169
Behaviors	25	1	5	3.52	0.64925
Diversity	25	1	5	3.36	0.58468
Shared Governness	25	1	5	3.40	0.67700
Accountability	25	1	5	3.61	0.76403
Career Development	25	1	5	3.56	0.85375

Pearson Correlations revealed a strong positive correlation between behavior and diversity ($p= 0.868$), behavior and leadership ($p= 0.852$), foundational thinking and behaviors ($p= 0.839$), foundational thinking and PI ($p= 0.788$), and foundational thinking and leadership ($p= 0.759$). There was moderate correlations between behavior and accountability ($p= 0.662$), accountability and diversity ($p= 0.685$), and between leadership and career development ($p= 0.672$). There was weak correlation between foundational thinking and technology ($p= 0.375$), and budget and foundational thinking ($p= 0.308$).

Table 4

Correlations

Category	Correlation
Behaviors/Diversity	0.869
Behaviors/Leadership	0.852
Foundational Thinking/Behaviors	0.839
Foundational Thinking/PI	0.788
Foundational Thinking/Leadership	0.759
Accountability/Diversity	0.685
Leadership/Career Development	0.672
Behaviors/Accountability	0.662
Foundational Thinking/Accountability	0.526
Technology/Leadership	0.475
Foundational Thinking/Technology	0.375
Budget/Foundational Thinking	0.308

Levene's Test revealed there were no significant correlations found between age, years as a RN, years in management, and nursing degree.

Summary

A quantitative, descriptive study investigated the idea of the role perception among clinical Nurse Managers in an acute care facility. A total of 25 Nurse Managers responded to a written questionnaire of 49 questions in 11 categories. The participants were also asked to provide demographic information as part of the research. The overall Nurse Manager ranking was 3.56, which is between competent and proficient on the scale. A barrier to the study was 52% of all participants had been in their current management role from one to five years and many of the rankings in categories revealed low scores that could be attributed to the lack of experience in the role of Nurse Manager.

CHAPTER V

Discussion

The current research on Nurse Manager's perception of their job role adds to the current information about Nurse Managers. The participation rate of this research was 66% (25 of 38 nurses). This rate allows for institutional generalization of the population but also made allowance for the Nurse Manager population to have clear and defined ideas about their job role perception. The percentage of the ages of nurses that participated in this research was dispersed throughout all groups, with the under 30 age only being four percent of all participants in the research. The years in management for the Nurse Manager were between one and five years for 52% of the participants. The largest group of Nurse Manager's degrees was in the Bachelor of Science with 44% of participants.

Implication of Findings

Findings from this study revealed the Nurse Manager's overall perception of their ability to perform their job role was 3.56, which according to the scale was between competent and proficient. This research found that foundational thinking (included problem solving and decision making) and behaviors (included emotional IQ) had a strong correlation ($p=0.839$). Morrison (2008) also found that nurses with emotional intelligence had the ability to make correct decisions in conflict management. The study also established the ability to obtain emotional intelligence can be a learned process. Through the emotional intelligence process the Nurse Manager could enhance their skills through moral judgment in decision making and better deal with conflict management.

Duffield et al. (2010) explored the leadership of Nurse Managers as perceived by staff nurses. Their study revealed that the Nurse Manager role, their ability to communicate with staff, and willingness to show support to them was vital to the organization. In the recent research findings of this current study there was strong correlation ($p=0.852$) between leadership (included mentoring and staff development) and behaviors (included communication, team dynamics and mediation). Both studies revealed the need for Nurse Managers to support and communicate with staff.

This research study also examined the strong correlation between foundational thinking and Process Improvement (PI) ($p=0.788$). The categories included: decision making, problem solving skills, and patient safety. Zori et al. (2010) also discovered that enhanced thinking skills helped Nurse Managers increase patient safety, therefore increasing quality of care for patients. Through correlation analysis of the demographic data, there was no significant correlations found related to age, years as a RN, years in management, and the type of degree.

