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Nurse Manager Competencies

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First-line nurse managers play a critical management role because they greatly influence the success of healthcare organizations. Several studies have profiled the first-line nurse manager, but have focused on the characteristics and responsibilities of these individuals. This study delineated and identified specific behavioral competencies that are considered important for hospital-based nurse manager effectiveness. The results of the survey are relevant for the selection, preparation, and development of effective hospital-based nurse managers.

First-line nurse managers play a critical management role because they can influence the success of the healthcare organization. The nurse manager position is being converted rapidly into a position with greater authority and responsibility. In the hospital, nurse managers balance the diverse needs of staff, families, physicians, and support services.[1] Nurse managers empower and influence bedside care givers to exemplify and expand the profession of nursing.[1]

Although several studies during the past decade have explored competency skills of first-line nurse managers, they have focused mainly on the characteristics and responsibilities of these individuals.[2–10] The need to delineate specific behavior competencies that increase effectiveness in the nurse manager role was identified.

A study was designed to address the following questions:

1. What managerial competencies are perceived as important for effectiveness as a hospital based first-line nurse manager?
2. Are some managerial competencies perceived as more important than others?
3. Are perceptions of managerial competencies related to hospital size, nurse educational preparation, age, tenure, or management experience?

Conceptual Framework

The study was based on the conceptual framework of Katz,[11] which focuses on what the individual can accomplish rather than his or her traits or qualities. Katz[11] defined skill as an ability that is developed, not necessarily inborn, and manifested in performance, not merely in potential. He suggested that effective administration rests on three basic developable skills — technical, human, and conceptual skills. (Table 1)

Katz's[11] three-skill approach states that the use of each of the skills varies with the level of management responsibility. At lower levels, technical skill is indispensable for efficient operation. As the manager moves further from actual operations, the need for technical skill decreases. At top administrative levels, conceptual skill becomes increasingly critical for successful administration. According to Katz, human relation skills are essential at all levels of management.[11]

Methodology

A descriptive study of nurse manager competencies was conducted via a mailed questionnaire. A representative sample of 300 American Organization of Nurse Executives (AONE) nurse manager council members from small, medium, and large-sized hospitals were asked to rate competencies as they perceived them necessary to accomplish their jobs effectively. The American Hospital Association (AHA) definitions of hospital size categories were the basis for determining small, medium, and large-sized hospitals. The AHA defines hospital size categories according to bed

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Table 1. Katz Conceptual Framework

Technical skill	Understanding of and proficiency in a specific kind of activity, particularly one involving methods, processes, procedures, or techniques. Involves specialized knowledge, analytical ability within that specialty, and facility in the use of the tools and techniques of the specific discipline.
Human skill	Ability to work effectively as a group member and to build cooperative effort within the team being lead. Concerned primarily with working with people.
Conceptual skill	Ability to see the enterprise as a whole. Includes recognizing how the various functions of the organization depend on one another, and how changes in any one part affect all the others; it extends to visualizing the relationship of the individual business to the industry, the community, and the political, social, and economic forces of the nation as a whole.

Katz, RL. Skills of an effective administrator. *Harvard Business Rev.* 1955; 33(1):33–42.

capacity — 1 to 24 beds, 25 to 49 beds, 50 to 99 beds, 100 to 199 beds, 200 to 299 beds, 300 to 399 beds, 400 to 499 beds, and 500 or more beds.[12] These hospital size categories were consolidated and further defined as small, medium, and large-sized hospitals for the study. According to the study definitions, a small-sized hospital was one with 1 to 199 beds, a medium-sized hospital was one with 200 to 399 beds, and a large-sized hospital was one with 400 or more beds. For each group, 100 nurse managers were selected randomly from the 1300 nurse managers who belong to AONE.

The mailed questionnaire was composed of two parts. In the first part of the questionnaire, competency groups and statements were derived from the research and theoretical literature. Fifty-three competency statements were gleaned from nurse executive and nurse manager literature.[2–10,13–21] Competencies were grouped into the following five categories: technical, human, conceptual, leadership, and economic. Determination of the five categories was as follows.

