

Nursing Administration Degree as the Foundation of Practice for Future Nurse Managers

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Throughout this article, the terms *nurse leader* and *nurse manager* refer specifically to a manager at the micro level consistent with the notion that “Nursing administration roles focus on the management of fiscal and human resources. Managers are the first- and middle-level administrators responsible for a specific clinical service or unit at the micro-system level.”¹(p.154) Thus, management includes the motivation, organization, and evaluation of human and material resources needed to attain goals. Formal leadership is the process of influ-

encing others to achieve official goals within an organization. Finally, administration focuses on achieving the mission, vision, and values of an organization through delegated responsibility.²

The backbone and foundation of healthcare is nursing. Currently, there are more than 3.1 million registered nurses nationwide, representing the largest component of healthcare professionals in the industry. Although the U.S. Bureau of Labor Statistics reported that nursing is the profession projected to see the most growth from 2008 to 2018, a critical shortage of qualified staff continues to be a major issue.³ It is estimated that by 2020, 45% of nurse managers and 35% of assistant nurse managers will retire, resulting in 67,000 nurse manager vacancies.⁴⁻⁶ These projected shortages of registered nurses and nurse leaders put healthcare in the United States in a place of crisis. To prepare and enable nurses to lead change to advance healthcare, as recommended by the Institute of Medicine’s (IOM) report, the *Future of Nursing*, we need to focus on the growth and development of future nurse managers.⁶ Nursing managers are ineffectively prepared to assume clinical leadership roles without formal graduate training in nursing administration.

The American Association of Colleges of Nursing (AACN) surveyed 86.9% of the nation’s nursing schools in the fall of 2012. Total enrollment in entry-level baccalaureate

nursing programs was 174,644 students, with 101,616 students enrolled in master’s programs. In 2012, 56,657 students graduated with a baccalaureate degree and 27,855 students graduated from master’s programs. In addition to degree completion, accreditation is important. Thus, accreditation review activities performed by the Commission on Collegiate Nursing Education (CCNE) ensure the quality and integrity of baccalaureate and graduate degree programs responsible for educating and preparing future nurses. Overall, 82.1% (520 of 633) of educational institutions are affiliated with the CCNE.⁷ A total of 520 institutions in 49 states, as well as the District of Colombia and Puerto Rico, have CCNE-accredited master’s nursing degree programs; the only state without an accredited CCNE master’s nursing program is Alaska.⁸ An accredited organization focuses primarily on educational quality and recognizes that teaching and learning are the main purposes of programs.⁹ The quality of the education delivered is of the utmost importance to prepare nurse graduates to handle the dynamic and immense challenges within healthcare and to address the complex demands of patients and their families.

Nurse managers, the topic of this article, were traditionally selected based on their clinical expertise rather than their leadership competencies, and therefore, generally lack formal management education or mentoring support.^{5,6,10} Unfortunately, “The growing complexity of nurse leader roles has had a significant impact on the ability of nurses to thrive in these roles without the proper education or mentoring.”^{11(p.20)} Ineffective nurse manager selection and preparation has negative impacts on role stress, work environments, job satisfaction, managerial effectiveness, turnover, employee engagement, quality patient outcomes, and financial outcomes.^{5,6}

Nurse managers today have to be visionary, innovative, educated on healthcare reform, able to manage diverse groups of employees, focused on evidence-based practice and performance improvement, fiscally responsible, clinically competent, and motivating. Promoting nurses into nursing management roles with minimal preparation, untested leadership skills, and a lack of formal nursing administration graduate education is no longer acceptable.⁶ The IOM’s 2010 report on the *Future of Nursing*¹² recommends that 80% of nurses have a minimum of a baccalaureate degree by 2020. Because the baccalaureate degree is recommended for basic nursing practice and the American Nurses Association (ANA) and AACN are committed to the bachelor’s degree as the minimal education for entry into practice, this level of degree is clearly not sufficient for assuming an advanced role in nursing administration.¹³ As a result, a shift needs to occur in which graduate education is not a preferred requirement for nursing managers, but a mandatory criterion. That is, formal graduate nursing administration education must be the foundation of practice for future nurse administrators.

