Nurse Manager Competencies

- Why Study??
  - Pivotal role/Influential role
  - Takes talent
  - Has huge impact on operations and success of the organization
  - Information flows up and down from this role
  - Staff indicate this role is key in their satisfaction
Significance in Today’s Environment

- Nurse Manager selection
- Nurse Manager preparation
- Nurse Manager is the key “retention officer”
- Nurse Manager is the key to practice innovation, influence on patient care outcomes
- Nurse Manager is the key to RN/MD collaborative relationships
Definitions - Competencies

- Having the necessary requisite ability or quality
- State of continued growth in new or developing areas
- Typically include knowledge, skills, behavior, personal traits and other attributes
Definition- Nurse Manager

- Nurses at the first-line level of administration
- First-line
- Front-line
- Direct nursing staff at the point of care
- Scope = one-two units
## Literature Review

### Recent Health Administration Competency Models

<table>
<thead>
<tr>
<th>Source(s)</th>
<th>Population/Focus</th>
<th>How Model was Developed</th>
<th>Structure</th>
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<tr>
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<td>300 competencies in 5 clusters</td>
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Literature Review

- **Multitude of literature** (keywords, competency, competency enhancement, nurse manager)

- **Business**

- **Nursing**
  - Nursing Administration Competency (JONA)
  - Clinical Competency (varies)
  - Nursing Organizations (AONE)
Classic

- Author – Katz, 1955
- Performance depends on fundamental skills rather than personality traits
- 3 skill approach
- Concept of skill – as an ability to translate knowledge into action
- Discusses levels of skill acquisition
- Implications for executive development
Katz, 1955

- Technical skill – an understanding of, and proficiency in, a specific kind of activity
- The most concrete skill
- Working with things, tools, techniques
- The skill required by the greatest number of people
- Essential at all levels
Katz, 1955

- Human Skill – the ability to work effectively as a group member and to build cooperative effort within the team he/she leads.
- Working with people
- Vital to everything an administrator does
- Essential at all levels
Conceptual skill – the ability to see the enterprise as a whole

Chester Barnard (former president of New Jersey Bell Telephone Company) –

“The essential aspect of the executive process is the sensing of the organization as a whole and the total situation relevant to it.”

Essential at higher levels
American Organization of Nurse Executives (AONE), 2005

- Started to look at this in 1990s, updated in 2005
- Group consensus
Health Administration

- American College of Medical Practice Executives
- National Center for Healthcare Leadership
- Healthcare Leadership Alliance
- Healthcare Financial Management Association
- Healthcare Information and Management Systems Society
AONE

- Communication and relationship building
- Knowledge of healthcare environment
- Leadership
- Professionalism
- Business skills
Healthcare Leadership Alliance

- Alliance between AONE with other organizations to develop a model

Leadership

- Communication & Relationship Management
- Professionalism
- Knowledge of Health Care Environment
- Business Skills and Principles
Competency Modeling

- Garman & Johnson, 2006 - Validate expert opinion
- Identify key clusters of competencies
- Differentiate Traits
- Cognitive and behavioral descriptions
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Educational Strategies

- Kenner, 2003 – graduate nursing education, distance learning that prepares/educates for the future in efficient manner

- Ziegfeld, 1997 – management development program to address Nurse Manager competency and role development
Practice Competency

- Utley-Smith, 2004 – Cross sectional design survey to identify competencies needed by new baccalaureate graduated in today’s healthcare environment
- Six factors identified
Utley-Smith, 2004

- Health Promotion
- Supervision
- Interpersonal Communication
- Direct Care
- Computer Technology
- Caseload Management
Caring

- McCance, 1999 – caring theories explored in a manner that discusses acquisition of skills
- Comparison of four caring theories
Caring

- Utility in competency framework
  - Defines caring competency in nursing
  - Application for clinical practice
  - Raises issues for education and teaching
  - Puts in framework of “humanistic” nature and behaviors for nurses
Measurements