Application to Framework

Patricia Benner's Novice to Expert Theory along with the Transformational Leadership Model was chosen as framework for this research. Benner's theory of novice to expert was very evident in this research. The study participants were asked to rank themselves according to this model (1=novice, 2= advanced beginner, 3= competent, 4= proficient, 5=expert). The outcomes of the study correspond with Benner's theory. Benner referred to an experienced nurse moving to an unfamiliar role and beginning again as a novice nurse. That seems to be the situation in the outcomes for the current research. Many of the Nurse Managers that participated in the research rated themselves

as novice (1) or advanced beginner (2), which correlated with the short time frame (one to five years) that the majority (52%) of Nurse Managers have been in their current role. In addition, Benner's Novice to Expert Theory builds on the previous experience as the nurse advances in their knowledge of their role (Tomey & Alligood, 2006). The Transformational Leadership Model was utilized to introduce areas of the research tool to assist Nurse Managers in working together to improve their leadership abilities.

Limitations

There are limitations in this current study. The sample included a small number of Nurse Managers in a rural hospital. The demographic data for years of age and years in management was calculated in groups and not individualized. The majority of Nurse Managers (52%) had one to five years management experience. Another limitation of the study was lack of information of the participant's date in which they received their education and if more recent online programs were available versus traditional classroom education. The information was self-reported and there may have been biased data based on the participant's current educational levels considering that this acute care facility has chosen to have all Nurse Managers pursue a Master's Degree within five years. Also there was only one male participant in the survey so the researcher was unable to obtain any information related to gender.

Implications for Nursing

The researcher reports that there are implications for Nurse Managers. Nurse Managers vary by age, years of experience, years in management, and educational levels. Examining the data where the Nurse Manager scores themselves lower in those

categories help determine the areas for support to the Nurse Managers and additional opportunities for education related to the areas that the perception is lower.

Recommendations

A recommendation for additional research would be to consider the educational level relating to the questions answered. This could be a very vital part of research for facilities considering additional educational degrees for their Nurse Managers.

Moreover, it would be important to know when the education was obtained and if it were online or in a classroom setting. Another aspect would be to know the exact number of years in management rather than a range.

Consideration for more objective data could play a fundamental part in looking at the job perception for Nurse Managers. Self-reporting could be viewed as an educational biased based due to recent additional education requirements for the job role. Lastly, further study of the Nurse Managers function should be examined to explore the short years of experience (one to five years) for the majority of Nurse Managers (52%) of the study participants.

Conclusion

The Nurse Manager's position is an imperative part of any organization. This study allowed the Nurse Manager to participate with their perceptions about their own abilities in their job role. Nurse Managers should be allowed to observe the objectives in the tool used for this research and seek additional guidance in areas they ranked themselves as one (novice) or two (advanced beginner). This study goal was to examine the Nurse Manager's perception of their job role. Overall, the Nurse Managers that participated in the study perceived themselves as competent to proficient in their job role.

The majority of Nurse Managers that participated in this study had one to five years of experience in management (52%). This lack of experience should be evaluated to examine ways to assist these Nurse Managers on the path to become expert Nurse Managers while being able to retain staff in the management roles.

References

- Bamford-Wade, A., & Moss, C. (2010, April 14). Transformational leadership and shared governance: an action study. *Journal of Nursing Management*, *18*, 815-821.
<http://dx.doi.org/10.1111/j1385.2834.2010.01134x>
- Burns, N., & Grove, S. (2005). *The practice of nursing research* (5th ed.). St. Louis, MO: Elsevier Saunders.
- Clement-O'Brien, K., Polit, D., & Fitzpatrick, J. (2010, September 22). Innovativeness of nurse leaders. *Journal of Nursing Management*, *19*, 431-438.
<http://dx.doi.org/10.1111/j.1365.2834.2010.01199.x>
- Courtney, K. L., Alexander, G. L., & Demiris, G. (2008, September 19). Information technology from novice to expert: implementation implications. *Journal of Nursing Management*, *16*, 692-699.
<http://dx.doi.org/10.1111/j1365.2834.2007.00829.x>
- Curtis, E. A., Sheerin, F. K., & De Vries, D. (2011, February). Developing leadership in nursing: the impact of education and training. *Professional Issues*, 102-107.
- Drennan, J. (2011, November 3). Master's in nursing: an evaluation of management and leadership outcomes using a retrospective pretest. *Journal of Nursing Management*, *20*, 102-110. <http://dx.doi.org/10.1111/j.1365-2834.2011.01346.x>
- Duffield, C. M., Roche, M. A., Blay, N., & Stasa, H. (2010, January 2). Nursing unit managers staff retention and the work environment. *Journal of Clinical Nursing*, *20*, 23-33. <http://dx.doi.org/10.1111/j.1365-2702.2010.03478.x>

