
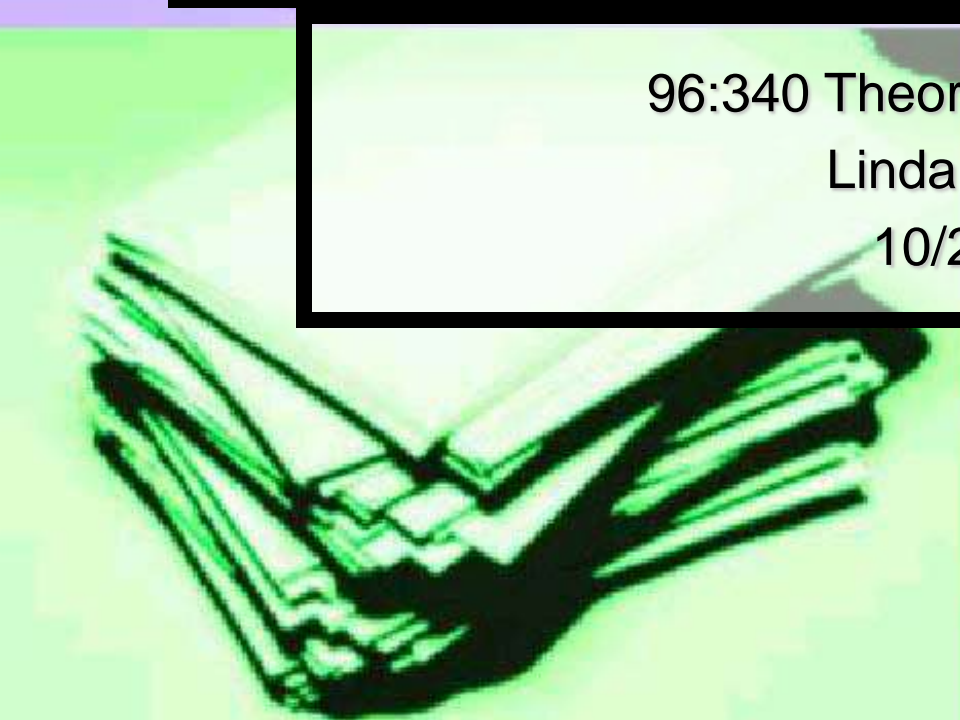




Nurse Manager Competencies



96:340 Theory Construction
Linda Chase
10/23/06



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

Source(s)	Population/Focus	How Model was Developed	Structure
Ross, Wenzel, and Mitlyng (2202)	General (students and health administrators at all levels) / In depth treatment of competencies relevant to health administration	Author experience; review of prior models	24 competencies in 4 clusters
ACMPE (2003)	Medical group management professionals / Develop and disseminate resources to advance the development of the profession	Subject matter expert panel and validation with incumbent sample	5 competency clusters
AUPHA (Hilberman 2004)	Graduate students and early careerists / Support pedagogy enhancement in graduate health administration education	Review of related competency models; consensus of expert panel	35 competencies in 3 clusters
Garman, Tyler and Darnall (2004)	Early, mid-, and senior-level administrators / Identify behavioral competencies that distinguish higher from lower performers	Content validation with subject-matter experts	26 competencies in 7 clusters
NCHL (2004)	General (health administration at all levels) / Develop a benchmark model of core competencies for the profession	Qualitative meta-analytic review of prior competency models; refinement based on practitioner input	26 competencies in 3 clusters
HLA (2005a, 2005b)	General (health administration at all levels) / Develop and disseminate resources for core and specialty competencies in health administration across sub-disciplines	Collaboration of six major health administration professional associations (ACHE, AONE, HFMA, HIMSS, ACPE, MGMA/ACMPE)	300 competencies in 5 clusters
Dye and Garman (2006, in press)	Senior-level executives / Support self-development in areas that differentiate the highest performers from other strong performers	Experiences of senior executive search consultants	16 competencies in 4 clusters



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



Katz, 1955

- 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

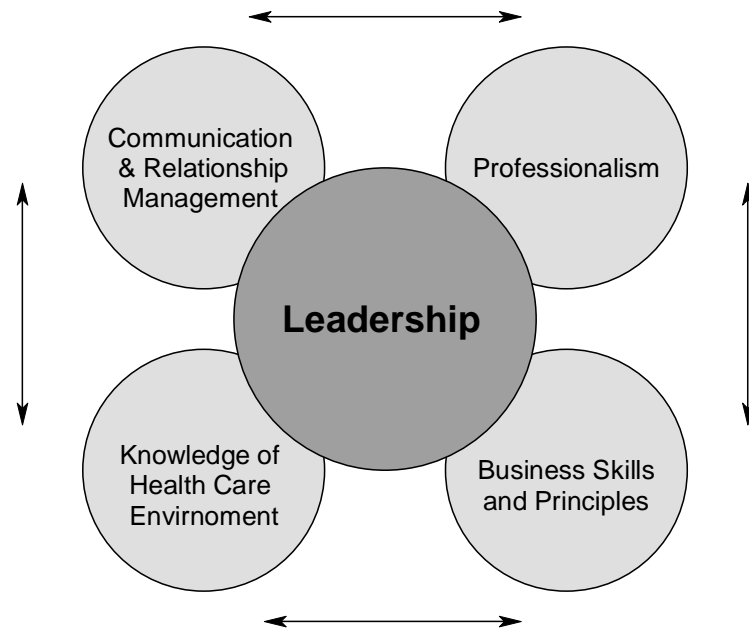


AONE

- 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





Competency Modeling

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

Table 1 (Garman and Johnson, 2006)