First, Katz's[11] framework of technical, human, and conceptual leadership competencies were used to categorize the competency statements. This helped define under which skill category the selected competencies fell. The following definitions were used to place competency statements into one of these categories:

- Any competency statement that was related to the delivery or evaluation of nursing care, that required scientific nursing knowledge, or that involved technology was placed in the technical category.
- Any competency statement that involved dealing with people or the management of human resources was placed in the human category.
- Any competency statement that required global thinking or the use of theory was placed in the conceptual category.

In the process of placing competencies into one of these categories, two problems arose. Some competency statements were a combination of technical, human, and conceptual skills, and did not fall clearly into one category or another. It became evident that these statements were all-encompassing leadership skills that have been identified as necessary for effectiveness in leadership roles. The decision was made to place these competency statements into a category labeled leadership. The second problem that arose was related to categorizing skill competencies related to budgeting and financial management. These competencies did not fit into any of the other categories, but have been identified clearly as important competencies in other studies. These competencies were placed into a separate category labeled financial management.

The second part of the questionnaire was composed of demographic questions. These questions were important because they addressed the extraneous variables that may impact on the ratings. These variables included the following: bed size in the hospital in which the nurse manager is employed, nurse manager age, education level of the nurse manager, the nurse manager's length of tenure in the nursing profession, the length of time that the nurse manager has been in a management position, and the length of time that the nurse manager has been in her/his current position. Demographic questions were developed to elicit

information from each respondent regarding each of these variables.

A pilot study of the instrument was done to establish reliability and validity of the competency statements. Test/retest reliability was conducted 2 weeks apart with eight first-line managers at a large Midwestern hospital. After retesting, a Pearson's product-moment correlation analysis was performed on the overall scores (r = 0.93) and on each categorical section of the survey from the two measures. All of the test/retest Pearson's correlations were greater than 0.80.

Study Findings

Sample Description

Two hundred eleven questionnaires were returned for a response rate of 70.3%. Of the 211 respondents, 57 (27%) were from small hospitals, 77 (36.5%) were from medium-sized hospitals, and 77 (36.5%) were from large-sized hospitals. Eighty-six percent of the nurse manager respondents had a baccalaureate or higher-level degree — 102 respondents (48%) had a baccalaureate degree, 79 respondents (37.5%) had masters degrees, and 1 respondent (0.5%) had a doctorate. Most of the respondents (82%) were between 35 and 54 years of age, with 15% in the 25- to 34-year age group, 52% in the 35- to 44-year age group, 30% in the 45- to 54-year age group, and 3% in the 55-year and older age group. Ninety-one percent of respondents had practiced nursing for 10 or more years, and 79% had been in a management position for more than 5 years. Fifty-nine percent of the respondents had been in their current nurse manager position for more longer than 5 years, and 80% had been in their nurse manager position for more than 3 years. Thus, the nurse managers in the study were an experienced group of nurses in both clinical and management areas.

Competency Item Ratings

Nurse managers rated each competency statement on two scales, "Need for knowledge and understanding" and the "Ability to implement and/or use" the competency item. For each scale the following responses were possible: 4 = essential for first-line manager competence; 3 = contributes significantly to first-line manager competence; 2 = contributes moderately to first-line manager competence; and 1 = contributes minimally to first-line manger competence. The competency ratings assigned to each item were totaled, and the means and standard deviations were calculated. (Table 2).

There were a total of 106 competencies (53 competency statements rated on two scales), and 96 of them had mean ratings greater than 3.0, which was defined as contributing significantly to effectiveness for nurse manager competence. Only 10 competencies had a mean rating less than 3.0, which was considered contributing moderately to effectiveness for nurse manager competence. In the knowledge and understanding category, the range of means was 2.6 to 4.0, which was similar to the implement and/or use category that had a range of means from 2.5 to 4.0.

Advanced education is indicated for nurse managers to carry out the wide variety of skills needed for their positions.

The sample perceived both knowledge of and ability to carry out effective communication (#12) and decision making (#33) as the most significant skills necessary for nurse managers. Other competency items that were ranked high by nurse managers in both categories were problem solving (#38), counseling strategies (#17), effective staffing strategies (#13), conflict resolution (#37), performance evaluation (#18), team-building strategies (#22), and delegation (#35). Knowledge of the change process (#36) and ability to use effective discipline (#16) also were perceived as important competencies. These competencies were from the human and leadership sections of the questionnaire. Tables 3 and 4 illustrate the top 10 highest ranked competency items.

