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How Does a New Nurse Manager Development Program Impact Self-Assessed Competency for Nurse Managers with Less Than Seven Years of Experience in a Managerial Role?

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How Does a New Nurse Manager Development Program Impact Self-Assessed Competency for

Nurse Managers with Less Than Seven Years of Experience in a Managerial Role?

A dissertation submitted in partial satisfaction of the

requirements for the degree

Doctor of Nursing Practice

by

Maria Carina Menjivar

2023

ABSTRACT OF THE DISSERTATION

How Does a New Nurse Manager Development Program Impact Self-Assessed Competency for

Nurse Managers with Less Than Seven Years of Experience in a Managerial Role?

by

Maria Carina Menjivar

Doctor of Nursing Practice

University of California, Los Angeles, 2023

Professor Nancy T. Blake, Co-Chair

Professor Lauren Clark, Co-Chair

Background: Nurses are commonly promoted to the role of nurse manager based on clinical

competency rather than managerial skill or operational knowledge. The clinical nurse stepping

into a managerial role may take up to seven years to develop the competency required to

confidently perform in their new role. The transition from clinician to leader and manager,

requires a structured development approach. **Objectives**: Leadership development for the nurse

manager has a long-term impact with positive results within six to nine months after training.

The nurse managers left to seek the development of their own competency are likely to find

workarounds, but nurse managers offered formal leadership development are more likely to

implement a culture of evidence-based practice and improved outcomes. **Methods:** Fourteen nurse managers, with less than seven years of experience in a managerial role within an acute care hospital setting, completed a nine-week structured development program. A pre- and post-competency assessment was conducted using the Nurse Manager Skills Inventory Tool to measure self-assessed knowledge in three domains: the science of managing the business, the art of leading people, and the leader within. **Results:** Thirteen out of fourteen participants completed the nine-week intervention program. Twelve out of thirteen submitted a pre- and post-competency self-assessment. The results reflected an improved mean score of self-assessed competency in all three domains. Domain 1: The science of managing the business had the greatest growth with a pre-intervention mean score of 1.78 ± 0.83 to a 2.45 ± 0.75 post-intervention. Domain 3: The leader within reflected the least growth with a pre-intervention mean score of 2.34 ± 0.77 and a post-intervention mean score of 2.69 ± 0.65. Two of three domains proved significant results with p value <0.05: the science of managing the business with and the art of leading people. **Conclusion:** A structured development program enhances self-assessed competency for the nurse manager adapting to a new role. Nurse managers influence work environments which impact recruitment and retention, patient outcomes, workflows, organizational goals and financial wellbeing. Investing in nurse manager development is an essential element to an organization's operational success, patient safety, and quality of care.

Keywords: Nurse Manager Training, Nurse Manager Development, Nurse Manager Competency, New Nurse Manager, Nurse Leadership Transition

The dissertation of Maria Carina Menjivar is approved.

Jian Li

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2023

Dedication

This dissertation is dedicated to the many nurse managers I have served alongside that did not have the opportunity for a formalized managerial transition program. To the countless leaders that mentored and invested into our practice to help us succeed in the managerial role. To the current nurse leaders that have stepped into a managerial role in a post-pandemic era and with the challenges of the nursing shortage on the horizon. I dedicate this work to our nursing profession, that we may be advocates of professional leadership development and always promote continuous growth and competency development.

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2018 - Present	National Association for Hispanic Nurses	Member
2016 - Present	American Nurses Association	Member

CHAPTER ONE: INTRODUCTION

Nurses are commonly promoted to the role of nurse manager based on their clinical competency rather than their managerial skills or operational knowledge (Chervoni-Knapp, 2021). The nurse manager is well positioned to influence organizational goals, patient outcomes, and healthy work environments within an assigned area. The nurse manager is responsible for operational oversight of patient care, allocation of financial resources, human resource management, and the promotion of organizational initiatives to improve quality and safety metrics within the organization (Reynolds et al., 2021). While leading the frontline clinical workforce, the nurse manager must competently perform in their own role (Morse & Warshawsky, 2021). A clinical nurse stepping into a managerial position may take an average of six to seven years to develop the level of competency required to confidently perform in their new role (Baxter & Warshawsky, 2014; Morse & Warshawsky, 2021). The nurse manager is a vital link between the organization's executive branch and the point of care delivery. The Doctor of Nursing Practice (DNP) project implemented a nurse manager development program for nurse managers with less than seven years of managerial experience. Using a pre- and post-self-assessment of perceived competency through the Nurse Manager Skills Inventory Tool, the DNP project implemented a nurse manager development program following the American Organization for Nursing Leadership (AONL) Nurse Manager Learning Domain Framework (AONL, 2015).

Statement of the Problem

The organization lacked a formal transition program for clinical nurses hired into managerial positions. The nurse manager responsibilities and required skills continue to expand and yet professional development remains essentially nonexistent for the role (McGarity, et al.,

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2020). The transition from clinician to leader and manager requires a structured approach. Without proper training, clinical nurses stepping into managerial roles lack the knowledge required to meet the business demands of the organization and can have a challenging learning curve (Baxter & Warshawsky, 2014). According to Fennimore & Wolf (2017), on-the-job-trainings or didactic education for the nurse manager role has been short of true leadership development. Nurses with developed leadership skills can be more effective communicators and collaborators with the potential to influence health policy and enhance work systems for process improvement (Doherty & Hunter, 2020).

Leadership development for the nurse manager has a long-term impact with positive results within six to nine months after training (Flaketval & Corbo, 2019). Novice nurse managers are in a vulnerable state of development and were recently challenged in dealing with the crisis of a pandemic while still learning to master their role (Morse & Warshawsky, 2021). Unless nursing leadership development and management skills acquisition are valued by the organization, quality of care and/or nurse retention and satisfaction scores will remain at risk to be negatively impacted (McGarity, et. al., 2020). The nurse managers left to seek the development of their own competency often promote a culture of workarounds within their leadership responsibilities, whereas nurse managers offered formal leadership development are more likely to implement a culture of evidence-based practice and improved outcomes (McGarity, et. al., 2020).

PICOT Question

The Population (P), Intervention (I), Comparison (C), Outcome (O), and Time (T) (PICOT) are used to formulate the clinical question for the DNP project proposal. The population identified are unit nurse managers with less than seven years of managerial

experience in the current acute care hospital setting. The intervention utilized a nurse manager training and development program to implement for the unit nurse managers while utilizing the Nurse Manager Skills Inventory Tool to conduct a pre- and post-self-assessment of perceived competency (AONL, 2015). The comparison was the lack of training, measured by the pre-training self-assessment competency tool. The expected outcome was an increase self-assessed competency post-training implementation. The intervention was conducted over nine weeks.

PICOT: In unit nurse managers with less than seven years of managerial experience in the acute care hospital setting, how does a nurse manager leadership development program, compared to no leadership development program, influence self-assessed nurse manager competency according to the AONL Nurse Manager Learning Domain Framework (AONL, 2015). The AONL Nurse Manager Learning Domain Framework consists of three parts: the science of managing the business, the art of leading people, and developing the leader within (AONL, 2015; Morse & Warshawsky, 2021). The Nurse Manager Skills Inventory Tool is utilized to self-assess competency within each of the AONL learning domains.

CHAPTER TWO: THEORETICAL FRAMEWORK

A theoretical framework was used to guide and inform the DNP project (Moran, 2020). Theory guides practice, and Benner's theory, *From Novice to Expert*, has been a proven model for assessing the needs of newly graduated nurses at various stages of their professional growth, and may also be applied to transitions and disciplines outside of clinical nursing (Petiprin, 2020). Benner's theory explains how experience along with formal education are essential to becoming an expert in one's role (Benner, 1982). The model describes five stages of development: novice, advanced beginner, competent, proficient, and expert. At the novice stage or beginner, the nurse uses general rules in a linear fashion, utilizing theory. In the second stage as an advanced

beginner, the nurse begins to use intuition based on experience and checklists to guide action. At the competent level, the nurse can prioritize and is able to think in an abstract and analytical manner. In the fourth proficient stage, the nurse spends less time thinking and planning and simply knows what needs to get done. Finally, at the expert stage, nurses can merge theory and practice with developed intuition through experience (Benner, 1982; Thomas & Kellgren, 2017).