- Haycock-Stuart, E., & Kean, S. (2011, August 5). Does nursing leadership affect the quality of care in the community setting? *Journal of Nursing Management*, *20*, 372-381. <http://dx.doi.org/10.1111/j.1365-2834.2011.01309.x>
- Kirby, K. (2010, May/June). Are your nurse managers ready for healthcare reform? *Nursing Economics*, *28*, 208-211.
- Kohr, L. M., Hickery, P. A., & Curley, M. A. (2012, November). Building a nurse productivity measure based on the Synergy Model: first steps. *American Journal of Critical Care*, *21*, 420-432. <http://dx.doi.org/10.4037/ajcc2012859>
- Mannix, J., Wilkes, L., & Daly, J. (2013, August). Attributes of clinical leadership in contemporary nursing. *Contemporary Nurse*, *45*(1), 10-13.
- McEwen, M., & Willis, R. M. (2007). *Theoretical Basis for nursing* (2nd ed.). Philadelphia, PA: Lippincott, Williams and Wilkins.
- Morrison, J. (2008, February 7). The relationship between emotional intelligence competencies and preferred conflict-handling styles. *Journal of Nursing Management*, *16*, 974-983. <http://dx.doi.org/10.1111/j1365.2834.2008.00876.x>
- Onishi, M., Sasaki, M., Nagata, A., & Kanda, K. (2008, February 7). Development of nurses with specialties: the nurse administrators' perspective. *Journal of Nursing Management*, *16*, 795-803. <http://dx.doi.org/10.1111/j.1365-2834.2008.00882.x>
- Parker, S., & Hyrkas, K. (2011). Priorities in nursing management. *Journal of Nursing Management*, *19*, 567-571. <http://dx.doi.org/10.1111/j.1365-2834.2011.01285.x>
- Richer, M.C., Ritchie, J., & Marchionni, C. (2009, April 27). If we can't do more, let's do it differently: using appreciative inquiry to promote innovative ideas for better

health care work environments. *Journal of Nursing Management*, 17, 947-955.

<http://dx.doi.org/10.1111/j.1365.2834.2009.01022.x>

Surakka, T. (2008, March 30). The nurse manager's work in the hospital environment during the 1990's and 2000's: responsibility, accountability and expertise in nursing leadership. *Journal of Nursing Management*, 16, 525-534.

<http://dx.doi.org/10.1111/j1365.2834.2008.00901>

Tomey, A. M., & Alligood, M. R. (2006). *Nursing theorists and their work* (6th ed.). St. Louis, MO: Mosby Elsevier.

Zori, S., Nosek, L. J., & Musil, C. (2010, March 17). Critical thinking of nurse manager's related to staff RN's perceptions of the practice environment. *Journal of Nursing Scholarship*, 305-313. <http://dx.doi.org/10.1111/j.1547.5069.2010.01354.x>

Appendix A

Letter of Informed Consent

2/3/14

To Whom It May Concern:

I am a student enrolled in the Masters of Science in Nursing at Gardner-Webb University. I am conducting research on the role preparedness among clinical nurse managers in an acute care facility. The study has received approval from Cleveland County Health Care System. Your participation in the study is voluntary and will in no way effect your present job. You are under no obligation to participate. If you choose to participate in this study it will take approximately 15- 20 minutes to complete the survey. You will also be asked to complete a demographic sheet along with the nurse manager skill inventory tool.

Completing the survey to me will constitute informed consent. Please do not place your name or any identifying marks on the survey. If you feel at any time that you are identifiable in this survey, please discontinue and the survey will not be used. Confidentiality will be maintained throughout this study. There are no risks involved in this study. Please return completed surveys and data sheets to Lisa Blanton, Administrative Assistant to CNE/VP Veronica Poole-Adams at Cleveland Regional Medical Center Administrative Office, 2nd floor, Shelby, NC 28150.

If you have questions or complaints as a participant in this study please contact Dr. Reimund Serafica, Professor of Nursing at Gardner-Webb University, Boiling Springs, NC 28017. Tel (704) 406-4000. Thank you for your valuable opinions.

