

Title:

Improving Managers' Ability to Manage Relationships

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Session Title:

Leadership Poster Session 2

Slot (superslotted):

LDP PST 2: Monday, 19 September 2016: 7:00 AM-8:00 AM

Slot (superslotted):

LDP PST 2: Monday, 19 September 2016: 9:45 AM-10:15 AM

Slot (superslotted):

LDP PST 2: Monday, 19 September 2016: 12:00 PM-1:30 PM

Slot (superslotted):

LDP PST 2: Monday, 19 September 2016: 3:15 PM-3:45 PM

Purpose:

The purpose of this poster presentation is to communicate the details of a four-hour interactive workshop for nurse managers and the benefits to nursing leadership, their staff, and ultimately their patients.

Keywords:

emotional intelligence, managing relationships and nurse manager

References:

Akerjordet, K. & Severinsson, E. (2008). Emotionally intelligent nurse leadership: a literature review study. *Journal of Nursing Management*. 16, 565-577. doi: 10.1111/j.1365-2834.2008.00893.x
American Organization of Nurse Executives (AONE), (2015). The AONE nurse executive competencies. Retrieved from <http://www.aone.org/resources/PDFs/nec.pdf>
Bormann, L. & Abrahamson, K. (2014). Do staff nurse perceptions of nurse leadership behaviors influence staff nurse job satisfaction? The case of a hospital applying for Magnet Designation™. *The Journal of Nursing Administration*. 44(4), 219-225. doi: 10.1097/NNA.000000000000053
Boynton, B. (2012). Nurse leaders' critical role on and collaboration strategies for creating safe, positive workplace cultures. *Journal of Legal Nurse Consulting*. 23(2), 31-34.
Curtis, E.A., & O'Connell, R. (2011). Essential leadership skills for motivating and developing staff. *Nursing Management*. 18(5), 32-35.
Curtis, E.A., Sheerin, F.K., & deVries, J. (2011). Developing leadership in nursing: the impact of education and training. *British Journal of Nursing*. 20(6), 344-352.
Heuston, M.M. & Wolf, G.A. (2011). Transformational leadership skills of successful nurse managers. *Journal of Nursing Administration*. 41(6), 248-251.
Manager Ready, (2015). Development Dimensions International, Inc. (DDI), Retrieved from: <http://www.ddiworld.com/products/manager-ready>
Schutte, N.S., Malouff, J.M., Hall, L.E., Haggerty, D.J., Cooper, J.T., Golden, C.J. & Dornheim, L. (1998). Development and validation of a measure of emotional intelligence. *Personality and Individual Differences*.

Abstract Summary:

Poster presentation describes the content and effect of a four-hour interactive Managing Relationships workshop for nurse managers. By increasing the managers' emotional intelligence, ultimately, the nursing unit's staff, and patient care outcomes can be positively affected.

Learning Activity:

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| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
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| <p>The learner will be able to explain the project evaluation process for measuring emotional intelligence.</p> | <p>Project evaluation will compare primary data from two groups. The first group consists of those managers consenting to participate in the project. At the beginning of the workshop, they were informed of the project, given an information letter (derived from IRB approval) and consented by completing demographic information, questions eliciting readiness to change, and the 33-item Schutte Self Report Emotional Intelligence (SSREI) (Schutte et al 1998). All managers attending the workshop were sent the same information electronically two to three weeks after the workshop. Results from these two groups will be evaluated and reported.</p> |
| <p>The learner will be able to describe the implications for Nurse Managers and their institutions after attending Managing Relationships workshop training.</p> | <p>Project implications include the integral relationship between managers and their nursing staff. Practicing listening and other skills during the workshop can enhance the manager's ability to strengthen that relationship. In addition, improving relationships can potentially positively affect annual employee satisfaction scores. The workshop will become an expected component of new manager leadership development training.</p> |

Abstract Text:

Effective nursing leadership is vital to the success of individual staff as well as the organization they represent. Nurse managers are often placed in their role due to their excellent clinical skills, without adequate resources, preparation, or support (Curtis & O'Connell, 2011). Leadership skills, specifically managing relationships is not taught in basic nursing training (Curtis, Sheerin, & deVries, 2011). Managing relationships can also be described as emotional intelligence. Having emotional intelligence and managing relationships is a vital competency for a manager, affecting positive outcomes for the hospital, nursing unit, nursing staff, and patients cared for on their unit (Akerjordet & Severinsson, 20011, AONE, 2015). Nursing leadership affects the success of individual staff and the organization they represent.