- Chase (1994) Nurse Manager Competencies
  - Conceptual framework of Katz
  - Investigates what managerial competencies are perceived as important and ranks competencies
  - Instruments – questionnaire
Chase – Results

- Highest rated
  - Effective communication
  - Decision making
  - Conflict resolution
  - Problem solving
  - Counseling strategies
  - Effective staffing strategies
Chase – Results

- Lowest rated
  - Financial resource procurement
  - Clinical skills
  - Case management
  - Teaching/learning theories
  - Research based care practices
  - Research process
  - Nursing theories
Summary – Competency

- Five decades of literature
- Models and frameworks exist
- Recurrent themes exist
- Consensus within national organizations
- Nursing administrative research needed to connect to outcomes
Gaps

- Gaps in definitions - universal agreement does not exist
  - Competencies
  - Nurse Manager

- Exploration of NM competencies over time

- What are considered a measurable outcomes as part of the impact of NM competencies
Research Questions

- What knowledge is needed in order for this to make sense?
  - Which NM Competencies are perceived to be important for effectiveness as a manager?
  - Which NM Competencies distinguish a manager as superior?
  - Is there a correlation of the top NM competencies with outcome indicators for both nursing staff and patients?
Demographic Data

Instructions: Please complete the demographic section by checking the appropriate answer.

Individual data

Which best describes your hospital size?

- [ ] (1) 1-24 beds
- [ ] (2) 25-49 beds
- [ ] (3) 50-99 beds
- [ ] (4) 100-199 beds
- [ ] (5) 200-299 beds
- [ ] (6) 300-399 beds
- [ ] (7) 400-499 beds
- [ ] (8) 500 or more beds

Which best describes your age?

- [ ] (1) Less than 25 years
- [ ] (2) 25-49 years
- [ ] (3) 50-99 years
- [ ] (4) 100-199 years
- [ ] (5) 200-299 years
- [ ] (6) 300-399 years
- [ ] (7) 400-499 years
- [ ] (8) 500 or more years

How long have you practiced as an RN?

- [ ] (1) Less than one year
- [ ] (2) 1 to 2+ years
- [ ] (3) 3 to 4+ years
- [ ] (4) 5 to 9+ years
- [ ] (5) 10 or more years

How long have you been in a management position?

- [ ] (1) Less than one year
- [ ] (2) 1 to 2+ years
- [ ] (3) 3 to 4+ years
- [ ] (4) 5 to 9+ years
- [ ] (5) 10 or more years

Which is your highest level of educational preparation?

- [ ] (1) Associate Degree
- [ ] (2) Diploma
- [ ] (3) Baccalaureate
- [ ] (4) Master's
- [ ] (5) Doctorate

Organizational data

Is your organization currently designated as Magnet? (does not mean on the Magnet journey)

- [ ] (1) Yes
- [ ] (2) No

Do you submit data to NDNQI (National Database for Nursing Quality Indicators)?

- [ ] (1) Yes
- [ ] (2) No

Is your professional nursing staff unionized?

- [ ] (1) Yes
- [ ] (2) No

What would you consider your staffing level on the unit for which you have responsibility?

- [ ] (1) ICU 1:1 or 1:2
- [ ] (2) Stepdown 1:2 or 1:3
- [ ] (3) Emergency Dept 1:1, 1:2 or 1:3
- [ ] (4) Med/Surg 1:6
- [ ] (5) Med/Surg 1:5
- [ ] (6) Med/Surg 1:6
- [ ] (7) Rehab 1:5
- [ ] (8) Other 1:7 or 1:8
June 1, 2008

Dear Nurse Manager,

I am writing to solicit your help with a research study that I am conducting as a PhD student at the University of Iowa. The concept that I am studying is Nurse Manager Competencies and this study will attempt to link skills and competencies with outcomes. I hope I can count on your participation.

