



# **Massachusetts Organization of Nurse Executives Management of Practice Committee**

**Nurse Manager Effectiveness Toward Establishing an  
Ideal Nursing Practice Environment:  
Recommended Best Practices and Resources**

**October 2008**

## Introduction

This project was completed as part of the MONE 2007-2008 charges for the MONE Management of Practice (MOP) Committee. The charge was to summarize and disseminate best practices regarding nurse manager scope and effectiveness toward establishing an ideal nursing practice environment. A literature review and a survey were conducted, data was synthesized and recommendations for practice established. The literature is rich with information on evidence-based, dynamic leadership skills and traits that are necessary for today's nurse managers who balance the day-to-day operations of a clinical unit / department, and work to improve patient and nurse outcomes (O'Neil, Morjikian, Cherner, Hirschhorn, West, 2008; Conley, Branowicki, & Hanley, 2007; Pearson, Laschinger, Porritt, Jordan, Tucker, & Long, 2007; Sherman, Bishop, Eggenberger, & Karden, 2007; Shirey, 2007; Shirey, 2006; Anthony, Standing, Glick, Duffy, Paschall, Sauer, Sweeney, Modic, & Dumpe, 2005; Contino, 2004; Kleinman, 2004; Kleinman, 2003; Upenieks, 2003; Mathena, 2002).

Today's healthcare environment is complex and is in the midst of a significant nursing shortage. There are a multitude of contributing factors for today's nursing shortage, one of which is the work environment of the practicing clinical staff nurse. Rising patient acuity with complex health care needs, an aging population, shorter lengths-of-stay, an aging workforce, the increasing use of technology, and staffing challenges contribute to a stressful work environment. The MONE Strategic Plan recognizes the need to create and sustain a healthy or ideal nursing practice environment that will attract and retain a talented staff. Research identifies that it is the nurse manager who is pivotal to transforming the work environment.

## Healthy Work Environment

The American Organization of Nurse Executives (AONE) identified leadership development as a critical factor in creating excellent work environments (AONE, 2004). AONE endorsed the nine principles and elements of a healthful practice/work environment as part of The Nursing Organizations Alliance (NOA) ([www.aone.org](http://www.aone.org)). These principles and elements included a collaborative practice culture, a communication rich culture, a culture of accountability, the presence of adequate numbers of qualified nurses, the presence of expert, competent, credible, visible leadership; shared decision making at all levels, the encouragement of professional practice and continued growth/development, the recognition of the value of nursing's contribution, and the recognition by nurses for their meaningful contribution to practice. Shirey reported that leadership is so important in establishing a healthy work environment that sixty nursing organizations which comprise the Nursing Organizations Alliance, have incorporated, to some extent, the principles of a healthy work environment as part of their organizational strategic plan (Shirey, 2006).

In 2001, the American Association of Critical Care Nurses (AACN) embarked on a journey to promote the creation of healthy work environments for critical care nurses. The AACN asserted that the healthy work environment would ensure patient safety and enhance staff recruitment and retention. In 2005, AACN

established evidence-based and relationship-centered standards to establish and sustain healthy work environments. The six standards included skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, 2005).

As part of the American Academy of Nursing's original Magnet Hospital Study in 1981, 41 hospitals were identified as "magnets" for attracting and retaining professional nurses (McClure, Poulin, Sovie & Wandelt, 1983). In this study a comprehensive list of excellent practice environment characteristics were identified by nurse executives and staff nurses. These characteristics became part of the 14 components known as the forces of magnetism and became equated with nursing excellence over the past 25 years (Wolf, Triolo, & Reid Ponte, 2008). In 2007, a new vision for the Magnet Program was adopted and a new model was developed. The new model is comprised of five components: transformational leadership; structured empowerment; exemplary professional nursing practice; new knowledge, innovations, and improvements; and empirical quality outcomes (Wolf, Triolo, & Reid Ponte, 2008).