Nurse Managers, Assistant Nurse Managers, Clinical Operations Managers, and Clinical Coordinators (henceforth called Nurse Managers) in this large Midwestern healthcare system took the Manager Ready® (2015) online competency assessment in 2014 and 2015. Approximately 200 managers were identified with low competency in the area of managing relationships, out of nine competencies in the assessment.

The Doctor of Nursing Practice project consists of an interactive 4 hour leadership development Managing Relationships workshop with intermittent feedback and an audit process. Practicing their reaction and communication during various staff encounters in a safe environment and receiving feedback can increase the manager's awareness of his or her communication strengths and areas for

improvement (Boynton, 2012). Having managers experience and practice what they would do in various situations with staff while supporting emotional intelligence and transformational leadership concepts can strengthen their actions in these situation. The workshop was offered in March 2016.

This 4 hour program introduced topics such as emotional intelligence, listening and responding with empathy, and maintaining or enhancing self-esteem of others. Multiple presentation methods included videos followed by discussion, brief presentations and discussions, role playing, table exercises and report back to the large group with feedback and clarification. For each topic, a brief introduction to the concept and suggested strategies to use in the situation was reviewed. The program participants divided into small groups and work through scenarios and give feedback to each other. These scenarios contained common manager/staff communication opportunities. Major concepts from each small group were presented to the large group with participant feedback and discussion.

The managers left the program with personalized action items to share with their directors. They were asked to document their experiences with staff interactions in a reflective journal and are expected to continue to utilize the tools and interventions provided during the workshop to improve their ability to manage relationships.

The project compared data from two independent groups: Nurse Managers prior to beginning the Managing Relationships Workshop and Nurse Managers two to three weeks after completing the Managing Relationships Workshop. Prior to the start of the workshop, managers consenting to the project completed a demographic questionnaire and a survey tool intended to measure participants' current level of EI. The Schutte Self-Report Emotional Intelligence (SSREI) used in this project was developed by Schutte et al, (1998). The SSREI is a 33-item scale assessing the individual's level of emotional intelligence. All workshop participants were sent an email with a link to complete an anonymous second demographic survey and EI survey instrument two to three weeks after completing the workshop.

An increase in emotional intelligence is anticipated after participation in the Managing Relationships Workshop. The demographic variables in this project are gender, age, years of experience as a registered nurse, years of experience in the manager role, years of experience with the healthcare system as a registered nurse, highest level of nursing education, and highest level of education, non-nursing. All numbers listed by managers will be rounded to the nearest whole number.

Descriptive data analysis for categorical variables will be summarized with the number and percent of subjects in each group. In addition, groups will be compared using a chi-square test, or a Fisher's exact test if the outcome has cells in the RxC contingency table with less than the n=5 expected frequency.

Continuous variables will be summarized with the mean, standard deviation, median, minimum, and maximum valuables. If the outcomes are approximately distributed, a t-test will identify any differences in demographic variables between the groups of managers who participated in the workshop and the group that did not participate in the workshop. To delineate differences between nurse manager groups based on attendance at a manager workshop for managing relationships on managers' scores on the SSREI, a t-test will be conducted. In addition, content identified as requiring additional time during the workshop will be recorded and reviewed for any relationship between both workshops. If the outcomes are markedly non-normally distributed, a non-parametric Wilcoxon rank sum test will be used. The outcome of the data analysis will evaluate the intervention of the manager workshop on managing relationships.

The Managing Relationships Workshop is scheduled for two additional times in 2016 and will become part of the leadership development program for all new managers within the healthcare system. Improving a manager's relationship with his or staff is central to the success of the manager. Implications for nursing and healthcare are the relationship between managers and their nursing staff can positively or negatively affect job satisfaction, retention, and a healthy work environment (Bormann & Abrahamson, 2014; Heuston & Wolf, 2011). One of the most important attributes of a nurse leader is the ability to listen (Garon, 2012; Honkavuo & Lindstrom, 2014). The manager has the ability to create or stifle an

environment of open communication between the manager and staff (Garon, 2012). The expectation for a leader to have an understanding and sympathetic attitude as well as the ability to support nurses during a difficult situation (Honkavuo & Lindstrom, 2014) is vital to nursing staff's perception of support.

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