NARRATIVE LITERATURE REVIEW

For this evaluation, an explicit, comprehensive, systematic strategy for evaluating the literature was completed to analyze current methods of leadership development: formal education, succession planning with on-the-job training, or a combination of both. In addition, curriculum and competency standards were reviewed. The following sources were used to identify the literature from 2004 to 2014: Academic Search Complete, the Cumulative Index of Nursing and Allied Health Literature Complete (CINAHL Complete), Education Research Complete, Education Resource, Health Source: Nursing/Academic Edition, MEDLINE, and PubMed. The keywords used were “nurse administrators,” “leaders or leadership or nursing leaders,” “education,” “masters,” “competency-based education,” “students,” “schools,” “curriculum,” “nursing,” and “bedside-to-boardroom.” Inclusion criteria consisted of being published in the English language, published within the United States, using qualitative and quantitative study designs, and having author affiliations to the U.S. health system or academia. Exclusion criteria included authors from other countries or working in other healthcare systems. International journals and articles from English-speaking countries that may have been published by U.S. authors were also eliminated from the review. The narra-

tive literature review was conducted to find the evidence. The quality or methodology of the articles was not assessed.

The abstracts from 97 citations were assessed to refine the review. Thirty-five articles met inclusion criteria. Multiple authors ($N = 89$) contributed to the combined 35 articles. Author affiliations from 7 disciplines were represented, including nursing, education, healthcare administration, business administration, physical therapy, law, and journalism. Ninety percent of the authors had a background in nursing ($n = 80$). Forty-one percent of the authors had master’s level education across the varied disciplines ($n = 35$). Additionally, 60% of the authors had educational preparedness across the varied disciplines at the doctorate level ($n = 53$).

Articles were published in 17 journals, with the *Journal of Nursing Administration* being the primary source, with a total of 11 articles (31%). The second most frequent place of publication was *Nurse Leader*, with 6 articles (18%), followed by *Nursing Administration Quarterly* with 3 articles (9%). The *Journal of Nursing Management*, with 2 articles (6%), rounded out the top 4 most-cited sources. One article each was represented in *Clinical Journal of Oncology Nursing*, *Advanced Critical Care*, *Journal of Nursing Education*, *Journal of Radiology Nursing*, *Association of Perioperative Registered Nurses Journal*, *Nursing Management*, *Trustee*, *American Journal of Nursing*, *Nursing Economics*, *Nursing Outlook*, *Nurse Educator*, *Journal of Continuing Education in Nursing*, and *Dimensions of Critical Care Nursing*.

Evidence supporting the methods of leadership development in the reviewed literature produced the following results: Succession planning with on-the-job training as the method of management development was the focus in 29% of the articles (10 of 35). Formal graduate education as the foundation for leadership development was the focus in 37% of the articles (13 of 35). The combination of graduate education and succession planning with on-the-job training was the method of leadership development in 34% of the articles (12 of 35). This range of focus supports the following statement by Jones¹:

With debate over the appropriate degree for entry into practice and certification examinations for basic and advanced nurse executive and nurse manager and leader, it is difficult to determine if the degree required for the nursing administration role should be at the bachelor’s or master’s level.^{1(p.156)}

In brief, findings indicate a lack of consensus among nursing professionals, educators, and leaders as to what the correct approach is to effectively prepare nurses to assume clinical management roles. Agreed-upon best practices for competencies, curriculum, practicum objectives, and program length are nonexistent.¹⁴

ANALYSIS

Multiple approaches are being used to develop future nurse managers. The present analysis revealed that methods of developing future nurse managers fall into these categories: on-the-job training and succession planning, formal graduate education in nursing administration, or a combination of both. According to the ANA and State Nurse Practice Acts,

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