A large number of competencies were identified in this study as contributing significantly to effectiveness of first-line nurse managers. Thus, advanced education is indicated for nurse managers to carry out the wide variety of skills needed for their positions. The identification of so many skills also creates an overwhelming challenge for preparing masters level curricula, orientation programs, and ongoing education programs for individuals in these roles.

Table 2. Competency Statement Ratings

	Knowledge and Understanding of					Ability to Implement and/or Use				
	N	Range	Mean	SD	Rank	N	Range	Mean	SD	Rank
Technical										
1. Practice standards	205	2–4	3.727	0.527	22	204	1–4	3.598	0.624	40
2. Care delivery systems	205	2–4	3.454	0.637	58	204	2–4	3.412	0.671	65
3. Care planning	204	1–4	3.250	0.750	75	205	1–4	3.063	0.829	92
4. Clinical skills	206	1–4	3.126	0.774	86	205	1–4	2.854	0.873	99
5. Classification systems	206	1–4	3.189	0.854	83	203	1–4	3.064	0.839	91
6. Infection control practices	207	1–4	3.300	0.735	71	205	1–4	3.215	0.743	79
7. Research-based care practices	203	1–4	2.759	0.793	101	204	1–4	2.554	0.789	104
8. New technology	206	1–4	3.078	0.687	90	206	1–4	2.869	0.770	98
9. Case management	205	1–4	3.010	0.767	96	206	1–4	2.820	0.797	100
10. Information systems	206	1–4	3.262	0.698	74	205	1–4	3.190	0.759	82
11. Regulatory agency standards	205	1–4	3.663	0.576	32	205	1–4	3.615	0.621	37
Human										
12. Effective communication	207	3–4	3.971	0.168	1	207	3–4	3.966	0.181	2
13. Effective staffing strategies	207	2–4	3.831	0.388	7	207	2–4	3.802	0.423	12
14. Recruitment strategies	207	2–4	3.222	0.696	78	207	2–4	3.227	0.691	77
15. Retention strategies	206	2–4	3.680	0.508	30	206	2–4	3.641	0.538	35
16. Effective discipline	207	2–4	3.729	0.467	20	207	2–4	3.754	0.454	18
17. Counseling strategies	207	3–4	3.836	0.371	6	207	2–4	3.812	0.416	11
18. Performance evaluation	207	2–4	3.787	0.455	13	206	2–4	3.772	0.485	16
19. Staff development strategies	207	2–4	3.469	0.581	57	207	2–4	3.415	0.624	63
20. Group process	207	2–4	3.556	0.562	45	206	2–4	3.544	0.589	46
21. Interviewing techniques	206	2–4	3.471	0.638	56	207	2–4	3.507	0.630	52
22. Team-building strategies	207	2–4	3.768	0.445	17	207	2–4	3.725	0.479	23
23. Humor	207	1–4	3.570	0.678	41	207	2–4	3.599	0.606	39
24. Optimism	206	2–4	3.728	0.498	21	206	2–4	3.709	0.525	24
Conceptual										
25. Nursing theories	210	1–4	2.619	0.879	103	209	1–4	2.483	0.815	105
26. Administrative theories	208	1–4	3.207	0.702	80	209	1–4	3.086	0.748	89
27. Strategic planning	209	1–4	3.474	0.687	55	209	1–4	3.383	0.712	68
28. Ethical principles	210	1–4	3.524	0.628	48	210	1–4	3.452	0.664	60
29. Teaching/learning theories	210	1–4	3.029	0.698	94	210	1–4	2.967	0.715	97
30. Political process	210	1–4	3.090	0.793	88	210	1–4	3.014	0.810	95
31. TQM processes	210	1–4	3.557	0.586	44	209	1–4	3.512	0.605	50
32. Legal issues	210	1–4	3.452	0.664	59	208	1–4	3.346	0.719	70

(Continued)

Table 2. Competency Statement Ratings (continued)