The new Magnet model component of transformational leadership included the original Magnet forces of quality of nursing leadership and management style. The new Magnet model component of structural empowerment included the original Magnet forces of professional development, image of nursing, nurses in the community, organizational structure, and policies and programs. These are applicable to nurse managers – leaders who will employ a variety of structures and programs to develop and evolve a magnet practice environment.

## **Methodology**

### **MONE Nurse Manager Scope of Practice Survey**

After reviewing the literature to identify common themes regarding the nurse manager role in establishing a healthy work environment, the MONE MOP Committee members developed the survey instrument. This survey instrument was structured to identify the motivation for becoming a nurse manager, to identify the qualities that are felt to be essential to successfully practice in the role of nurse manager, to identify the challenges that are felt to limit the effectiveness of the nurse manager, and to identify the factors that are felt to promote the effectiveness of the nurse manager role.

In December 2007, in an effort to establish baseline data regarding the state-of-affairs with respect to Massachusetts nursing leadership, the MONE MOP Committee conducted roundtable discussions and distributed individual surveys to attendants at the MONE Winter Quarterly Meeting. This convenience sample of nurse leaders throughout the state was conducted immediately following the business meeting and prior to guest presentations.

**Table I. Personal Demographics of Survey Respondents**

|                                  | Nursing Director<br>N = 36  | Nurse Manager<br>N = 42  |
|----------------------------------|---|--|
| Reporting structure              | 64% CNO<br>3% CEO/COO<br>19% "Other"<br>14% N/A   | 24% CNO<br>5% CNO/VP<br>19% VP<br>38% DON<br>14% N/A   |
| Tenure In Nurse Manager Position | 2% (>20 yrs)<br>31% (11-20 yrs)<br>20% (5-10 yrs)<br>22% (3-5 yrs)<br>11% (1-3 yrs)<br>2% (<1 yr)<br>14% Non-responders | 10% (.20 yrs)<br>21% (11-20 yrs)<br>24% (5-10yrs)<br>10% (3-5 yrs)<br>21% (1-3yrs)<br>12% (<1 yr)<br>2% Non-responders |
| Education                        | 47% MSN<br>31% BSN<br>6% AD<br>6% Diploma<br>8% "Other"<br>(MBA, MPH, MSM)<br>2% Non-responders                         | 31%MSN<br>40% BSN<br>7% AD<br>12% Diploma<br>10% "Other"<br>(MBA, MA)  |

## Results

118 surveys were returned, and in addition, 13 roundtable discussion summaries were submitted. Respondents' personal demographics are listed in Table I. Respondents' titles were self-identified. For the purpose of this survey, a nurse manager (NM), was operationally defined as the person who directly supervises those actually providing patient care, and who is administratively responsible for the functioning of a clinical area (MONE NM Survey, 2007).

Surveys were then collated based on role or title listed: Chief Nursing Officer (CNO), Vice President (VP), Director of Nursing (ND), Nurse Manager (NM), and Other. Ten percent of the respondents self identified their role as CNO or VP. CNOs or VPs who responded were not included in the survey.

The focus of this paper is to report the Nurse Manager and Nursing Director responses to the four survey questions in relationship to the literature. Each group of surveys was then assigned to groups of two MONE MOP committee members to review and to begin to synthesize the data for themes.

## Limitations

Acknowledging that institutions utilize different titles for similar or like roles, the MONE MOP Committee hoped to avert role or title confusion by including explanations for the role definitions of nurse manager and nursing director. When reviewing individual survey instruments, considerable questions were raised that led to the conclusion that there was blending of roles or titles, based upon the comments written directly on the individual instruments. Another limitation was the quality of submitted survey instruments. Not all submitted surveys were fully completed but the MONE MOP Committee agreed that the partially completed surveys must be included in the aggregate. Along the same line, some respondents included more answers to individual questions than what was requested. This convenience sampling methodology may not be reflective of the broader Massachusetts nursing leadership community.