When the expert clinical nurse assumes a new role as a nurse manager, the nurse can go from being an expert in the clinical setting to a novice in the management field (Chervoni-Knapp, 2021). This can often cause feelings of insecurity and may require time, patience, and a comprehensive orientation into the new role (Dunbar et al., 2019). The expert clinical nurse may feel vulnerable through the transition into a management role. When the nurse is placed in a situation with little experience, the nurse reverts to novice and may once again use theory or general rules to guide action (Thomas & Kellgren, 2017). Benner's model can also be applied and described as situational. Dunbar et al., (2019) identifies the importance for the nurse to have the ability to detach from their previous role and accept being a novice once again, by acknowledging their lack of command in a new domain. This can translate into a loss of control for the previous expert nurse and a desire to rush the learning curve. A guided and structured process can facilitate the transition.

The Nurse Manager Skills Inventory Tool utilizes Benner's *From Novice to Expert* theory of skill acquisition and is designed to assess the learning needs of the nurse managers (Baxter & Warshawsky, 2014). The tool was developed by the AONL in collaboration with the American Association of Critical Care Nurses (AACN). The two professional organizations formed the Nurse Manager Leadership Partnership (NMLP) to identify best practice for nurse manager professional development and assessment (NMLP, 2006). The goal of the Nurse Manager Skills

Inventory Tool was to reflect the skills and behaviors required for the success of the nurse manager in the three learning domains: the science of managing the business, the art of leading people and the leader within.

CHAPTER THREE: REVIEW OF LITERATURE

A literature search in an academic online database included Cumulative Index to Nursing and Allied Health Literature (CINAHL): Complete, ProQuest, and PubMed. The search revealed much research on the importance of effective nurse manager development. Terms searched included the population identified and the intended intervention of interest, "nurse manager, unit nurse manager, nurse leader, or new nurse manager" and "training, development, competency, tools". Terms explored for outcome were "nurse manager impact" "nurse leader in the acute care setting" or "new nurse manager effectiveness". The connecting terms 'and' and 'or' were used to expand on commonalities in the search. The initial search yielded 258,661 results. The search was refined to articles within the last five years with full-text availability, which narrowed the results to 58,388 articles. Search words and connecting terms were adjusted to scan the results and identify the frequency of publications. Based on the results yielded, terms from the publications of interest were utilized to narrow the search, such as "education for nurse managers" and "nurse manager development programs". Articles were then scanned for usefulness based on the most recent publications, titles, and abstracts. An internet-based search was also utilized for cited agencies or professional organizations from the selected literature, such as AONL, AACN, and the Agency for Healthcare Research and Quality (AHRQ). Furthermore, reference lists from the selected publications were also scanned for primary sources and applicability with the current research and selected topic.

Common themes in the literature were the use of the AONL Nurse Manager Learning Domain Framework to identify and classify nurse manager competency, and the use of the Nurse Manager Skills Inventory Tool as a self-assessment evaluation of perceived competency. Though, over five years in publication, Baxter & Warshawsky (2014) was selected based on the level of relevance to the DNP project. The article offers an understanding of the three competency domains within the Nurse Manager Learning Domain Framework: the science of managing the business, the art of leading people, and the leader within. The science of managing the business includes competencies with financial management, human resources, performance improvement, strategic thinking, and technology. The art of leading people involves relationship management, shared decision making, leadership skills, equity and diversity, and influence. Finally, the leader within competencies focus on personal and professional accountability, career planning, and reflective practice. The article further explains the framework development through a collaboration between the American Organization of Nurse Executives (AONE) (now known as AONL) and AACN. The purpose of selecting this article was to evaluate this framework for use in the implementation of a tool for the DNP project. The article was applicable to the selected population and the results were valid based on the selected sample size.

Fennimore & Wolf (2017) states that on-the-job training or didactic education for the nurse manager role may fall short of true leadership development. This article emphasizes the need to build a business case for a leadership development program specific to nurse managers. The study was applicable to the selected population and offered relevance to the desired outcome. The authors agree that the AONL Nurse Manager Learning Domain Framework provides a model of essential competencies for the nurse manager. Turnover rates were measured

against potential costs, and a training program with clear objectives is presented with pre- and post-results for validity. The article included limitations with the need to further measure staff satisfaction and clinical outcomes after implementation. The sample size of twenty-five participants was adequate and demographic information collected was useful while identifying strategies to implement within the DNP project. Fennimore & Wolf (2017) further evaluated the level of education and experience of the participants. The study was conducted in a large academic hospital setting throughout twenty hospitals with the benefit of access to lecturers and materials.

Chervoni-Knapp (2021) explored the impact of nurse managers on quality-of-care outcomes. The article reinforced the unique position of the nurse manager in their return to novice as they begin the journey into a new role. The author recognizes the need for healthcare organizations to develop programs and participate in succession planning. This article reaffirms the AONL Nurse Manager Learning Domain Framework utilized as a guide and a competency tool. The author recommended that organizations adopt and implement development programs that include both a competency tool and a learning framework. This article reinforced the theory utilized to implement the DNP project as a reliable and applicable tool.

Coogan & Hampton (2020) utilized two tools to conduct a one-group pre- and post-test design to evaluate the outcomes of a nurse manager orientation program. The Nurse Manager Skills Inventory Tool was used to measure self-assessed competency from novice to expert; and Spreitzer's Psychological Empowerment Tool was used to measure psychological empowerment through twelve questions in four subcategories: meaning, impact, self-determination, and competence. This was the only study found to have used two separate measurement tools pre- and post-implementation of a training program. The study showed an overall mean increase in all

domains within the Nurse Manager Skills Inventory Tool, with financial management having the most increase by 1.66. Using the Spreitzer's Psychological Empowerment Tool, psychological empowerment rose from a mean of 5.25 to 5.64. The limitations of this study were a homogenous and small sample size of seven white females, spread throughout five hospital systems with a program held over a five-month period. The authors admit that the length of the program could have potentially impacted the self-assessed competency based on gained on-the-job experience. This conclusion reaffirmed having a condensed timeline for reliable results with the DNP project.

Flatekval & Carbo (2019) also conducted a pilot study using the Nurse Manager Skill Inventory Tool for a pre- and post-assessment. The selected training program implemented included three components with learning variations through online modules, a two-day live course, and lunch-and-learn activities to promote collaboration. The study revealed reliable improvement in self-assessed competency using a dependent t-test analysis with a p<0.001. A small sample size of eight was a limitation of this study. The authors identified further recommendations to reevaluate competency in 6-9 months and measure staff and patient satisfaction scores for noted improvement.

Finally, McGarity et al. (2020) included a larger sample size of thirty-eight within one health care facility. The study used descriptive statistics to identify the population based on years of experience as a nurse, years in management, and level of education. The quasi-experimental design also used a pre- and post-assessment with the Nurse Manager Skills Inventory Tool. The results reflected an overall increase of 25.8% post-training implementation.

Synthesis of Literature Review

The literature reflects the need for a structured nurse manager development program with attention to the AONL Nurse Manager Learning Domain Framework: the science of managing the business, the art of leading people, and the leader within (Baxter & Warshawsky, 2014; Coogan & Hampton, 2020; Fennimore & Wolf, 2017; Flatekval & Corbo, 2019; McGarity, et al., 2020). The Nurse Manager Skills Inventory Tool is used in all five studies to measure competency, with the additional measurement of a psychological empowerment scale in one of five studies (Coogan & Hampton, 2020). All studies were conducted in the hospital setting, however, sample sizes varied widely from the lowest of eight participants (Flatekval & Corbo, 2019) to the highest of thirty-eight (McGarity et al., 2020).

