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A replication study of nurse manager competencies

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A REPLICATION STUDY OF NURSE MANAGER COMPETENCIES

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by

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ABSTRACT

A REPLICATION STUDY OF NURSE MANAGER COMPETENCIES

by Gerald Michael Georgette

The purpose of this study is to replicate a previous study conducted by Chase (1994) which attempted to delineate and identify specific behavioral competencies that are considered important for hospital-based nurse manager effectiveness. This descriptive survey study used a convenience sample of 37 nurse managers.

This sample ranked both knowledge of and ability to implement effective communication, problem solving, and decision making as the most significant skills necessary for nurse managers. Older nurse managers, ages 45 years old or older, ranked knowledge and understanding of technical competencies to be more important. Diploma, associate, and baccalaureate prepared managers as a group ranked human knowledge and financial management knowledge competencies as more important than masters and doctorate prepared managers. Years of experience in a management position, tenure in the current position of a first-line manager, and the type of unit managed had no significant impact on the competency ratings.

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To my sons, Andrew and Jeffrey, I hope this thesis and my master's degree will serve as an inspiration for you to pursue a full and excellent education, and to strive to be the best that you can be. Challenge yourselves to do great things, for in doing so, you will learn more about yourselves and others. Your potentials are endless!

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INTRODUCTION

Problem Area

First-line nurse managers play a critical management role because they greatly influence the success of healthcare organizations (Chase, 1994). In 1990, the American Organization of Nurse Executives (AONE, 1992) conducted a national research study to determine the current and predicted roles and responsibilities of nurse managers. The results of that study, along with contributions from the AONE and AONE Council of Nurse Manager Boards of Directors, served as the basis for formulating guidelines on the evolving role of the nurse manager in healthcare institutions. The AONE concluded that the nurse manager in the healthcare institution is accountable for the management of clinical nursing practice and patient care delivery; the management of human, fiscal, and other resources; the development of personnel; compliance with regulatory and professional standards; strategic planning; and the fostering of interdisciplinary collaborative relationships within a unit(s) or area(s) of responsibility and the institution as a whole (AONE, 1992).

The discrepancies between what functions nurse managers expect and their actual daily managerial practices show that, in the long run, agreement is needed upon the basic

competencies all nurse managers should possess. Collecting and sharing data could help reconcile nurse managers' actual convictions and establish a more balanced sense of priorities on a wider scale. To clarify local administrative expectations, job descriptions should explicitly modify those behavioral competencies in terms of the particular work environment the nurse will manage (Weaver, Byrnes, Dibella, and Hughes, 1991).

The fundamental change in the nature of the healthcare industry that is occurring and the rapid change that will continue to occur complicates the nurse manager's work. The evolutionary environment in which healthcare occurs is a highly dynamic practice market dominated by a prospective payment system, active competition for consumers, and the significant influence of technology. Intelligence, experience, and expert skills are essential within this continuously changing context (Fralic, 1992). A key determinant of success for nurse administrators will be the management of this fundamental and rapid change.

Nursing departments are being restructured, self governance models are being implemented, and the information needed for decision-making is changing radically (Mark, 1994). The administrative scope of nurse managers has increased significantly as a result of the decentralization of healthcare organizations and pressures to contain costs.

A key concern among hospital nurse executives is to

ensure that nurse managers possess the knowledge and skills required to meet their expanding responsibilities and demands. The role of the nurse manager must take on new dimensions to facilitate quality outcomes in patient care and meet other strategic institution goals and objectives. These include fiscal management, communication, team building, management of change, motivation strategies, and diagnoses and solutions of staff problems. For the current nurse manager, effective managerial and leadership skills and an understanding of the implications of emerging healthcare are crucial (Sullivan, Baumgardner, Henninger, and Jones, 1994).

Nurse managers must be prepared for the rapid change and evolution of the healthcare environment. The status quo no longer can be the basis for decision making. Furthermore, a more worldly view is needed in order to predict and prepare for the new problems that will need to be faced tomorrow (Martin, Sullivan, and Decker, 1988).

