

Creating Healthy Work Environments 2019

Nurse Managers' Perceptions of Their Work Environments and the Perceived Impact on Nurses and Patients

Caroline Mma Ogashi, MSN, RN, CCRN, CNRN

Houston Methodist St. John, Houston, TX, USA

Purpose of Study

To provide high quality and cost-effective patient care, healthcare organizations will need to retain their nurse managers. Currently, studies show that nurse manager's tenure in office is less than 5 years (Warshawsky & Haven, 2014). This frequent turnover of nurse managers creates an undesirable patient care environment which eventually leads to staff nurse turnover and poor patient outcomes. Nurse managers are often considered middle managers and are the bridges between their unit employees and upper leadership and such important role requires more attention and focus on establishing a HWE that will ensure their optimal functioning (McLarty & McCartney, 2009; Warshawsky & Haven, 2014). The purpose of this study is to develop understanding of nurse managers' perceptions of their practice environments, their roles and responsibilities within that environment, and how they perceive that environment impacts staff nurse functioning and patient outcomes on their units.

Rationale for study

The role expectation of nurse managers has greatly expanded in volume and complexity in the current healthcare environment (Miltner, Jukkala, Dawson, & Patrician, 2015; American Organization of Nurse Executives [AONE], 2015; Shirey, 2006a). This is including but not limited to the number of direct reports and the need to ensure a safer patient care environment (Warshawsky, Lake & Brandford, 2013). Nurse managers are often challenged with increased workloads that may affect both retention and ability of nurse managers to fully implement all required role components such as resource and financial management, quality care, systems thinking, and customer service (Zwink et al., 2013). Warshawsky and Havens (2014) found that 72% of nurse managers studied planned to leave their positions within 5 years with burnout cited as the most common reason for intent to leave. Therefore, the focus of my study was to explore the concept of healthy work environment (HWE) in nursing leadership and to assess the work environment of nurse managers as leaders. Multiple studies of staff nurses' work environments have shown that establishing a healthy and supportive work environment is notably one of the nurse manager's roles and responsibilities (Moore, Leahy, Sublett, & Lanig, 2013; Brunges & Foley-Brinza, 2014; Sherman & Pross, 2010). To ensure that nurse managers can meet that role expectation, it is important therefore, to examine their perceptions of their work environments and their perceptions of how that work environment impacts staff nurses and patient outcomes. This is particularly important because nurse managers need to have assurance that they too have a practice environment that is supported by their leaders and organizations.

Procedure

This pilot study was a hermeneutic phenomenological research design. Using a snow ball sampling method, 5 nurse managers with 24-hours responsibilities of their units with at least 6 months of managerial experience in an acute care hospital setting were enrolled as participants. With an interview guide consisting of 7 questions, data was collected using a one-time in-depth semi-structured audio recorded interviews. Data was analyzed using the Crist and Tanner first 3 stages of the hermeneutic circle method of data analysis.

Results

The following preliminary findings emerged from the pilot study: inadequate resources, increased workload, role flexibility and autonomy, adequate upper leadership support, ineffective personnel management, insufficient training or orientation to role, high impact on unit quality indicators and positive impact on patient outcomes and satisfaction. It is worth noting that these are only preliminary findings as other categories and themes could emerge at the conclusion of the main research study which is currently underway.

Conclusions and implications

The findings from this study could provide new knowledge and evidence on nurse manager's work environment that could be beneficial in not only recruiting and retaining staff nurses but retaining nurse managers in their role as well. The findings may also provide critical knowledge and opportunities that could lead to improving patient safety and quality outcomes for patients. So far, the preliminary findings revealed that nurse managers perceived being overworked with less than adequate resources, are unable to effectively manager employees 24 hours around the clock and are not adequately trained prior to assuming the managerial role. Nursing implications based on this preliminary finding are for nurse executives to stay tuned for the final findings that will emerge at the end of the main study and for them to start thinking of how to better support nurse managers in their role. Secondly, some revisions will be made to the research questions to better capture nurse managers' perceptions of impact on staff nurses and patient outcomes before data collection for the main study.

Title:

Nurse Managers' Perceptions of Their Work Environments and the Perceived Impact on Nurses and Patients

Keywords:

Healthy work environment, Nurse managers' work environment and Nursing management work environment.