The AONL Nurse Manager Learning Domain Framework was widely used to implement a nurse manager development program and measure improved competency throughout the literature (Baxter & Warshawsky, 2014; Coogan & Hampton, 2020; Flatekval & Corbo, 2019; McGarity et al., 2020). The participants' scores increased with the implementation of a training or development program; in addition, Coogan & Hampton (2020) also conclude value in the camaraderie built among the participants and further measured psychological empowerment before and after the intervention. McGarity et al. (2020) included the largest sample size of thirty-eight nurse leaders and further supported the conclusions of increased confidence, nurse satisfaction, and quality of care outcomes in addition to increased self-assessed competency.

Baxter & Warshawsky (2014) did not identify limitations to their study, however, the article fails to expand on the intervention tool utilized to rank the competencies and candidates. It did not offer a design to implement the learning domain framework, only validated that a plan for the development of nurse managers may be useful. More research was necessary to correlate the

survey response to an intervention. Coogan & Hampton (2020) did expand on limitations to be the length of time for the orientation intervention, delivered over five months and a limited sample size of only nine participants. The identified limitations were the small sample size and the possibility of the participants' increased competency to be attributed to increased experience with a lengthened implementation timeframe. Flatekval & Corbo (2019) used a sample size of eight nurse managers within a large health center, however the authors originally sent approximately twenty invites. As with other studies, the actual participants were less than the invited numbers. Flatekval & Corbo (2019) also concluded the benefits of a leadership development training program utilizing the AONL Nurse Manager Learning Domain Framework.

Since 2015, state of the science features consistent use of the AONL Nurse Manager Learning Domain Framework as the guide for implementation of a nurse manager development program, and the Nurse Manager Skills Inventory Tool to self-assess competency, despite their age in publication. There was limited research available for any other nurse manager competency assessment tools. The literature was limited in identifying the actual tools or examples of resources and development programs for implementation of leadership training. Despite these limitations, the importance of nurse manager development continues to be a topic of discussion within nursing leadership publications.

CHAPTER FOUR: METHODS

Design

Utilizing the research to guide practice, the DNP project implemented a nurse manager development program utilizing the AONL Nurse Manager Learning Domain Framework (AONL, 2015) as a content guide. The framework guides the nurse managers through their

development in three domains: the science of managing the business, the art of leading people, and the leader within. The nurse manager development program was implemented over a period of nine weeks with self-assessed competency measured pre- and post-program implementation using the Nurse Manager Skills Inventory Tool. Demographic information collected included years of experience in nursing, years of experience in a managerial role, level of education, and achievement of certification.

After completing a participation agreement and the pre-self-assessment, the participants received access to learning content through online interactive modules, scheduled three in-person six-hour workshops, and assigned readings and tasks. The in-person workshops were designed to enhance collaboration and shared discussion among the participants, while building comradery and positive group dynamics to facilitate learning. Multiple delivery formats are associated with a positive learning experience and increased self-assessed competency of participants (Fennimore & Wolfe, 2017; Flaketval & Corbo, 2019).

Sample Population and Setting

The DNP project used a convenience sample within a Magnet designated stand-alone acute care hospital in a large urban community. The hospital provides Level II trauma emergency services, comprehensive stroke, cardiovascular specialty care, labor and delivery, and neonatal/pediatric services. The unit nurse manager participants' level of responsibility ranged from approximately ten beds in the critical care setting and up to sixty-five patient beds in the emergency department. The level of care for participant unit nurse managers ranged from adult and pediatric inpatient level of care in medical-surgical, telemetry, and critical care units to outpatient settings such as interventional radiology, surgery, emergency department, and labor and delivery units. The inclusion criteria were unit nurse managers with less than seven years of

experience in a managerial role within the organization. Fourteen participants met the qualifying criteria of less than seven years in a managerial role within the identified nursing units in the organization. One out of fourteen participants had two years of previous managerial experience at another organization without formal leadership training and was identified to be approaching their seventh year of total managerial experience at the start of the program. They were included in the sample population. All other participants had no previous managerial experience. Identified participants were recruited to voluntarily join the cohort and progress through the learning domains as a group. Fourteen nurse managers meeting the inclusion criteria signed the participation agreement, however, only thirteen completed the nine-week program.

The Intervention

The fourteen nurse manager participants submitted a demographic information survey to confirm they met the inclusion criteria for the intervention and voluntarily agreed to participate in the DNP project. The participants then used the Nurse Manager Skills Inventory Tool (Appendix A), to rate their perceived level of competence using Benner's theory of *Novice to Expert* in a Likert scale format, prior to the implementation of the nurse manager development program intervention. This allowed the participants the opportunity to self-assess their lowest scored domain and focus their efforts during those training sessions through the program intervention. By retaking the Nurse Manager Skills Inventory Tool self-assessment after the program intervention, the nurse manager was able to assess their improved knowledge and may plan to engage in continuous self-development for continued low scoring domains.

Upon completion of the participation agreement and the pre-self-assessment tool, nurse manager participants were given access to the Fundamentals Skills for Nurse Managers online learning center (AACN, 2019). The content was divided into several learning modules with

access to literature, video sessions, reading material, and assigned tasks. The program was adapted to the organization's needs by bringing in subject matter experts on organizational specific policies and processes. During the in-person sessions, some online modules were completed as a group and others were enhanced with organization specific speakers and leaders, such as human resources performance management, interviewing and hiring, software specifics for budget and finance, and regulatory priorities, root cause analysis tools and risk management. Furthermore, this allowed the nurse managers to build connections and resources to leaders within the organization for future needs.

As an assigned task, the introductory module guided the participants to self-select and meet with a mentor. The modules provided reading material on mentoring relationships. Mentorship is an important component to the success of the new nurse manager (Baxter & Warshawsky, 2014). Clear benefits to mentoring include a positive workforce and increased retention (Coventry & Hays, 2021) . Mentorship connections continued throughout the program. The participants were required to provide the name of their mentor and the date for their initial meeting at the first session. Participants were encouraged to establish recurring monthly connections and set goals to guide their meeting time. During the nine-week intervention period, all participants held a minimum of two meetings with their chosen mentor.

At the first session, the nurse manager participants were given a guide to complete the learning intervention as a cohort. Meeting sessions were to facilitate learning objectives and create opportunities for sharing and discussion. Role-play was used during sessions, and sharing of experience with interactions such as staff coaching and offering positive feedback was modeled. Shared experiences built trusting relationships and comradery within the group. A total of three six-hour sessions were held three-weeks apart, within a nine-week period. To eliminate

distraction from unit responsibilities, the sessions were held during work hours in an offsite environment. The nurse managers were offered an additional week after the sessions to complete the online learning modules and the post-self-assessment.

Each participant was allowed time from other responsibilities during work hours to complete the program. There was no cost to the participants, and they were paid their normal salary to attend. The support of the organization's Vice President of Patient Care Services (VPPCS) and the leadership team was key to the program intervention. The proposed intervention was presented to the Nursing Directors and encouraged by the VPPCS prior to participant recruitment. The project intervention was conducted in collaboration with the Nursing Directors, the Clinical Education Department, and the VPPCS.

Ethical Considerations

Nurse managers may feel vulnerable and fear being transparent in the Nurse Manager Skills Inventory Tool pre- and post-self-assessment if there is a lack of psychological safety. Participants perceive psychological safety in environments that promote asking for help, innovation, and learning from mistakes without concern for retribution; participants thrive through collaboration and nurtured leadership creating a culture of continuous learning and evidenced-based practice (Agency for Healthcare Research and Quality, 2018). To increase trust and psychological safety, completed competency self-assessments were protected from identifiable opportunities by having participants choose to use a self-selected six-digit number on their submission. The proposal was presented to the organization's Institutional Review Board (IRB) for review and approval as an evidenced-based project. The IRB issued an exempt letter and approved the project with voluntary participation.

Data Collection

Prospective participants provided demographic information as part of screening for eligibility in the program. Demographic data collected included years as a registered nurse (RN), years in a managerial role, level of education, and obtainment of professional certification. Out of fourteen nurse managers, six had greater than twenty years of nursing experience as an RN and three had less than ten years. In contrast, only one participant had seven years in the managerial role and nine others had less than one year, with the least being two months in the managerial role. All but three participants obtained a master's level education, however only one held a leadership certification with nine others having a clinical specialty certification.