Sincerely,

Gale Waters, BSN, RN

- 7) Select other roles, committees or teams that apply
- | | | |
|-------------------------------|--------------------------|-------------------|
| Educator _____ | Preceptor _____ | Human Resource |
| _____ | | |
| Core Measure team _____ | Physician EMR _____ | Physician Council |
| _____ | | |
| Code Blue _____ | Falls PI team _____ | COB |
| team _____ | | |
| Implementation _____ | P&T committee _____ | QSOC |
| _____ | | |
| Capital Purchase _____ | Lean team _____ | Safety |
| _____ | | |
| Alarm committee _____ | Infection Control _____ | Product |
| Development _____ | | |
| Nursing Council Advisor _____ | Patient Experience _____ | CHS |
| committee _____ | | |

Appendix C

NURSE MANAGER SKILLS INVENTORY

Instructions

Please answer the following questions.

For each question, please rank your skill in management/leadership that most describes you using a **1 to 5** ranking. (Scale 1 = novice, 2= advanced beginner, 3= competent, 4= proficient, and 5 = expert.)

The Nurse Manager Skills Inventory is collaboration between American Organization of Nurse Executives (AONE) and the American Association of Critical Care Nurses (AACN).The Nurse Manager Skills Inventory is used with permission from AONE and AACN.

Financial Management

1. Understanding of health care economics and health care public policy as it applies to the delivery of patient care – includes reimbursement, Medicare, Medicaid, managed care, third party providers, challenges to the current health care policies, key legislative initiatives at local, state, and national level

1 2 3 4 5

2. Unit-/department-based budgeting – includes development methodologies, report formats, analysis rules, how to read a report, balance sheets, and cost report interpretation including

- Creating a budget
- Monitoring a budget
- Analyzing a budget
- Reporting on budget variance
- Revenue forecasting
- Expense forecasting
- Interpreting financial information

1 2 3 4 5

3. Concepts of capital budgeting – includes financial definitions for capital categories, depreciation, justification and return on investment (ROI) and return on asset (ROA)

1 2 3 4 5

HUMAN RESOURCE MANAGEMENT

1. Recruitment techniques – includes an understanding of institution’s recruitment strategies and initiatives, various alternatives, competition, marketing of facility/unit/department

1 2 3 4 5

2. Interviewing techniques – includes individual and team interviewing, skills and techniques, and “key success criteria” interviewing programs

1 2 3 4 5

3. Labor laws pertaining to hiring – includes state scope of practice laws and federal and state human resource (HR) laws, such as family medical leave

1 2 3 4 5

4. Hiring policies and procedures from the facility HR department

- Identification of key skills and attributes for each role
- Ability to implement changes in roles based on changing department and health care environment needs

1 2 3 4 5

5. Orientation of new employees – includes development and implementation of appropriate plans for each employee

1 2 3 4 5

Performance Improvement

1. Knowledge of performance improvement tools –includes Continuous Quality Improvement (CQI), Total Quality Management (TQM), Six Sigma, Balanced Scorecards, or whatever model is used to measure quality and outcomes in the facility

1 2 3 4 5

2. Patient safety – includes sentinel event monitoring and reporting, root cause analysis, The Joint Commission requirements, incident reporting, medication safety policy and procedures

1 2 3 4 5

3. **Workplace safety** – includes knowledge of regulatory requirements (Department of Public Health, The Joint Commission, OSHA, etc.)

1 2 3 4 5

4. **Promoting intradepartmental/interdepartmental communication**

1 2 3 4 5

FOUNDATIONAL THINKING SKILLS

1. **Systems thinking knowledge as an approach to analysis and decision-making**

1 2 3 4 5

2. **Complex adaptive systems definitions and applications**

1 2 3 4 5

3. **Understanding organization behaviors** – includes planning, organizing, and leading; also includes four skills essential in influencing nursing practice: self-awareness, dialogue, conflict resolution, and navigating change

1 2 3 4 5

4. **Decision making skills** – includes use of data-driven decision-making profiles and models

1 2 3 4 5

5. **Problem solving skills** – includes defined models for problem solving

1 2 3 4 5

TECHNOLOGY

1. **Basic computer skills** – includes word processing and data management, Internet/email, skills to access information as it applies to facility information systems

1 2 3 4 5

2. **Information technology** – includes an understanding of the effect of information technology (IT) on patient care and delivery systems to reduce work load (i.e. bar coding, processing patient charges, understanding of master and patient billing, computerized physician order entry (CPOE), staff scheduling program) including: Knowledge of the patient medical record utilized in the Institution Knowledge of the supply/medication management systems utilized in the institution Ability to integrate technology into patient care processes Using information systems to support business decisions