## Survey Findings

### Motivation for Becoming a Nurse Manager

Table II identifies the five top reasons, in descending order, why nurses pursued the nurse manager role. The nurse manager survey results noted that the reasons to become a nurse manager were to “make a difference, growth, mentoring, challenge or were invited or recruited” to the role. The AONE recommends the AONE Inventory Tool for use as it delineates an accurate picture of expectations and where a nurse manager may fit in the range of skill expertise using the novice to expert framework (AONE, 2004).

**Table II. Motivation for Becoming a Nurse Manager**

| <u>Nurse Manager</u>            |
|---------------------------------|
| To make a difference            |
| Growth opportunity              |
| To be a mentor                  |
| Challenge / to improve practice |
| Interim role / recruited        |

### Essential Qualities to Practice in the Nurse Manager Role

Sherman, Bishop, Eggenberger and Karden (2007) interviewed 120 nurse leaders utilizing a survey of 26 open-ended questions and identified six competency categories to include personal mastery, human resource management, interpersonal effectiveness, systems thinking, caring for staff, patients and self, and financial management. The MONE MOP Committee utilized these same six competencies as the framework to synthesize the survey results, as shown in Table III. The responses were quantitatively categorized to identify the rank of importance for both the nurse manager and the nursing director.

Nursing directors identified personal mastery as the leading quality of a nurse manager to successfully practice, with interpersonal effectiveness as the second highest ranked competency. The personal mastery responses included honesty, integrity, fairness, trust, leadership experiences, consistency, and team building as qualities successful to practice. These qualities are often attributed to the authentic leadership style. Shirey reported that authentic leaders' attributes include genuineness, trustworthiness, reliability, and possess a solid moral foundation (Shirey, 2006). Authentic leaders instill and restore confidence, hope, and optimism in today's complex environment. Authentic leadership is a personal journey of self-discovery, self-improvement, reflection and renewal. Nursing directors identified interpersonal effectiveness as the second highest ranked competency with qualities to include communication and listening skills, ability to lead and manage change, collaboration skills, and conflict resolution

The nurse managers identified interpersonal effectiveness with such qualities as communication and listening skills, open, accessible and visible presence, ability to build relationships, competent role model, and collaboration. Personal mastery was the second competency identified by nurse managers with responses to include trustworthiness, integrity, honesty, resiliency, authenticity, patience and courage.

**Table III. Nurse Manager Competencies as Identified by Nurse Manager and Nursing Director**

| <u>Nurse Manager</u>               | <u>Nursing Director</u>            |
|------------------------------------|------------------------------------|
| Interpersonal effectiveness        | Personal mastery                   |
| Personal mastery                   | Interpersonal effectiveness        |
| Human resource management          | Human resource management          |
| Caring for staff, patients, & self | Financial management               |
| Systems thinking                   | Systems thinking                   |
| Financial management               | Caring for staff, patients, & self |

Pearson, Laschinger, Porritt, Jordan, Tucker, and Long conducted a review of the evidence on the effectiveness of nurse leadership attributes that contribute to the development and fostering of a healthy work environment (Pearson et al, 2007). The authors noted that in addition to this objective, the impact of the work environment to develop and sustain leadership must also be explored. The authors found that leadership styles and attributes do in fact lead to healthy work environments. They identified common themes which were further categorized to produce eight synthesized findings. The eight synthesized findings were collaboration, education, emotional intelligence, organizational climate, professional development of leaders, leadership role in professional development of staff, positive behaviors and qualities, and the need for a supportive environment.

## Factors that Promote the Effectiveness of the Nurse Manager Role

Survey participants were asked to identify the factors that promote the effectiveness of the nurse manager role, as shown in Table IV, Both the nurse managers and nursing directors identified vice president and senior management support as essential. Nurse managers also reported peer collaboration as the second factor to promote nurse manager effectiveness. Nursing directors cited ongoing leadership development as the second factor to promote the effectiveness of the nurse manager role.