Figure 1: *RN Experience to Managerial Experience*
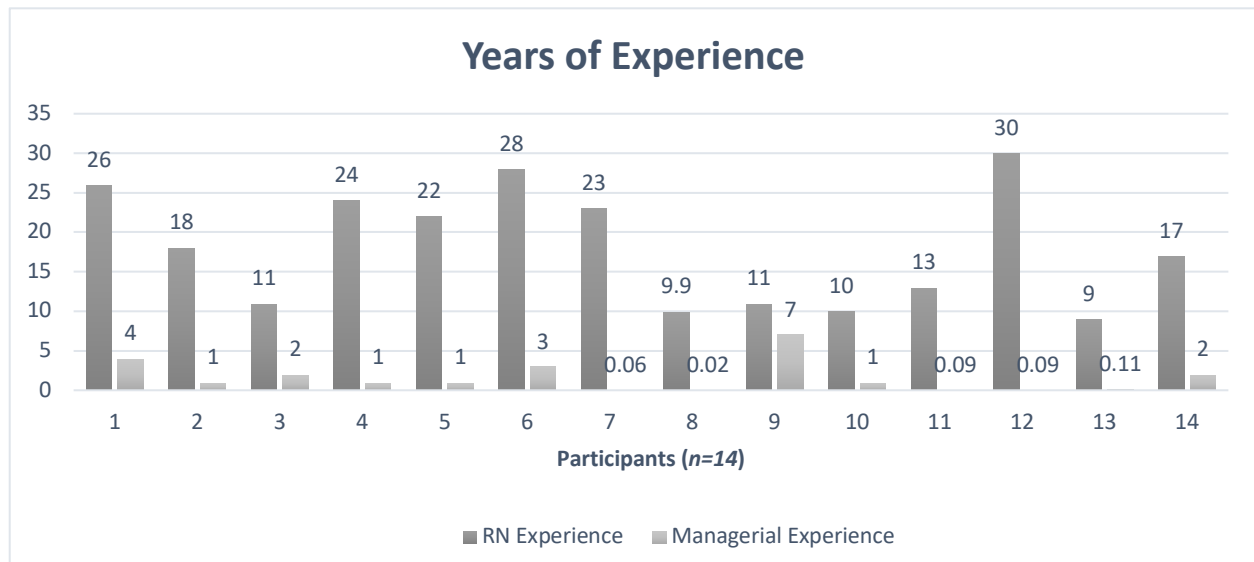
Table 1: *Participant Demographics: Nursing Education and Certification*

				Total Sample (n=14)
	BSN	MSN	MBA	MSN/MBA
Highest Level of Education	3	8	1	2
	Clinical	Leadership	None	
Certification	9	1	4	

Upon confirming voluntary participation, the participants were instructed to complete the Nurse Manager Skills Inventory Tool (Appendix A), to rate their perceived level of competence prior to the implementation of the program intervention and after completion of the program. Using the results from the Nurse Manager Skills Inventory Tool, the data were separated and evaluated within each domain: the science of managing the business, the art of leading people, and the leader within. A paired t-test analysis method was used to assess the statistical difference between pre- and post-intervention for each of the three domains. To evaluate the effectiveness of the program intervention, the overall mean scores for each domain prior to implementation were compared to the overall mean scores for each domain post-implementation. Participants used a self-selected six-digit number to deidentify their submission. The number was used throughout the data analysis to protect participant identity. Further analysis of scores based on demographic information was not possible due to the intentional anonymity to participant's self-assessed competency submission and to promote privacy and psychological safety.

The total participant mean score for each domain was presented in a one through five scoring range with one being the lowest range (novice) and five being the highest range (expert) of perceived competency. There were three possible results for each of the individual domains. The cohort will have a statistically significant increase in self-assessed competency, have no change in self-assessed competency, or have a decrease in self-assessed competency. A p value $\leq$ 0.05 was used to evaluate statistical significance. The expected outcomes were an improved mean score in self-assessed competency within all domains.

CHAPTER FIVE: RESULTS

Pre- and Post-Self-Assessed Mean Scores

Fourteen nurse managers completed the participation agreement, however, only thirteen submitted a pre-self-assessment tool *(n=13)* and attended the in-person sessions. One nurse manager participated in the online learning modules but did not attend the sessions or completed the entirety of the program intervention. Out of the thirteen nurse managers that attended the sessions, only twelve completed the post-self-assessment tool *(n=12)*. Only the twelve participant's total mean score per domain were used to identify the effectiveness of the intervention.

In the first domain, the science of managing the business, the participant's total mean score pre-intervention was 1.78 ±0.83 with a 0.67 increase to 2.45 ±0.75 post-intervention. The science of managing the business domain reflected the greatest overall total increase with significant results ($p<0.05$) among the three domains. This domain included the greatest number of nurse manager competency components within the assessment tool. The seven components assessed within the domain were financial management, human resource management, performance improvement, foundational thinking skills, technology, strategic management, and appropriate clinical practice knowledge for the nurse manager (Appendix A). Within the seven components in the science of managing the business, the lowest pre-self-assessed mean score was attributed to financial management (m = 1.11) and the highest pre-self-assessed mean score to technology (m = 2.48). Post- intervention, the highest overall increase was noted to be in financial management with a total 0.96 mean score increase. The lowest increase in this domain was noted to be in technology. Nurse Managers reported higher pre-self-assessed competency within this component (m=2.49).

Table 2: *The Science of Managing the Business Mean Scores*

Domain 1: The Science of Managing the Business	Pre-Mean score [SD]	Increase	Post-Mean score [SD]
I. Financial Management	1.11 [0.36]	+0.96	2.08 [0.70]
II. Human Resource Management	2.02 [0.87]	+0.61	2.63 [0.59]
III. Performance Improvement	2.02 [0.75]	+0.63	2.65 [0.69]
IV. Foundational Thinking Skills	1.92 [0.82]	+0.63	2.55 [0.56]
V. Technology	2.49 [0.75]	+0.40	2.89 [0.81]
VI. Strategic Management	1.65 [0.71]	+0.69	2.33 [0.78]
VII. Appropriate Clinical Practice Knowledge	2.17 [0.80]	+0.42	2.58 [0.64]

The second domain, the art of leading people, reflected significant results ($p<0.05$) with an increase in the total mean score for self-assessed competency. Participants reported a total domain pre- mean score of 2.30 ±0.78, with a 0.45 increase to a total post- mean score of 2.75 ±0.63. The nurse manager competency components measured in this domain were human resource leadership skills, relationship management and influencing behaviors, diversity, and shared decision making (Appendix A). The pre-intervention lowest mean score component was human resource leadership skills (m = 2.11 ± 0.77), and the highest mean score was diversity (m = 2.51 ± 0.84). As in the first domain, both components accounted for the most and the least increase in pre- and post-self-assessed data (Table 3).

Table 3: *The Art of Leading People Mean Scores*

Domain 2: The Art of Leading People	Pre-Mean Score [SD]	Increase	Post-Mean Score [SD]
I. Human Resource Leadership Skills	2.11 [0.77]	+0.66	2.77 [0.62]
II. Relationship Management and Influencing Behaviors	2.29 [0.76]	+0.46	2.75 [0.59]
III. Diversity	2.51 [0.84]	+0.21	2.72 [0.69]
IV. Shared Decision-Making	2.46 [0.75]	+0.29	2.75 [0.72]

In the third domain, the leader within, the nurse manager competency components included personal and professional accountability, career planning, personal journey disciplines, and reflective practice reference behaviors or tenants. This domain had the lowest total increase from a pre- mean score of 2.34 ± 0.77 to a post- mean score of 2.69 ± 0.65, which resulted in a p value equal to but not less than 0.05. The highest increase in self-assessed competency in this domain was attributed to personal journey disciplines, whereas reflective practice and reference behaviors or tenants had the least self-assessed increase. Career planning was the lowest scored domain pre- and post-self-assessment.