1 2 3 4 5

STRATEGIC MANAGEMENT

1. **Project management** – includes understanding roles, timelines, milestones, and resource utilization; ability to develop or participate in the development of a project plan

1 2 3 4 5

2. **Business development** – includes knowing the content of a business plan

1 2 3 4 5

3. **Business plan development** – includes the ability to create a business plan for specific projects

1 2 3 4 5

4. **Presentation skills**

- Written – includes reports, program descriptions, evaluations and correspondence

1 2 3 4 5

- Oral – includes educational presentations, project

presentations, media, and meetings skills

1 2 3 4 5

5. **Persuasion skills** – includes influencing/selling skills

1 2 3 4 5

6. **Developing strategic plans** – includes various methodologies for strategic planning, such as scenario planning and environmental scanning

1 2 3 4 5

7. **Developing operational plans** – includes annual tactics that support and move the unit/department to accomplish a strategic plan

1 2 3 4 5

HUMAN RESOURCE LEADERSHIP SKILLS

1. **Performance management** – includes staff annual evaluation, goal setting, continual performance development, “crucial conversations,” corrective action and disciplinary processes, and termination

1 2 3 4 5

2. **Staff development** – includes staff education/needs assessment, education programming and competency assessment (recommendations and development)

1 2 3 4 5

3. **Succession planning** – includes developing leadership capacity of staff

1 2 3 4 5

4. **Coaching and guiding skills** – includes demonstrating behaviors and role modeling

1 2 3 4 5

5. **Mentoring** – includes modeling behaviors of leadership and developing staff as mentors

1 2 3 4 5

RELATIONSHIP MANAGEMENT AND INFLUENCING BEHAVIORS

1. **Communication skills** – includes active listening, feedback, inquiry, and validation

1 2 3 4 5

2. **Emotional IQ** – includes how well you know yourself and how you relate effectively with your environment

1 2 3 4 5

3. **Self-awareness** – understanding one’s values, beliefs, and attitudes and how they affect your responses and behaviors

1 2 3 4 5

4. **Effective use of dialogue** – understanding and practicing the process to encourage the free flow of ideas within groups to discover insights and lead to shared meaning

1 2 3 4 5

5. **Team dynamics** – understanding the functions of group process; ability to facilitate effective groups, both for nursing and interdisciplinary/multidisciplinary groups

1 2 3 4 5

6. **Collaborative practice** – the presence of trust, respect, and good communication among colleagues; how well is this developed and supported?

1 2 3 4 5

7. **Conflict management** – understanding the process to work through opposing views in order to reach a common goal; and skill in conflict resolution

1 2 3 4 5

8. **Negotiation** – using conflict resolution techniques to maintain collaboration: isolate the facts, ask clarifying questions, and reach common ground, and interpret what is said verbally and with body language; includes the use of “crucial conversations”

- 9. **Mediation** – use of a neutral party to help reach resolution, skill functioning as a mediator 1 2 3 4 5

DIVERSITY

- 1. **Cultural competence** – includes understanding the components of cultural competence as they apply to the workforce 1 2 3 4 5
- 2. **Social justice** – includes maintaining an environment of fairness and processes to support it 1 2 3 4 5
- 3. **Generational diversity** – ability to capitalize on differences to foster highly effective work groups 1 2 3 4 5

SHARED DECISION MAKING

- 1. Includes understanding the structure and processes of shared governance 1 2 3 4 5
- 2. Implementation of shared decision-making structures and processes on the unit 1 2 3 4 5

PERSONAL AND PROFESSIONAL ACCOUNTABILITY

- 1. **Personal growth and development** – includes education advancement, continuing education, career planning, and annual self-assessment and action plans 1 2 3 4 5
- 2. **Ethical behavior and practice** – includes practice that supports nursing standards and scopes of practice 1 2 3 4 5
- 3. **Professional association involvement** – includes membership

- and involvement in an appropriate professional association that facilitates networking and professional development 1 2 3 4 5
- 4. **Certification** – achieving certification in an appropriate field/ specialty 1 2 3 4 5

CAREER PLANNING

- 1. **Knowing your role** – understanding current job description/ requirements and comparing those to current level of practice 1 2 3 4 5
- 2. **Knowing your future** – planning where you want to go in your career and what you need to get there; what are the needs of health care in the future and where will you fit? 1 2 3 4 5
- 3. **Positioning yourself** – the development of a career path/plan for you that provides direction while offering flexibility and capacity to adapt to future scenarios 1 2 3 4 5