**Table IV. Factors that Promote the Effectiveness of the Nurse Manager Role**

| <u>Nurse Manager</u>                                | <u>Nursing Director</u>                             |
|---|---|
| Support from senior nursing leadership / management | Support from senior nursing leadership / management |
| Peer collaboration                                  | Ongoing leadership development                      |
| Leadership development                              | Staff relationships (buy-in, respect of staff)      |
| Stable workforce                                    | Peer group support                                  |
| Visibility / Presence on the unit                   | Empowered to perform the role                       |

## Challenges that Limit the Effectiveness of the Nurse Manager Role

Table V. lists the challenges from most to least challenging regarding nurse manager effectiveness, as identified by both nurse manager and nursing director survey participants. The number one challenge for nurse managers was that the “plate is too full” which could be compared to the nurse director challenge of “time constraints.” Further investigation could be done on this question to determine if the plate is too full because the nurse is lacking skills or because the scope or span of control is too large. Nurse managers identified limited resources as number two in the ranking and nurse directors identified this as number five.

**Table V. Challenges that Limit Effectiveness of the Nurse Manager**

| <u>Nurse Manager</u>                       | <u>Nursing Director</u>                 |
|--|---|
| Plate too full                             | Finance / budget constraint             |
| Limited resources                          | Vacant FTEs / recruitment & retention   |
| Nurse / MD relationships                   | Time                                    |
| Staffing shortages                         | Lack of support or direction from above |
| Administrative support / boundaries for NM | Resources                               |

Anthony, Standing, Glick, Duffy, Paschal, Sauer, Sweeney, Modic, and Dumpe utilized Donabedian’s structure, process and outcome framework for their qualitative study to describe the roles and skills of the nurse manager (Anthony et al, 2005). Utilizing focus groups, the authors validated that the role of the first line manager is multifaceted with competing priorities. Nurse managers in this survey acknowledged their pivotal role, while identifying that the breadth and scope can be overwhelming. The authors noted that

the nurse manager is in the best position to promote change for a positive work environment for nurses because they are “close to the action.”

Span of control is defined as the number of staff reporting to a manager. Unfortunately, most of the span of control research was published in the 1990s with limited new literature. Cathcart, Jeska, Karnas, Miller, Pechachek, Rheault reported that there is a strong relationship between span of control and employee engagement (Cathcart et al, 2004). There is an organizational risk when increasing span of control without careful analysis regarding the possible untoward effects in employee engagement. Middaugh’s editorial cited that nurse managers must be present and identified strategies for managers to get involved and make a difference (Middaugh, 2006).

## Conclusion

There is noted congruency between the MONE Nurse Manager Scope of Practice Survey results and the literature. The MONE survey results support the work previously mentioned. There are standards that establish and sustain healthy work environments, and nursing leadership styles and attributes that can be related to healthy work environments.

The MONE survey results did identify that there was a clear difference between the nurse manager’s understanding and expectations of priorities as compared to those of the nursing director.

The MONE survey results provide the foundation for further study regarding the nurse manager span of control. Additional study is warranted regarding the clinical staff perception of the essential nurse manager qualities that contribute to a healthy work environment.

## Evidence-Based Practice Recommendations & Resources

**Table VI. Summary of best practices and resources as identified in the literature to support the nurse manager role in establishing a healthy work environment in the categories of hiring and orientation, professional development, and mentorship**

### ***Hiring & Orientation***

1. Establish NM selection guidelines
  - Utilize talent-based selection guidelines
  - Utilize behavioral interview questions
  - Identify criteria for candidate success
2. Include leadership skills & expectations in nurse manager job descriptions
3. Be aware of and sensitive to the span of control of the nurse manager
4. Advance research on span of control of the nurse manager
5. Utilize the AACN / AONE Essentials of Nurse Manager Orientation program; a self-paced, web-based learning tool ([www.aacn.org/nursemanager](http://www.aacn.org/nursemanager))