Table 4: *The Leader Within Mean Scores*

Domain 3: The Leader Within	Pre- Mean Score [SD]	Increase	Post- Mean Score [SD]
I. Personal and Professional Accountability	2.37 [0.76]	+0.36	2.73 [0.60]
II. Career Planning	2.10 [0.71]	+0.51	2.61 [0.72]
III. Personal Journey Disciplines	2.13 [0.76]	+0.54	2.67 [0.58]
IV. Reflective Practice Reference Behaviors/ Tenants	2.48 [0.76]	+0.23	2.70 [0.66]

Additional Analysis

Domain 1: the science of managing the business reflected the highest overall mean score increase from 1.78 ± 0.83 to 2.45 ± 0.75. Domain 3: the leader within had the lowest overall increase in mean score from 2.34 ± 0.77 to 2.69 ± 0.65 (Figure 2). Though domain 3 reflected the lowest overall increase, the domain held the highest pre- intervention mean score overall. Participants perceived a higher level of competency within this domain prior to any intervention. All three domains had a mean score increase post-intervention (Figure 2).

Figure 2: *Pre- and Post-Self-Assessed Competency Total Mean Score Per Domain*
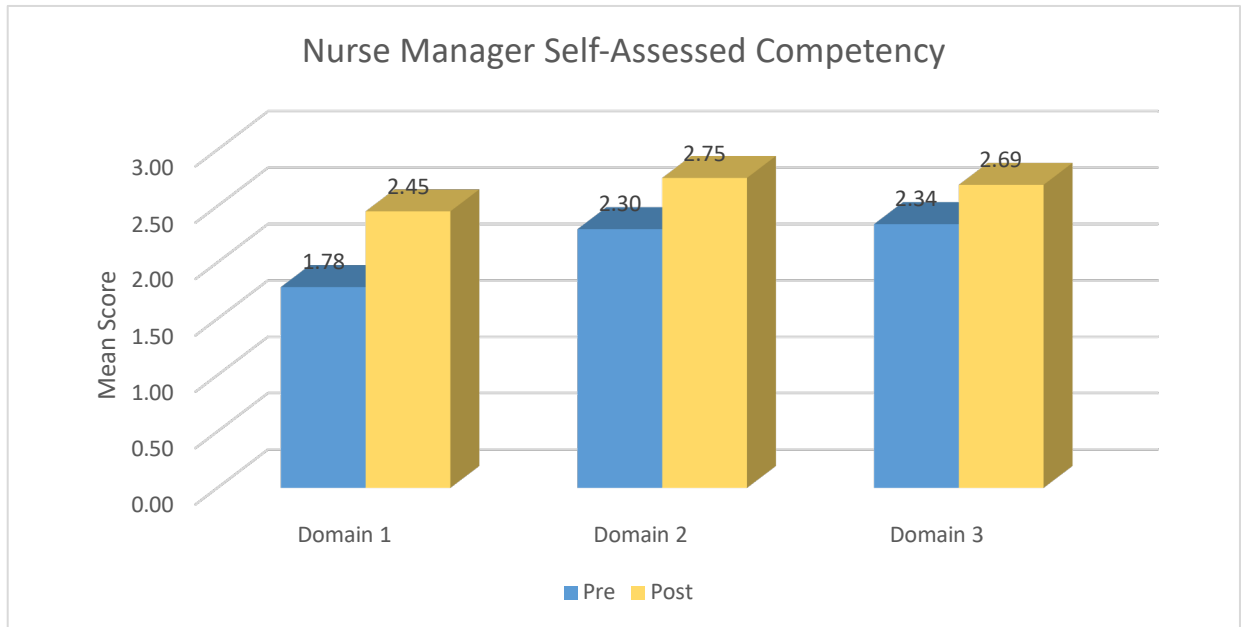
CHAPTER SIX: DISCUSSION

Diversity, technology, reflective practice reference behaviors, and shared-decision making were the top four scored pre-self-assessed competency components. A younger generation of nurse leaders is more astute to technology and has increased awareness of embracing diversity due to the multiple generations that existed when they entered the workplace (Reiser et al., 2019; Warshawsky & Cramer, 2019). Reflective practice behaviors and shared-decision making are promoted through the Magnet model (ANCC, 2023). Financial management, strategic management, and foundational thinking skills were among the lowest scoring pre-self-assessed components and are all incorporated within the managing the business domain. Warshawsky & Cramer (2019) describe finance, strategy, performance improvement, and foundational thinking as systems competencies that are highly valued by organizational executives and critical for leading transformation.

However, domain 1: the science of managing the business, includes competencies often less valued by new nurse managers such as finance, performance improvement, and strategic management, which further supports managerial promotion based on clinical competence rather than managerial skill (Warshawsky & Cramer, 2019). When the nurse manager understands the scope of their role and responsibility, they can focus their skill development in this area (Figure 2). Domain 2: the art of leading people reflected significant increase and included components that interlinked with the other two domains such as human resource leadership skill and relationship management and influencing behavior. As clinical nurse experts, most nurse managers exhibit influential qualities prior to transitioning into a managerial role. A pre-self-assessed mean score of 2.30 ± 0.77 reflects approaching competency in this domain (Figure 2).

Furthermore, nurse manager practice experience has twice the effect than that of advanced education within nurse manager competency development (Warshawsky et al., 2022). Competency growth occurs over time through experiential learning, structured leadership development programs, coaching, and mentoring (Sherman & Saifman, 2018). Though eleven participants had obtained a masters level education, none reported achieving full competency in any domain. While formal academic education is important to the success of competency development and certification attainment, a structured transition into managerial practice is key to nurse manager retention (Sherman & Saifman, 2018).

Domain 3: the leader within includes competencies reflecting the emerging millennial nurse leaders' pursuit of a structured career path and development (Sherman & Saifman, 2018). Expert clinical nurses that are promoted to nurse managers often exhibit leadership qualities that enhance their self-awareness for competency development. Ten participants held a clinical or leadership certification which further reflects the presence of personal and professional

accountability in the leader within competencies. The Magnet recognition program promotes nursing excellence through nurse empowerment to reach their highest potential (ANCC, 2023). The leader within competency development reflects the organization's magnet culture.

Implications for Nursing Practice

The nurse manager role has significantly increased in complexity within the last decade and even more so through the added challenge of the COVID-19 pandemic. Warshawsky et al. (2020) identifies that the current nurse manager Millennial workforce is less experienced than those which they are replacing of the Baby Boomer generation. The accepted practice has been to select nurse managers with an expectation that they learn through experience. The nurse manager role is in a vulnerable state due to increasing numbers of retirement and loss of leadership expertise post the COVID-19 pandemic (Warshawsky et al., 2022). The Future of Nursing 2020-2030 report notes that nursing leaders at every level have the responsibility to provide clear strategic direction to guide a group into action through the implementation of the six aims: safe, effective, patient-centered, timely, efficient, and equitable care (Wakefield et al., 2021). Nurse manager competency has several implications to nursing practice. Nurse manager competency impacts nurse staffing, turnover, and satisfaction rates. All of which can extend to patient safety and care. Nurse managers have ultimate accountability for healthy work environments, business operations, regulatory compliance, and quality of care outcomes within their area of responsibility (Warshawsky et al., 2022). The nurse manager achieves these goals through collaborative relationships and empowerment of others.

Millennials currently comprise more than 50% of the nursing workforce and though they may seem confident in their abilities, some carry a fear of failure when taking on new roles with increased responsibilities. Without proper leadership development, support, and coaching, new

nurse leaders will not stay in their positions (Sherman & Saifman, 2018). The retirement of the Baby Boomer generation will lead to a significant knowledge and skills gap in nurse manager roles. Organizations will look to Millennials and Generation X nurses to fill these roles. Recognizing talent or a desire for leadership within nurses, along with a structured organization specific transition to nurse manager program are identified as key strategies to counter the gaps of losing key talent to retirements and turnover (Moyo, 2019). An estimated less than ten percent of healthcare organizations have a formal nurse manager transition program (Ullrich, et al., 2020). A formalized structured transition program for nurse managers including mentoring relationship is a proven method for nurse manager competency development (Coventry & Hays, 2021; Fennimore & Wolfe, 2017; Flaketval & Corbo, 2019; Ullrich, et al., 2020; Warshawsky, et al., 2022). Nurse manager competency develops over time, therefore, to see return on investment and continued growth in nurse manager competency, the organization must seek to retain nurse manager talent (Sherman & Saifman, 2018; Warshawsky, et al., 2022).