Enclosed you will find a questionnaire for you to fill out and return in a postage paid return envelope. The questionnaire will take you 30 minutes to complete. The purpose of the study is to identify important Nurse Manager competencies and link them to patient and staff outcomes. Directions can be found on the questionnaire. I hope you will take the time to participate and am enclosing a small gift as a token of my appreciation.

Thank you in advance for your help with this important study.

If you have any questions regarding this study, please contact:
Linda K. Chase, RN, MA, CNAA
Chief Nursing Officer, The Ohio State Medical Center
University Hospital/Ross Heart Hospital
Linda.chase@osumc.edu
614-366-8584
June 1, 2008

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Please sign this form and return in the postage paid envelope along with the outcome data request form/grid.

Informed Consent

I agree to participate in this study and understand that all responses will be kept confidential and my organization will not be identified.

Magnet Coordinator

Date

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I am enclosing twelve (12) items in this packet for use in the survey:

- 5 coded Nurse Manager questionnaires, with gift and postage paid return envelopes
- 5 coded Nurse Manager Supervisor questionnaires, with gift and postage paid return envelopes
- 1 outcome data sheet for you to use, 1 informed consent form for you to fill out, with gift and postage paid return envelope

**Directions:**

1. Select up to five (5) Nurse Managers in your organization at random to participate in the survey. **Keep track of the units you select using the 1-5 number system.** Hand out the surveys to each Manager, 1-5. The survey will take them less than 30 minutes to complete. Return in postage paid envelope.
2. Coordinate the same process for the supervisors of each individual Nurse Manager (1-5) to complete the survey on the Manager they supervise. The survey will take them less than 30 minutes to complete. Return in postage paid envelope.
3. Complete the outcome data request form for each unit selected (1-5). This data should be pulled from your NDNQI database from the last quarter submitted, Jan-March, 2008. Sign informed consent form. Return the data request form and the informed consent form in postage paid envelope.

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Thank you in advance for your help.
This is an illustration of the existing data format in which data can be extracted

Percent of Surveyed Patients with Pressure Ulcers

<table>
<thead>
<tr>
<th></th>
<th>4Q04</th>
<th>1Q05</th>
<th>2Q05</th>
<th>3Q05</th>
<th>4Q05</th>
<th>1Q05</th>
<th>2Q05</th>
<th>3Q05</th>
<th>Avg</th>
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</thead>
<tbody>
<tr>
<td><strong>Adult Critical Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>MICU</td>
<td>25.32</td>
<td>19.23</td>
<td>23.17</td>
<td>14.29</td>
<td>16.00</td>
<td>25.00</td>
<td>28.00</td>
<td>24.00</td>
<td>22.75</td>
</tr>
<tr>
<td>SICU</td>
<td>8.57</td>
<td>20.05</td>
<td>2.86</td>
<td>9.09</td>
<td>10.53</td>
<td>17.05</td>
<td>10.00</td>
<td>10.26</td>
<td>11.43</td>
</tr>
<tr>
<td><strong>Hospital Adult Critical Care Average</strong></td>
<td>17.44</td>
<td>20.14</td>
<td>16.01</td>
<td>11.69</td>
<td>13.29</td>
<td>22.02</td>
<td>19.00</td>
<td>17.13</td>
<td>17.09</td>
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<tr>
<td><strong>National Comparative Information^ - Bedsize &gt;=500</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Mean</td>
<td>20.32</td>
<td>21.57</td>
<td>20.70</td>
<td>19.74</td>
<td>19.62</td>
<td>21.06</td>
<td>20.28</td>
<td>20.44</td>
<td>20.46</td>
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<tr>
<td>Upper Quartile Cut Point</td>
<td>28.57</td>
<td>31.58</td>
<td>30.00</td>
<td>28.57</td>
<td>28.57</td>
<td>30.00</td>
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<td># of Reporting Units</td>
<td>346</td>
<td>373</td>
<td>362</td>
<td>379</td>
<td>384</td>
<td>397</td>
<td>392</td>
<td>412</td>
<td>381</td>
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Used by all Magnet Organizations