



## Nurse managers' insights regarding their role highlight the need for practice changes



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### ABSTRACT

**Aim:** The purpose of this study was to understand the insights of nurse managers regarding the nurse manager role. **Background:** Nurse managers are vital to the success of healthcare organizations. Vacancy rates of nurse manager positions are on the rise. Recruiting and retaining qualified individuals for these positions requires an understanding of the perceptions of nurse managers regarding the role and the issues embedded in the role.

**Methods:** A descriptive, qualitative investigation was conducted. Data were analyzed using content analysis.

**Findings:** Although desired, role orientation, mentorship, and a strong foundational knowledge, were often lacking. Personal attributes viewed as important for success in the role included seeking opportunities and intentional self-growth. Lessons learned while in the role included the art of managing role demands and that comfort comes with time.

**Conclusion:** Concerns regarding the preparation for, introduction to, and support in the nurse manager role highlight the need for practice changes.

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The role of nurse manager is often demanding and sometimes daunting in today's ever evolving healthcare arena. Nurse managers have been described as being the "key interface between patients, nursing staff, medical staff, other clinical and ancillary staff, and hospital administration," as they manage both human and capital resources (DeCampli, Kirby, & Baldwin, 2010, p. 132). They are vital to the success of healthcare organizations, influencing profitability, nurse retention, and the overall organizational environment (Cowden, Cummings, & Profetto-McGrath, 2011; Gray, 2012; Shirey, McDaniel, Ebright, Fisher, & Doebbeling, 2010). Considering the complexities of the current healthcare system, the role of nurse manager is generally considered one of the most valuable, yet challenging in any healthcare organization.

Concerns regarding vacancy rates of nurse manager positions are on the rise. According to the 2006 Aging Workforce Survey, of 978 nurse leaders, approximately 55% are planning to retire between 2011 and 2020 (Hodes Healthcare Division, 2006). In addition, the pool of qualified applicants from which to draw may be limited considering the fact that members of Generation X may find the challenges confronting nurse managers such as a lack of upward mobility, the need to be available at all times, and the inflexibility of organizations to be unappealing and out of alignment with their views of professional success and personal fulfillment (Keys, 2014). Replacing a workforce of individuals with long careers in organizational management is a formidable task

and requires a clear understanding of the issues that nurse managers face and the perceptions that nurse managers hold regarding the role.

The purpose of this article is to present findings from a qualitative study that examined the perceptions of nurse managers regarding the nurse manager role. Insights gleaned highlight the need for practice changes. Attending to the voices of those who walk the walk is imperative if well qualified individuals are to be recruited, retained, and satisfied in the nurse manager role and if the role is to remain vital in future healthcare organizations.

### 1. Background

As the healthcare system has been redesigned over the past three decades, so has the role of nurse manager. Today the role is more complex as increasing demands and broader responsibilities have been added to the job description (Shirey, Ebright, & McDaniel, 2008). Nurse managers must attend to both leadership and management responsibilities (McCallin & Frankson, 2010), including responsibilities such as staffing, establishing goals and objectives for the unit, formulating standards of care, managing budgets and quality improvement activities, as well as, hiring, orienting, and evaluating staff (Richmond, Book, Hicks, Pimpinella, & Jenner, 2009). As healthcare systems continue to evolve, the expectations of nurse managers will continue to be more expansive and require even newer and enhanced levels of skills (Aiken & Harper-Harrison, 2012). Because of the complexity of the role and the potential for role overload (McCallin & Frankson, 2010), role stress and burnout have been noted (Shirey et al., 2008; Zwink et al., 2013).

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Nurse managers are key to the creation of a healthy and successful work environment (Shirey, 2006). Staff nurses in Magnet hospitals have noted nurse manager support as 1 of 8 essentials of a healthy work environment (Schmalenberg & Kramer, 2009). Nurse managers often set the tone for the workplace and can greatly impact staff nurse satisfaction and retention (Cowden et al., 2011; Shirey, 2006; Shirey et al., 2008). Organizational productivity and profitability have also been noted to be influenced by the level of nurse manager engagement (Gray, 2012).

Literature suggests that thoughtful recruitment of individuals to the role of nurse manager has been lacking. Nurse managers have been selected based on clinical expertise rather than leadership and management potential (Fennimore & Wolf, 2011; McCallin & Frankson, 2010). There is the expectation that the nurse who does well clinically will also do well in management, but, expert clinicians often become management novices (McCallin & Frankson, 2010). Pressure to fill long-vacant manager positions may also increase the risk that an underprepared nurse from the ranks will be called upon to fill the position (Espinoza, Lopez-Saldana, & Stonestreet, 2009). Therefore, nurse managers often lack the needed preparation and leadership skills to step into the role (Fennimore & Wolf, 2011) and learn to manage through a trial and error approach, with much learning about leadership occurring after an individual undertakes the role (Paliadelis, Cruickshank, & Sheridan, 2007).