	Knowledge and Understanding of					Ability to Implement and/or Use				
	N	Range	Mean	SD	Rank	N	Range	Mean	SD	Rank
Leadership	210	3–4	3.876	0.330	3	209	2–4	3.881	0.386	5
33. Decision making										
34. Power and empow erment	210	1–4	3.681	0.543	29	209	1–4	3.656	0.577	34
35. Delegation	210	2–4	3.781	0.437	14	209	2–4	3.775	0.441	15
36. Change process	210	2–4	3.752	0.475	19	209	2–4	3.694	0.539	26
37. Conflict resolution	210	3–4	3.824	0.382	8	209	2–4	3.823	0.395	9
38. Problem solving	210	2–4	3.871	0.349	4	209	2–4	3.818	0.422	10
39. Stress management	210	1–4	3.605	0.612	38	209	1–4	3.522	0.687	49
40. Research process	210	1–4	2.648	0.782	102	206	1–4	2.481	0.788	106
41. Motivation strategies	210	2–4	3.543	0.603	47	209	2–4	3.498	0.644	53
42. Organization of unit work	209	1–4	3.560	0.610	43	207	1–4	3.493	0.630	54
43. Policies and procedures	210	1–4	3.419	0.660	62	209	1–4	3.368	0.689	69
44. Staff education	209	1–4	3.187	0.657	84	208	1–4	3.101	0.691	87
45. Time management	210	2–4	3.690	0.503	28	209	2–4	3.656	0.542	33
46. Interdisciplinary coordination	209	1–4	3.397	0.658	66	208	1–4	3.293	0.713	73
Financial Management										
47. Cost containment	208	2–4	3.702	0.499	25	208	1–4	3.673	0.546	31
48. Productivity measures	208	1–4	3.447	0.650	61	207	1–4	3.415	0.662	64
49. Budget forecasting	207	1–4	3.565	0.578	42	208	1–4	3.510	0.614	51
50. Cost benefit analysis	206	1–4	3.233	0.701	76	207	1–4	3.198	0.727	81
51. Unit budget control measures	208	2–4	3.692	0.473	27	208	1–4	3.630	0.549	36
52. Financial resource procurement	207	1–4	3.140	0.760	85	207	1–4	3.029	0.818	93
53. Financial resource monitoring	207	1–4	3.386	0.694	67	207	1–4	3.300	0.749	72

The lowest ranked competencies consisted primarily of items from the technical and conceptual sections of the questionnaire. Ability to implement and/or use the research process (#40) ranked lowest, and nursing theories (#25) ranked second lowest. In the knowledge category, nursing theories (#25) ranked lowest, and research process (#40) had the second lowest ranking. The third and fourth lowest ranked competency items were the same in both categories — research-based care practices (#7) and case management (#9). Other lower ranked competencies that were in both groups included clinical skills (#4), financial resource procurement (#52), political process (#30), teaching/learning theories (29), and new technology (#8). Although these competencies were ranked lower overall, they all had mean ratings greater than 2.0. Tables 5 and 6 illustrate the lowest ranked competencies.

Although these competencies were perceived as less important to the nurse manager role, they still were perceived as contributing skills. Nurse managers may believe that it is more important to collaborate and coordinate with others to carry out these skills than it is to carry out these skills themselves.

An analysis of frequency ratings of each competency statement was performed to identify which items received the most "4" ratings. This

Table 3. Highest Knowledge and Understanding Competency Ratings

Competency Items	Mean Rating	Frequency of "4" Ratings
Effective communication	3.97	201
Decision-making	3.88	184
Problem-solving	3.87	184
Counseling strategies	3.84	173
Effective staffing strategies	3.83	173
Conflict resolution	3.82	173
Performance evaluation	3.79	167
Delegation	3.78	166
Team-building strategies	3.77	161
Change process	3.75	162

was done to identify the frequency with which competencies were perceived as essential for first-line manager competence. Competency items that received a high frequency of "4" ratings were consistent with those that had high mean ratings. A listing of each competency item and its frequency of "4" ratings are reported in Tables 3, 4, 5, and 6.

The skills and competencies related to financial management did not receive higher ratings. Overall, ratings of financial management competencies were lower than human and leadership competencies. One could speculate that financial management skills are used less than human and leadership skills and therefore, are not perceived as significant to the role. Another speculation is that financial management skills are done in a cyclic manner — i.e., once the basic skills are learned, they become easier because of repetition. One also could argue that the difficult aspects of financial management include decision making and problem solving, skills which were rated highly.