References:

American Organization of Nurse Executives (AONE, 2015). *Nurse manager competencies*. Retrieved from <http://www.aone.org/resources/nurse-manager-competencies.pdf>

Brunges, M., & Foley-Brinza, C. (2014). Projects for increasing job satisfaction and creating a healthy work environment. *Association of Operating Room Nurses. AORN Journal*, 100(6), 670-81. <http://dx.doi.org.ezp.twu.edu/10.1016/j.aorn.2014.01.029> Retrieved from <http://ezp.twu.edu/docview/200849137?accountid=7102>

Crist, J. D., & Tanner, C. A. (2003). Interpretation/analysis methods in hermeneutic interpretive phenomenology. *Nursing Research*, 52(3), 202-205. <http://dx.doi/10.1097/00006199-200305000-00011>

McLarty, J., & McCartney, D. (2009). The nurse manager the neglected middle. *Healthcare Management*, 63(8), 74-8, 80. Retrieved from <http://ezp.twu.edu/docview/196360813?accountid=7102>

Miltner, R. S., Jukkala, A., Dawson, M. A., & Patrician, P. A. (2015). Professional development needs of nurse managers. *The Journal of Continuing Education in Nursing*, 46(6), 252- 258. <http://dx.doi.org.ezp.twu.edu/10.3928/00220124-20150518-01>

Moore, L. W., Leahy, C., Sublett, C., & Lanig, H. (2013). Understanding nurse-to-nurse relationships and their impact on work environments. *Medsurg Nursing*, 22(3), 172-9. Retrieved from <http://ezp.twu.edu/docview/1373234977?accountid=7102>

Sherman, R., & Pross, E. (2010). Growing future nurse leaders to build and sustain healthy work environments at the unit level. *Online Journal of Issues in Nursing*, 15(1), 11F,2F,3F,4F,5F,6F,7F,8F,9F,10F,11F,12F. Retrieved from <http://ezp.twu.edu/docview/722127108?accountid=7102>

Shirey, M. R. (2006a). Stress and coping in nurse managers: Two decades of research. *Nursing Economics*, 24(4), 193-203, 211 passim. Retrieved from https://scholar.google.com/scholar_lookup?hl=en-US&publication_year=2006&pages=193-211&issue=4&author=MR+Shirey&title=Stress+and+coping+in+nurse+manager+s%3A+Two+decades+of+research

Warshawsky, N. E., & Havens, D. S. (2014). Nurse manager job satisfaction and intent to leave. *Nursing Economics*, 32(1), 32-9. Retrieved from <http://ezproxy.twu.edu:2048/docview/1508688409?accountid=7102>

Warshawsky, N. E., Lake, S. W., & Brandford, A. (2013). Nurse managers describe their practice environments. *Nursing Administration Quarterly*, 37(4), 317-325 9p. <http://dx.doi.org/10.1097/NAQ.0b013e3182a2f9c3>

Abstract Summary:

This pilot study was a hermeneutic phenomenological research design that utilized snow ball sampling and a one-time in-depth face to face interview method for data collection. Data was analyzed using the Crist and Tanner (2003) stages of the hermeneutic circle.

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Purpose of study

II. Main Body

1. Rationale for study

a. Healthy work environment in nursing leadership

b. Nurse managers' tenure in office

c. Nurse managers' role expectations

2. Procedure

a. Research design

- b. Snow ball sampling method
- c. Interview questions
- d. Data analysis method: Use of hermeneutic circle

3. Results

- a. Inadequate resources
- b. Increased workload
- c. Role flexibility and autonomy
- d. Adequate upper leadership support,
- e. Ineffective personnel management
- f. Insufficient training or orientation to role
- g. High impact on unit quality indicators
- h. Positive impact on patient outcomes and satisfaction.

III. Conclusion

- 1. Discussion of study findings
- 2. Study implications

First Primary Presenting Author

Primary Presenting Author

Caroline Mma Ogashi, MSN, RN, CCRN, CNRN
Houston Methodist St. John
Clinical Nurse Manager
Houston TX
USA

Professional Experience: I am a registered nurse with 26 years of nursing experience. I am currently a clinical nurse manager of a 45-bed medical surgical unit. I have held other nursing leadership roles such as a stroke coordinator, education resource specialist and director of nursing. My interest in this research topic was born out of my personal experiences over the years of seeing first-hand what nurse managers and leaders go through every day in carrying out their responsibilities. My experiences over the years have shown that none of the other leadership roles were as stressful as a nurse manager position. My interest in looking into the nurse managers' practice environment is to assess, gain better understanding and hopefully find ways to improve them.

Author Summary: I have a bachelor's and master's degree in nursing. I am also currently a nursing PhD candidate in the dissertation stage of my study. I have done many presentations in the past and have been a member of many nursing committees during my career that required presentations.