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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



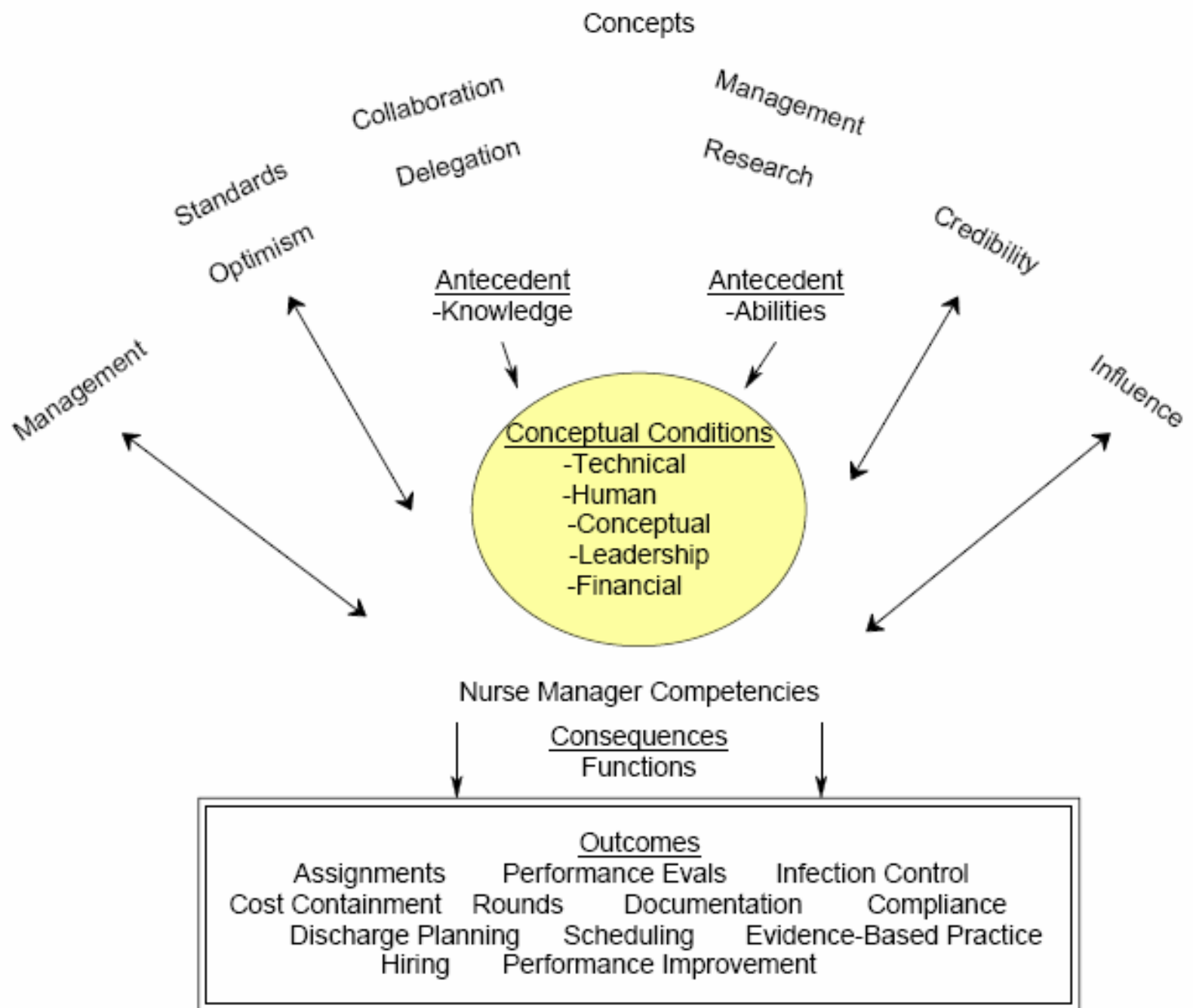
Summary – Competency

- 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 is your highest level of educational preparation?

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

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 best describes your age?

- ☐ (1) Less than 25 years
- ☐ (2) 25-34 years
- ☐ (3) 35-44 years
- ☐ (4) 45-54 years
- ☐ (5) 55 years or over

How long have you been in your current position as a first-line manager?

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

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



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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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- 
- 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.

National Database of Nursing Quality Indicators (NDNQI)

This is an illustration of the existing data format in which data can be extracted									
Percent of Surveyed Patients with Pressure Ulcers									
	4Q04	1Q05	2Q05	3Q05	4Q05	1Q05	2Q05	3Q05	Avg
Adult Critical Care									
MICU	25.32	19.23	23.17	14.29	16.00	25.00	28.00	24.00	22.75
SICU	8.57	20.05	2.86	9.09	10.53	17.05	10.00	10.26	11.43
Hospital Adult Critical Care Average	17.44	20.14	16.01	11.69	13.29	22.02	19.00	17.13	17.09
<u>National Comparative Information^ - Bedsize >=500</u>									
Mean	20.32	21.57	20.70	19.74	19.62	21.06	20.28	20.44	20.46
Upper Quartile Cut Point	28.57	31.58	30.00	28.57	28.57	30.00	30.00	30.00	29.66
Lower Quartile Cut Point	8.57	8.33	9.09	6.67	9.09	9.09	9.09	8.33	8.53
# of Reporting Units	346	373	362	379	384	397	392	412	381

Used by all Magnet Organizations