Potential Limitations

Limitations to the results of this project could exist in the form of biases within participants. Self-reporting bias through questionnaires can be argued to be unreliable and may present a key problem with data collection, analysis, and measurement (Althubaiti, 2016). Some may feel apprehensive about sharing self-perceptions of their own competency or modify their results based on perceived judgement from others. Participants may not answer truthfully after reviewing their first score and may sway the responses on the second assessment intentionally to reflect growth. This may decrease the effectiveness and reliability of the results. Confidentiality and anonymity for the participants served to promote psychological safety and decrease bias.

CONCLUSION

Liou et al., (2022) describe managerial competencies as the set of skills, behaviors, knowledge, and attitudes that an individual should possess to be effective in a managerial role. The nurse manager specifically, holds accountability for the safe delivery of care and patient outcomes (Warshawsky et al., 2022). Nurse managers achieve quality of care and positive patient outcomes by creating healthy work environments and promoting a culture of safety that supports professional practice and growth. Developing competency in the novice nurse manager will assist them to effectively navigate their role. There is a lack of nurse manager development when transitioning from a clinical role. A structured approach is necessary to achieve self-assessed competency among novice nurse managers. The AONL Nurse Manager Learning Domain Framework identifies three essential competency domains for the nurse manger: the science of managing the business, the art of leading people, and developing the leader within (AONL, 2015; Morse & Warshawsky, 2021). Liou et al., (2022) further notes that effective communication is a highly desired competency for the nurse manager. The nurse manager scope of influence and responsibility within the organization is wide.

Implementing a structured nurse manager development program resulted in improved self-assessed competency in all three domains. Using the Nurse Manager Skills Inventory Tool to assess the effectiveness of a program is an acceptable means of evaluation when psychological safety and confidentiality is preserved (Coogan & Hampton, 2020). Developing confidence and competency in the nurse manager can further impact their scope of influence and organizational goal alignment. The literature consistently uses the AONL Nurse Manager Skills Inventory Tool to assess nurse manager competency pre- and post-training intervention (Baxter & Warshawsky, 2014; Coogan & Hampton, 2020; Fennimore & Wolf, 2017; Flatekval & Corbo, 2019;

McGarity, et al., 2020). However, there is a lack of literature on a validated nurse manager

training program to implement new nurse manager competency development. The AONL Nurse

Manager Learning Domain Framework provides a guide and outline to follow but lacks the

content within each domain to facilitate implementation. Future research is needed regarding an

effective training tool for the novice nurse manager. Research to further validate a training

program would provide an evidenced-based approach to nurse manager development. Using the

AONL Nurse Manager Learning Domain Framework is an effective way to implement a

structured nurse manager development program.

APPENDICES

Appendix A: Nurse Manager Skills Inventory Tool
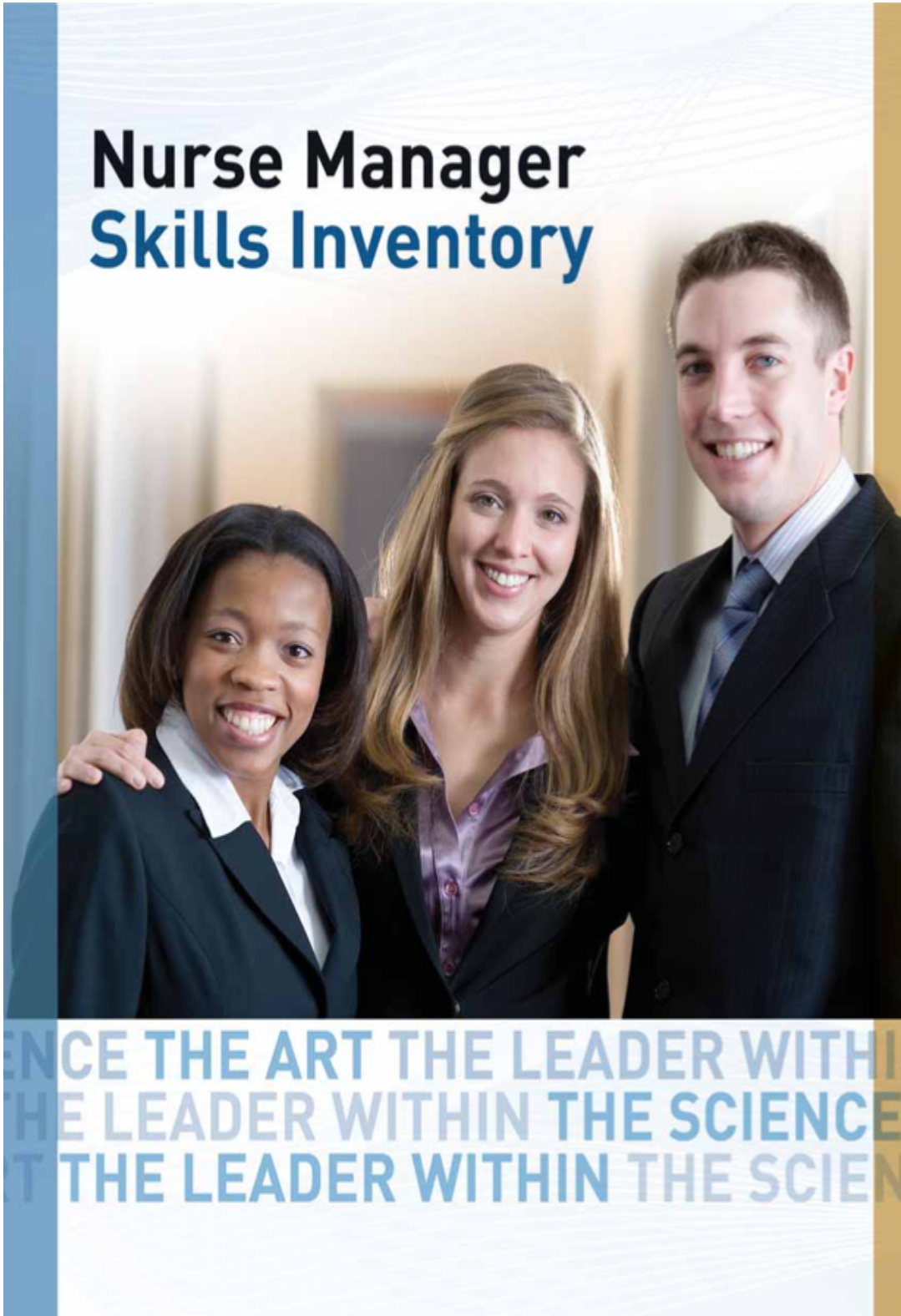
INTRODUCTION

to the *Nurse Manager Inventory Tool*

The critical influence of nurse managers in shaping healthy work environments is undeniable. Of every leadership role in health care today, a nurse manager has the most direct impact on the care and services that patients and families require throughout their health care experience. Theirs is a far-reaching role with particular impact on achieving a professional culture that successfully recruits and retains expert nurses.

In today's dynamic and complex health care environments, safe and effective care will only be assured when health care leaders can make their optimal contribution to the effort. Nurse managers must not only fulfill their daily responsibilities, they must lead the change demanded that will secure a bright future for American health care.

The *Nurse Manager Inventory Tool* captures the skills and behaviors that are envisioned for the successful nurse manager. This inventory allows the nurse manager to perform a self-evaluation that can be paired with the nurse manager's supervisor's assessment to create an individualized professional development plan. The inventory is based on the three domain model initially developed by three national nursing associations[1]. The successful nurse manager must gain expertise in all three domains. This tool is presented to assist with that professional assessment and development.