Demographic Variable Differences

Several differences in findings emerged when the responses were compared demographically. Hospital size, age, educational preparation, and tenure of the nurse manager had a significant impact on the competency ratings ($P \leq 0.05$). Clinical practice experience had no significant impact on competency ratings.

Hospital size impacted the technical, conceptual, and financial management competency ratings. Hospital size had no impact on human and leadership competencies. Nurse managers from large hospitals rated technical ($P \leq 0.000$), conceptual ($P \leq 0.000$), and financial management ($P \leq 0.003$) knowledge and ability competencies significantly lower in importance than managers from small and medium-sized hospitals. One interpreta-

Table 4. Highest Ability to Implement or Use Competency Ratings

Competency Items	Mean Rating	Frequency of "4" Ratings
Effective communication	3.97	200
Decision making	3.86	183
Conflict resolution	3.82	173
Problem solving	3.82	174
Counseling strategies	3.81	170
Effective staffing strategies	3.80	168
Delegation	3.78	164
Performance evaluation	3.77	165
Effective discipline	3.75	158
Team-building	3.73	153

***Table 5.** Lowest Knowledge and Understanding Competency Ratings*

Competency Items	Mean Rating	Frequency of "4" Ratings
Staff education	3.19	67
Financial resource procurement	3.14	73
Clinical skills	3.13	71
Political process	3.09	72
New technology	3.08	55
Teaching/learning theories	3.03	51
Case management	3.01	55
Research-based care practices	2.76	35
Research process	2.65	26
Nursing theories	2.62	34

tion of the higher ratings given by small-sized, hospital-based nurse managers in the conceptual and financial management categories is the possibility that these competencies are impacted by the span of control and accountability that the nurse manager has for these functions. If nurse managers have a lot of accountability and responsibility for these functions, they may have perceived them as very important. In some small-sized hospitals, these functions may be centralized, and nurse managers may have less accountability for conceptual and financial functions; these nurse managers may have perceived these skills as more challenging, and therefore, rated them as more important.

Age impacted the importance ratings of the conceptual, leadership, and financial management categories. Age did not have any impact on technical and human competency ratings. Younger nurse managers perceived knowledge and ability conceptual competencies to be less important ($P \leq 0.000$). The opposite was true of the perceptions of leadership ($P \leq 0.007$) and financial management ($P \leq 0.000$) abilities. These skills were perceived by younger nurse managers to be more important. Interpretation of this phenomenon is difficult, but it could be possible that leadership and financial management competencies were viewed as a challenge by younger nurse managers, resulting in a higher rating. It also is possible that younger nurse managers recognized leadership and financial management competencies as more important because they were emphasized to them early in their roles.

The educational preparation of nurse managers affected several competency categories. Diploma-prepared nurse managers consistently perceived technical knowledge and ability ($P \leq 0.02$), human knowledge ($P \leq 0.05$), conceptual knowledge and ability ($P \leq 0.05$), and leadership knowledge competencies ($P \leq 0.003$) as more important than the other groups. This can be explained by the emphasis that diploma education traditionally has had toward clinical skills. Human, conceptual, and

***Table 6.** Lowest Ability to Implement and/or Use Competency Ratings*

Competency Items	Mean Rating	Frequency of "4" Ratings
Care planning	3.06	71
Financial resource procurement	3.03	66
Political process	3.01	66
Teaching/learning theories	2.97	46
New technology	2.87	42
Clinical skills	2.85	52
Case management	2.82	41
Research-based care practices	2.55	20
Nursing theories	2.48	20
Research process	2.48	16

leadership skills may be perceived by diploma-prepared managers as more important because they are less prepared in these skills and therefore, these skills are more challenging to them. Another speculation is that there may be other variables that, in combination with the educational background of the nurse manager, caused diploma-prepared nurse managers to have higher ratings. Education did not have any impact on the financial management ratings.

Effective communication and decision making were identified as the most significant skills necessary for nurse managers.

Management experience impacted technical, human, and leadership competency categories. A trend was noted among managers with less overall management experience in regard to perception about technical ($P \leq 0.02$), human ($P \leq 0.002$), and leadership abilities ($P \leq 0.017$). Nurse managers with 0 to 2 years of management experience perceived technical, human, and leadership competencies to be less important. Conceptual and financial management competencies were not affected significantly by overall management experience, but mean ratings given by managers with 0 to 2 years of experience were lower than other groups.