### **Professional Development**

1. Encourage leaders to identify their own skills / tools to develop & promote competency
2. Incorporate research, best practices and methods that inspire in leadership education and training
3. Establish a foundation to build upon using Benner's novice to expert framework
4. Provide a variety of support systems and resources based on educational background of nurse manager
5. Develop an organizational structure that fosters leadership skills through content presentations, availability & dissemination of relevant reading material, role playing, round-table discussions, leadership support groups
6. Provide management training
  - Teach skills in managing scarce human resources
  - Teach skills in assessing new technologies that support nursing care
  - Reward the effective application of those skills
7. Support graduate education and degree completion
8. Support and encourage participation in the MONE Leadership Development Program
9. Support and encourage Nurse Manager Certification
  - Utilize the Nurse Manager Leadership Collaborative Learning Domain Framework ([www.aacn.org](http://www.aacn.org) OR [www.aone.org](http://www.aone.org))
  - Utilize the Nurse Manager Inventory Tool © 2004 ([www.aone.org](http://www.aone.org))
10. Utilize Nurse Manager Boot Camp; interactive learning experience based on Senge's Learning Organization, Blanchard's Situational Analysis and Circular Learning Theory. ([www.bootcamp.CrossCountryEducation.com](http://www.bootcamp.CrossCountryEducation.com))
11. Encourage participation in the AONE Nurse Manager Fellowship Program ([www.aone.org](http://www.aone.org))

### **Mentorship**

1. Provide accessible, identified role models and mentors
2. Provide mentorship & developmental task assignments with interaction between experienced & novice nurse managers
3. Assist nurse manager to identify and sustain distinction among management work, patient care & organizational mission
  - Develop tools to "assess a nurse manager's sight to patient care"
4. Distinguish & address dispositional & teachable elements
  - Utilize a 360-degree assessment tool

## **References**

- American Association of Critical-Care Nurses. (2005) *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*. Aliso Viejo, California: American Association of Critical-Care Nurses; Retrieved May 26, 2008 from [www.aacn.org/aacn/pubpolicy.nsf/Files/ExecSum/\\$file/ExecSum.pdf](http://www.aacn.org/aacn/pubpolicy.nsf/Files/ExecSum/$file/ExecSum.pdf)
- American Organization of Nurse Executives. (2004) Nurse Manager Leadership Collaborative (NMLC). Retrieved May 26, 2008 from [www.aone.org](http://www.aone.org).
- American Organization of Nurse Executives. (2004) Nurse Manager Inventory Tool. Retrieved May 26, 2008 from [www.aone.org](http://www.aone.org).
- Anthony, M., Standing, T., Glick, J., Duffy, M., Paschall, F., Sauer, M., Sweeney, D., Modic, M., and Dumpe, M. (2005). Leadership and Nurse Retention: The Pivotal Role of Nurse Managers. *Journal of Nursing Administration*, 35(3): 146-155.
- Cathcart, D., Jeska, S., Karnas, J., Miller, S., Pechacek, J., and Rheault, L. (2004) Span of Control Matters. *Journal of Nursing Administration*, 34(9):395-399.
- Conley, S., Branowicki, P., and Hanley, D. (2007). Nursing Leadership Orientation. *Journal of Nursing Administration*, 37(11):491-498.
- Contino, D. (2004). Leadership Competencies: Knowledge, Skills, and Aptitudes Nurses Need to Lead Organizations Effectively, *Critical Care Nurse*, 24(3):52-64.
- Kleinman, C. (2003). Leadership Roles, Competencies, and Education: How Prepared are Our Nurse Managers? *Journal of Nursing Administration*, 33(9):451-455.
- Kleinman, C. (2004). Leadership: A Key Strategy in Staff Nurse Retention. *The Journal of Continuing Education in Nursing*, 35(3):128-132.
- McClure, M., Poulin, M., Sovie, M., Wandelt, M. (1983). *Magnet Hospitals: Attraction and Retention of Professional Nurses*. Kansas City, MO. American Nurses Association, 2.
- Massachusetts Organization of Nurse Executives, Management of Practice Committee. (2007). Nurse Manager Scope of Practice Survey.
- Mathena, K. (2002). Nursing Manager Leadership Skills. *Journal of Nursing Administration*, 32(3):136-142.
- Middaugh, D. (2006). Managers: Must Be Present to Win! *MEDSURG Nursing*, 15(6):382-383.