Orientation and socialization to the role may also be minimal. While nurse managers have reported a steep learning curve coming into the role (Cziraki, McKey, Peachey, Baxter, & Flaherty, 2014), few orientation programs are specifically designed for new nurse managers (O'Neil, Morjikian, & Cherner, 2008). Nurse managers have noted the need for not only early socialization and development in the role, but also sustained activities that would continue to promote growth (Mackoff & Triolo, 2008). Researchers who have examined trends in healthcare caution that unless there is organizational commitment to development of leadership, including development of nurse managers, the future of healthcare organizations may be at risk (O'Neil et al., 2008).

Two recent studies explored the perceptions of nurse managers regarding what attracted them to the role and what retained them in the role (Cziraki et al., 2014; Zwink et al., 2013). In one study, 20 nurse managers offered the following reasons for their attraction to the role: a desire to effect a change, natural career progression, and encouragement by colleagues. Reasons found for staying in the role included peer collaboration and the ability to make positive changes (Zwink et al., 2013). Findings from a study of 11 nurse managers suggested that they were attracted to the role because they perceived the work as meaningful and saw the role as providing an opportunity for advancement. Nurse managers remained in the role because of a passion for their specialties, the accomplishments of staff, and their ability to continue to grow (Cziraki et al., 2014).

Scholars have concluded that the nurse manager role has been understudied noting that further research is needed to determine strategies for supporting nurse managers (Cziraki et al., 2014). Findings presented in this article add to the body of knowledge regarding the perceptions of nurse managers regarding the nurse manager role. Findings also highlight the need for changes in practice if the role is to remain vital and sustainable for healthcare organizations in the future.

## 2. Methods

Data presented in this article are part of a larger data set from a study focused on maintaining healthy work environments and the part nurse managers play in creating those environments. Data for this article derived from questions designed to elicit information regarding nurse managers' perceptions of the role. This study was a descriptive, qualitative investigation. Semi-structured, researcher-participant interviews allowed for sufficient structure to elicit thick, rich descriptions from the managers regarding their experiences, but flexible enough for

researchers to probe deeper when further clarification of their stories was needed.

### 2.1. Participants

Participants sought for the study were individuals who held the title of nurse manager or a similar title with middle management duties such as 24 hour fiscal, quality and human resources responsibilities for at least one department or nursing unit within an acute care facility. Individuals were recruited who had been in the role for at least 1 year. The researchers desired to include nurse managers who were a "good fit" for the role. "Good fit" was loosely defined by the researchers to be nurse managers who had staff that seemed satisfied and respected the nurse manager's leadership. Having worked with many nurse managers and their nursing staff over several years while serving as faculty guiding students through clinical rotations, the researchers were familiar with nurse managers who seemed to be a "good fit" for the role. Although selecting "good fit" managers was loosely defined and based on anecdotal information, it provided the researchers with some parameters in selecting nurse managers who seemed well suited to the role. The expectation was individuals who served in the role for at least a year and who were a "good fit" for the role would be accustomed to and thriving in the role and could provide rich descriptions.

Eighteen potential participants were recruited via email with information regarding the study and were requested to respond to the researchers if they were interested in participating. If no response was received, a follow-up email was sent after 48 hours. Of the 18 potential participants recruited, 13 agreed to be interviewed. Of the 13 participants, all were employed in large, urban Midwestern acute care organizations. Five different healthcare organizations were represented. The age range of participants was from 30 to 64 years (mean [SD], 48.9 [9.51] years). The number of years participants were employed in the nurse manager role ranged from 1 to 32 years (mean [SD], 10.38 [9.43] years). Eleven participants (85%) were female, while 2 participants (15%) were male. For 7 participants (54%) a baccalaureate was the highest educational degree held, while 6 participants (46%) held master's degrees. The participants' places of employment represented a number of specialties including: medical-surgical units, intensive care units, emergency room, and operating room.

### 2.2. Data collection

After receiving institutional review board approval from the researchers' affiliated university, recruitment emails were sent to potential participants outlining the study. Individuals were asked to respond back to the researchers if they were interested in participating. Once participants agreed to be involved, a date and time for the researcher-participant interview was established. All interviews were conducted over a 4 month period during non-work hours and at locations away from the participant's work setting. Two researchers conducted 4 interviews each and the third researcher conducted five interviews. Interview questions, developed by the researchers, were broad in nature and designed to assist participants in telling their personal experiences of living the nurse manager role. In addition, questions were asked that focused on the health of the nurse manager's work environment and nurse relationships. For the purposes of this article, only data focused on the perceptions of nurse managers regarding the role are reported. Written consent was obtained prior to each interview. Interviews lasted between 60 to 90 minutes and were audio tape recorded and later transcribed. Transcriptions were verified for accuracy.

### 2.3. Data analysis

Transcripts of the interviews were analyzed using a conventional content analysis approach. By using this approach, researchers allowed categories and names for categories to emerge from the data rather than

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