Length of time in the manager's current position impacted ratings of conceptual knowledge and ability ($P \leq 0.005$), leadership ability ($P \leq 0.018$), and financial management knowledge and ability ($P \leq 0.000$). These competencies were perceived as less important by managers with less position experience. Technical and human competencies were not impacted significantly by position experience, but lower mean ratings were given by nurse managers that had been in their positions for 0 to 2 years. An interpretation of the trends related to overall management experience and position tenure could be that managers realize the importance of these competencies as their level of experience increases.

The results of this study demonstrate that identified variables (nurse's age, educational preparation, management experience, position tenure of the nurse manager, and the size of the hospital in which the nurse manager works) can impact perceptions of important behavior skills necessary for the job of nurse manager. There must be a realization that nurse managers' perceptions and needs for education and support are impacted by these factors.

Recommendations

Nurse Manager Selection

The sample perceived human and leadership competencies as the most important for effectiveness in the nurse manager role. Effective communication and decision making were identified as the most significant skills necessary for nurse managers. Other competency items ranked high by nurse managers were effective staffing strategies, counseling strategies, performance evaluation, team-building strategies, delegation, change process, conflict resolution, and problem solving. Selection processes can be based on the successful demonstration of these highly rated behavior competencies.

The lower ranked items consisted primarily of technical and conceptual competencies. The two lowest ranked competencies were the knowledge of and ability to implement the research process and nursing theories. Other low-ranked competencies were clinical skills, research-based care practices, case management teaching/learning theories, political process, new technology, and financial resource procurement. Nurse managers should be selected for their ability to understand the importance of these skills and to collaborate and coordinate with others to carry them out.

Nurse Manager Preparation

The large number of competencies identified in this study reinforces the need for advanced educational preparation of individuals in these positions at the masters level. Preparation of nurse managers can be enhanced by using the identified knowledge and skill behavior competencies identified in this study; these should be integrated into preparatory courses. Consideration should be given to the focus of financial management education of nurse managers. Financial management skills are a necessary part of nurse manager education; however, emphasis may need to be shifted away from financial management processes and toward financial management decision making and problem solving.

Continuing education must be provided for nurse managers to develop and maintain the large number of important competencies needed for the job. Manage-

ment workshops and institutes should be provided for nurse managers, with ongoing educational opportunities that allow for practice and improvement of communication, decision making, and counseling skills. Problem solving skills, including the use of statistical tools and total quality management processes, must be part of the nurse manager's education and ongoing development.

Nurse managers also need to use mentors as role models for learning important skills. New managers in the role must have assigned preceptors to gain insight from and to network with. They also need ongoing mentors to help develop their communication (including listening and writing skills) and decision making abilities.

Nurse Manager Performance Appraisal

Performance appraisal of nurse managers should be based on the perceptions of important behavior competencies that have been identified. This will assist with the assessment of individuals based on technical, human, conceptual, leadership, and financial management categories. Heavier emphasis or weights can be placed on human and leadership skills that contribute more to effectiveness in the nurse manger role.

Future Research

Surprisingly, nurse mangers in this study identified the research process and research-based practices as contributing only moderately to effectiveness in their roles. Research-based practice is becoming more and more important as a means to move the nursing profession forward and define nursing practice. Findings from this study indicate that hospital-based nurse managers (many with advanced degrees) do not perceive the research process as a significantly important skill for them. These are skills that nurse managers may not perceive they need themselves; however, they can assist with and rely on others to be competent in and carry out these skills. Further research is needed to clarify this finding and to identify methods in which the research process can be supported at the nurse manager level.

Summary

Many agree that nurse mangers play a critical role in hospitals, and that it is necessary to place key individuals into nurse manager positions who have the knowledge and ability to carry out a wide variety of technical, human, conceptual, leadership, and financial management functions and behaviors. As the evolution of the hospital structure continues to become more horizontal and flattened, and as health reform is implemented, the nurse manager takes on a role of even greater importance. Nurse managers are the key to the success of hospital organization. It is critical that individuals in this role have the behavior skills needed to carry it out effectively.

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