- O'Neil, E., Morjikian, R., Cherner, D., Hirschhorn, C., and West, T. (2008). Developing Nursing Leaders: An Overview of Trends and Programs. *Journal of Nursing Administration*, 38(4):178-183.
- Pearson, A., Laschinger, B., Porritt, K., Jordan, Z., Tucker, D., and Long, L. (2007). Comprehensive Systematic Review of Evidence on Developing and Sustaining Nursing Leadership that Fosters a Healthy Work Environment. *International Journal of Evidence-based Healthcare*, 5:208-253.
- Sherman, R., Bishop, M., Eggenbenberger, T., and Karden, R. (2007). Development of a Leadership Competency. *Journal of Nursing Administration*, 37(2):85-94.
- Shirey, M. (2007). Competencies and Tips for Effective Leadership: From Novice to Expert. *Journal of Nursing Administration*, 37(4):167-170.
- Shirey, M. (2006). Authentic Leaders Creating Healthy Work Environments for Nursing Practice. *American Journal of Critical Care*, 15(30): 256-267.
- The Advisory Board Company. (2000). Elevating Frontline Leadership: Best Practices for Improving Nurse Manager Performance. Retrieved May 26, 2008 from [www.advisory.com](http://www.advisory.com)
- The Joint Commission. (2002). Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis. Retrieved May 26, 2008 from [www.jointcommission.org/PublicPolicy/nurse\\_staffing.htm](http://www.jointcommission.org/PublicPolicy/nurse_staffing.htm)
- Upenieks, V. (2003). Nurse Leaders' Perceptions of What Compromises Successful Leadership in Today's Acute Inpatient Environment. *Nursing Administration Quarterly*, 27(2):140-152.
- Wolf, G., Triolo, P., & Reid Ponte, P. Magnet Recognition Program: The Next Generation. *The Journal of Nursing Administration*, 38(4), 200-204.

## **Bibliography**

- Contino, D. (2004). Leadership Competencies: Knowledge, Skills, and Aptitudes Nurses Need to Lead Organizations Effectively. *Critical Care Nurse*, 24(3):52-64.
- Dawson, C., Aebersold, M., Manolen, N., Goldberg, J., and Frank, C. (2005). The Michigan Leadership Model. *Journal of Nursing Administration*, 35(7/8): 342-349.
- Herrin, D., Spears, P. (2007). Using Nurse Leaders Development to Improve Nurse Retention and Patient Outcomes. *Nursing Administration Quarterly*, 31(5):231-243.
- Kleinman, C. (2004). Leadership: A Key Strategy in Staff Nurse Retention. *The Journal of Continuing Education in Nursing*, 35(3):128-132.
- Kleinman, C. (2003). Leadership Roles, Competencies, and Education: How Prepared are Our Nurse Managers? *Journal of Nursing Administration*, 33(9):451-455.
- Mackoff, B., Triolo, P. (2008). Why Do Nurse Managers Stay? Building a Model of Engagement: Part 1, Dimensions of Engagement. *Journal of Nursing Administration*, 38(3):118-124.
- McManis & Monsalve Associates and American Organization of Nurse Executives. *Healthy Work Environments: Striving for Excellence. Insights from a Key Informant Survey on Nursing Work Environment Improvement and Innovation*. Vol 2. Washington, DC: American Organization of Nurse Executives; 2003.
- Shirey, M., Ebright, P., and McDaniel, A. (2008). Nurse Managers Cope With Stress and Complexity. *Journal of Nursing Administration*, 38(3):125-131.
- Shirey, M. (2007). Competencies and Tips for Effective Leadership. *Journal of Nursing Administration*, 37(4):167-170.
- Upeniek, V. (2003). Nurse Leaders' Perceptions of What Compromises Successful Leadership in Today's Acute Inpatient Environment. *Nursing Administration Quarterly*, 27(2):140-152.
- Urden, L. (2006). It's Time to Be Strategic. *Journal of Nursing Administration*, 36(6):285-287.