1. The three national nursing associations were the American Organization of Nurse Executives (AONE), the American Association of Critical-Care Nurses (AACN), and the Association of peri-Operative Registered Nurses (AORN). In 2006, AONE and AACN formed the Nurse Manager Leadership Partnership (NMLP) to continue this leadership work.

Nurse Manager Learning Domain Framework

The Science:
Managing the Business

- Financial Management
- Human Resource Management
- Performance Improvement
- Foundational Thinking Skills
- Technology
- Strategic Management
- Clinical Practice Knowledge

The Leader Within:
Creating the Leader in Yourself

- Personal and Professional Accountability
- Career Planning
- Personal Journey Disciplines
- Optimizing the Leader Within

The Art:
Leading the People

- Human Resource Leadership Skills
- Relationship Management and Influencing Behaviors
- Diversity
- Shared Decision Making

THE NURSE MANAGER

© 2006 NMLP

To make their optimal contribution, nurse managers require well-honed skills in coaching, motivating, and leading a professional team so that safe and effective care is delivered—supported by systems where quality improvement and effective stewardship of scarce resources are complementary.

Methodology for How to Use the *Nurse Manager Inventory Tool*

I. The nurse manager uses the tool to review and rate himself/herself in each of the content areas, along a scale from minimal skill/experience to expert.

II. The nurse manager's supervisor does the same, rating the nurse manager in his/her specific role.

III. The nurse manager and supervisor meet to review the two assessments. For areas where assessments differ they can:
   a. discuss why the perceptions differ
   b. discuss and develop plans for improvement/professional development

IV. The tool can become the basis for career pathway planning and delineating professional targets.

Managing the Business

Column
NOVICE EXPERIENCE/SKILL
COMPETENT EXPERIENCE/SKILL
EXPERT PRACTICE

I. 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

2. **Unit-/department-based budgeting** – includes development methodologies, report formats, analysis rules, how to read a report, balance sheets, and cost report interpretation
   - Creating a budget
   - Monitoring a budget
   - Analyzing a budget
   - Reporting on budget variance
   - Revenue forecasting
   - Expense forecasting
   - Interpreting financial information

3. **Concepts of capital budgeting** – includes financial definitions for capital categories, depreciation, justification and return on investment (ROI) and return on asset (ROA)
   - Cost-benefit analysis (e.g. new program assessment, purchase versus lease options)

II. HUMAN RESOURCE MANAGEMENT

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

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

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

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

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

III. 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; also includes quality improvement tools such as pareto charting, control charts, workflow charting, and process charting

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

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

4. **Promoting intradepartmental/interdepartmental communication**

IV. FOUNDATIONAL THINKING SKILLS

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

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

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

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

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

V. TECHNOLOGY

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

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)
   - 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

THE SCIENCE

Managing the Business

VI. 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

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

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

4. **Presentation skills**
   - Written – includes reports, program descriptions, evaluations, and correspondence
   - Oral – includes educational presentations, project presentations, media, and meetings skills

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

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

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

VII. APPROPRIATE CLINICAL PRACTICE KNOWLEDGE
(determined by specific role and institution)

1. Each role and institution has expectations regarding the clinical knowledge and skill required of the role. These expectations should be established for the specific individual based on organizational requirements.

THE ART

Leading the People

NOVICE
EXPERIENCE/SKILL   COMPETENT
EXPERIENCE/SKILL   EXPERT
PRACTICE

I. 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

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

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

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

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

II. RELATIONSHIP MANAGEMENT AND INFLUENCING BEHAVIORS

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

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

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

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

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

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

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

8. **Negotiation** – using conflict resolution techniques to maintain collaboration: isolate the facts, ask clarifying questions, 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 in functioning as a mediator

THE ART

Leading the People

		NOVICE EXPERIENCE/SKILL	COMPETENT EXPERIENCE/SKILL	EXPERT PRACTICE

III. DIVERSITY

1. **Cultural competence** – includes understanding the components of cultural competence as they apply to the workforce

2. **Social justice** – includes maintaining an environment of fairness and processes to support it

3. **Generational diversity** – ability to capitalize on differences to foster highly effective work groups

IV. SHARED DECISION-MAKING

1. Includes understanding the structure and processes of shared governance

2. Implementation of shared decision-making structures and processes on the unit

THE LEADER WITHIN

Creating the Leader in Yourself

		NOVICE EXPERIENCE/SKILL	COMPETENT EXPERIENCE/SKILL	EXPERT PRACTICE

I. PERSONAL AND PROFESSIONAL ACCOUNTABILITY

1. **Personal growth and development** – includes education advancement, continuing education, career planning, and annual self-assessment and action plans

2. **Ethical behavior and practice** – includes practice that supports nursing standards and scopes of practice

3. **Professional association involvement** – includes membership and involvement in an appropriate professional association that facilitates networking and professional development

4. **Certification** – achieving certification in an appropriate field/specialty

II. CAREER PLANNING

1. **Knowing your role** – understanding current job description/requirements and comparing those to current level of practice

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?

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

III. PERSONAL JOURNEY DISCIPLINES

These skills assist in developing the individual strengths of a leader.

1. **Shared leadership/council management** – includes knowledge of, and skill in, managing councils that promote shared leadership

2. **Action learning** – includes use of techniques of "action learning" to problem-solve and personally reflect on decisions

3. **Reflective practice** – includes knowledge of, and active practice of, reflection as a leadership behavior

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THE LEADER WITHIN

Creating the Leader in Yourself

	NOVICE EXPERIENCE/SKILL	COMPETENT EXPERIENCE/SKILL	EXPERT PRACTICE

IV. REFLECTIVE PRACTICE REFERENCE BEHAVIORS/ TENANTS

Utilizing a set of guidelines and tenants that facilitate reflective practice; these may be individually developed or can be based on specific models developed by others; below are the "Dimensions of Leadership" developed by the Center for Nursing Leadership, which offer an example of a set of guidelines/tenants that can be used as a tool to guide personal reflection of an individual's leadership behaviors

1. **Holding the truth** – the presence of integrity as a key value of leadership

2. **Appreciation of ambiguity** – learning to function comfortably amid the ambiguity of our environments

3. **Diversity as a vehicle to wholeness** – the appreciation of diversity in all its forms: race, gender, religion, sexual orientation, generational, the dissenting voice, and differences of all kinds

4. **Holding multiple perspectives without judgment** – creating and holding a space so that multiple perspectives are entertained before decisions are rendered

5. **Discovery of potential** – the ability to search for and find the potential in ourselves and in others

6. **Quest for adventure towards knowing** – creating a constant state of learning for the self, as well as an organization

7. **Knowing something of life** – the use of reflective learning and the translation of that learning to the work at hand

8. **Nurturing the intellectual and emotional self** – constantly increasing one's knowledge of the world and the development of the emotional self

9. **Keeping commitments to oneself** – creating the balance that regenerates and renews the spirit and body so that it can continue to grow

The Nurse Manager Leadership Partnership is a collaboration between the American Organization of Nurse Executives (AONE) and the American Association of Critical-Care Nurses (AACN).

AONE
The Voice of Nursing Leadership™

AMERICAN ASSOCIATION of CRITICAL-CARE NURSES

Nurse Manager Leadership Partnership (2006). Nurse manager skills inventory tool. introduction-to-the-nurse-manager-inventory-tool.pdf

Citation	Purpose	Sample & Setting	Methods, Design, Interventions, Measures	Results	Discussion, Interpretation, Limitation of Findings
Baxter, C. & Warshawsky, N. (2014). Exploring the acquisition of nurse manager competence. *Nurse Leader, 12*(1), 46-51. https://doi.org/ 10.1016/j.mnl. 2013.10.008	Purpose To examine the competency of Nurse Managers according to the Nurse Manager Learning Domain Framework. To examine the need for a nurse manager training program.	Sample 37 Nurse Managers (NM) Years of experience between 0 up to 10+. Average Totals 0-2yrs = 11 3-5yrs = 8 6-9yrs = 6 10+yrs = 12 Good distribution. Setting 2 hospitals: - VA Medical Center (small facility) - University Of Kentucky Health Center (large facility) Participants 15 from VA 21 from UKHC	Design Electronic survey; self-assessment skills tool Procedures • NM rated themselves in the 3 domains (Science, Art, Leader Within) • Rated according to self-perceived level of competency. • Used Benner's novice to expert theory 1 (novice) to 5 (expert). Results were averaged for mean score. - "Leader Within" domain not included in results, due to only answered at one hospital. Grouped results for: • <2 yrs • 3-6 yrs • 6-9 yrs • >10 yrs …of experience	Results 2 institutions: similar results in comparison - Takes 6 yrs for most competencies to reach proficient level. - Only competence rated as expert is clinical practice; achieved at 6 - 10 years. At <2yrs VA NM = 3 UKHC NM = 8 -Highest perceived competency: clinical practice -Lowest: financial management. At 3-5yrs VA NM = 4 UKHC NM = 4 -Highest: clinical practice -Lowest: financial management. At 6-9yrs VA NM = 3 UKHC NM = 3 -Highest: Clinical Practice -Lowest: Technology 10+ approaching proficiency in every domain	Findings NM need a focused developmental program to attain competency. Suggestion to use a program like new nurse graduates' residency programs with preceptorship and mentorship. Limitations **(Not explored in this article).** -Results were based on self-assessment with subjectivity; questions for tool not identified in the article. -Average number of years experienced as a practicing licensed nurse was not explored. -Level of education or certification not explored. Implications for Practice - NM competency drives healthy work environments and positive unit outcomes.

Citation	Purpose	Sample & Setting	Methods, Design, Interventions, Measures	Results	Discussion, Interpretation, Limitation of Findings
Coogan, E. & Hampton, D. (2020). How does a new nurse manager orientation program impact competency and empowerment? *Nursing Management, 51*(12), 22-27. doi: 10.1097/01.NUMA.0000694864.13579.bc	Purpose To evaluate if a nurse manager orientation program can increase: (1) nurse manager competency (2) feelings of empowerment.	Sample 9 participants Inclusion criteria: <1 year in role Exclusion criteria: previous managerial role All females; white Setting 5 hospital systems in South Central region of the U.S.	Design One group pre-/post-test design Conducted online, included: - AONL framework competency assessment - Spreitzer's psychological empowerment scale Methods Self-Rated AONL framework 5-point Likert Scale 1 = Novice 5 = Expert Spreitzer's -7 Point Likert Scale 1 = Very Strongly Disagree 7 = Very Strongly Agree Interventions 5 orientation sessions over 5 months Measurements Descriptive statistics to identify mean, frequency distribution, and standard deviation	Results Only 7 of 9 completed pre and post survey - Mean age 37 - Mean experience 6 months Paired sample t-test for pre and post survey AONL mean scores all increased from pretest to post test - least increase: technology (by +0.44) - most increase: financial management (by +1.66) Psychological empowerment score: mean went from 5.25 to 5.64	Interpretations/ Findings -Competency and psychological empowerment increase self-efficacy and ability to complete tasks. -Added value through comradery Limitations -Homogenous and small sample size -Session participation was not 100% (not mandatory) -Held over 5 months, participants may have gained more on the job experience Conclusions Justified need for a systemized orientation program

Citation	Purpose	Sample & Setting	Methods, Design, Interventions, Measures	Results	Discussion, Interpretation, Limitation of Findings
Fennimore, L. & Wolf, G. (2017). Nurse manager leadership development. *The Journal of Nursing Administration, 47*(10), S20-S26. http://dx.doi.org.ezproxy.liberty.edu/10.1097/01.NNA.0000525954.96084.35	Purpose To examine a nurse manager development program.	Sample Size 25 nurse managers Experience: 68% >16 yrs 60% in the role for >2 yrs Education 60% BSN 36% MSN 72% Nurse manager or director 28% Clinician or clinical supervisor Setting Hospital University of Pittsburgh Medical Center (UPMC) Academic health centers: 20 hospitals	Design Implemented a Leadership Development Program for Middle Managers. Conceptual Framework: -contemporary issues in healthcare -evidenced-based content - links to recommendations - knowledge through self-assessment Interventions Program offered in: 5 (8hr) sessions every other week over 2 months Content included: Assigned readings Lectures / Dialogue Discussion Self-assessment tools Homework Measure Self-assessment Pre-post survey on Nurse Manager Inventory Tool Composite on pre-course and post-course scores	Results 6 months post course: Raw Score improvement of 0.68 for all competencies Average increase in the 3 areas of Learning Domain Framework: Science of managing people: 26% Art of leading people: 20.9 The leader within: 27%	Discussion UPMC concluded a decrease in nurse turnover; identified other factors may have had an impact – economic environment. Limitations identified: Measuring staff satisfaction or improved patient outcomes Identifying how nurse managers applied knowledge from the program. The article addresses nurse manager development as essential and offered the inventory tool as a potential for assessing nurse manager competency.

Citation	Purpose	Sample & Setting	Methods, Design, Interventions, Measures	Results	Discussion, Interpretation, Limitation of Findings
Flatekval, A.M., & Corbo, S.A. (2019). Nurse manager self-reported competency levels: the impact of a leadership development program. *Nursing Management, 50* (2), 28-33. https://journals-lww-com.ezproxy.liberty.edu/nursingmanagement/Fulltext/2019/02000/Nurse_manager_self_reported_competency_levels.7.aspx	Purpose To develop and cost-effective and cost-efficient educational curriculum that was attractive to all learning styles	Sample 20 invited to participate: 8 took part (40%) Setting Large Medical Center – Northeastern US	Design Pilot Study -Utilized Nurse manager Skill Inventory Tool 3 Components: -Online modules -Weekly lunch and learn - 2-day live course Measure -Self-reported competency pre and post intervention -Dependent t-test with p<0.001	Results Statistically significant p<0.001 Participants self-reported competency increased	Interpretations Program can be used for new nurse managers to orient to their role and expert clinicians to assess their level of competency Need for annual continuous development training Unable to sort for learning styles, perceptions of value in education, willingness to be in management Limitations -small sample size Recommendations -measure competency at 6-9 months -measure staff and patient satisfaction -measure turnover rate

Citation	Purpose	Sample & Setting	Methods, Design, Interventions, Measures	Results	Discussion, Interpretation, Limitation of Findings
McGarity, T., Reed, C., Monahan, L., & Zhao M. (2020). Innovative frontline nurse leader professional development program. *Journal for Nurses in Professional Development, 36*(5), 277-282. https://journals-lww-com.ezproxy.liberty.edu/jnsdonline/Fulltext/2020/09000/Innovative_Frontline_Nurse_Leader_Professional.5.aspx	Purpose To examine self-assessed competencies in nurse managers To predict impact of a professional leadership development program on nurse manager competency.	Sample Size Frontline Nurse Managers 2 cohorts: 20 and 18 = 38 Total Chosen by hospital leadership Setting 1 Healthcare facility; hospital	Design Quasi-experimental - utilizing a pre and post survey -utilizing AONL/AACN Nurse Manager Inventory Tool for self-assessment Descriptive Statistics Individual variables: - years of nursing experience - years as a front-line nurse manager - level of education Interventions Implementation of an evidenced based leadership curriculum Measure Survey results for self-assessment pre and post implementation	Results Overall self-assessed rankings - Improved by 25.8% - consistency between cohorts and education levels	Findings All 38 improved in foundational competencies. Outcomes of attending the program: - Peer Socialization - Evidenced Based Practice - Formal introduction to skills is necessary for new front line nurse managers Limitations -Time constraints -Did not allow time to assess impact on patient outcomes and nurse satisfaction Implications for practice Transformational leadership is essential for evidence-based practice. Attending a formal development training improves: - Team effectiveness - Nurse satisfaction - Quality of care outcomes

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