Learning management skills is the first step for those who are to become nurse managers. Learning to improve those skills, and to keep adding new skills in an unpredictable environment, is the second step. Learning to learn is the only real solution and nurse managers must accept that challenge (Martin, Sullivan and Decker, 1988).

Drucker (1966) addresses managing oneself for effectiveness, and asserts not only that effectiveness can be learned, but it also *has* to be learned. He states that there

is no reason why anyone with normal endowment should not acquire competence in any practice. What is needed in effectiveness is competence.

Purpose

The purpose of this study is to replicate a previous study conducted by Chase (1994) which attempted to delineate and identify specific behavioral competencies that are considered important for hospital-based nurse manager effectiveness. The results of this study will be compared to those obtained by Chase. This study used a convenience sample of 37 nurse managers from a single federal institution, whereas Chase used a representative sample of 300 American Organization of Nurse Executives nurse manager council members. These were randomly selected by AONE. Only one nurse manager per hospital was used. There was no identification whether or not the institutions used in Chase's study were federal or not. Additional interest will be to look at differences that may be due to the studies being conducted several years apart, which may be a reflection of the changing healthcare environment.

The results of the study are relevant for the selection, preparation, and development of effective hospital-based nurse managers (Chase, 1994). This study contributes to the knowledge of the role and functions of the hospital nurse manager.

Research Questions

This descriptive study is designed to derive from nurse managers in a hospital setting the delineation and identification of specific behavioral competencies that they consider important for hospital-based nurse manager effectiveness.

The following questions will be addressed by this study:

1. What managerial competencies are ranked as important for effectiveness as a hospital based first-line manager?

2. Are some managerial competencies ranked as more important than others?

3. Are rankings of managerial competencies related to gender, nurse educational preparation, age, tenure, management experience, or type of unit?

Definition of Terms

The following definitions are used in this study:

1. Nurse manager is a registered nurse holding 24 hour accountability for the management of a unit(s) or area(s) within a healthcare institution. The role of the nurse manager is complex. It primarily focuses on assurance of the provision of effective, high quality patient care, and it encompasses multiple responsibilities, which include: management of clinical nursing practice and patient care delivery; management of human, fiscal, and other resources; development of personnel; compliance with regulatory and professional standards; strategic planning; and fostering of

interdisciplinary, collaborative relationships within a unit(s) or area(s) of responsibility and the institution as a whole (AONE, 1992).

2. Competence is the quality or state of being functionally adequate or of having sufficient knowledge, judgment, skill, or strength (as for a particular duty or in a particular respect) (Grove et al., 1993). Core competence is defined using Katz's (1955) framework of fundamental skills: technical, human, and conceptual.

Summary

Nurse managers play a pivotal role in leading and ensuring the success of today's healthcare organizations. As the healthcare environment changes in response to the demands of consumers and providers, nurse managers must be equipped with the skills and knowledge to respond and meet these challenges.

While the role of the nurse manager is an evolving and dynamic one, assurance of basic competencies is essential for their selection, orientation, and development. This will help narrow the gap of discrepancy between what functions nurse managers expect and are expected of, with that of their actual daily managerial practice. One strategy for delineating and identifying specific behavioral nurse manager competencies is the use of a survey questionnaire in which nurse managers rate the importance of competencies necessary

for effectiveness.

This chapter provided a background to the problem under study, the purpose, and the research questions. The development and assurance of nurse manager competencies are a challenge of nursing leaders. A review of efforts and observations in this respect follows in Chapter 2.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

This chapter will present the conceptual framework used to guide this study, and to place it in the context of management theory. Its concepts will be defined and put into perspective as they relate to this study. The literature will be reviewed and presented in the context of the nurse manager. Emphasis will be placed on those studies that address the conceptual framework.

CONCEPTUAL FRAMEWORK

This study is based on the conceptual framework of Katz (1955, 1974), which asserts that performance of an effective administrator depends on fundamental skills that an individual can accomplish rather than personality traits. He suggested that effective administration rests on three basic developable skills: technical, human, and conceptual, which obviate the need for identifying specific traits and which may provide a useful way of looking at and understanding the administrative process.

Key concepts derived from Katz's work are as follows:

1. Skill implies an ability which can be developed, not necessarily inborn, and which is manifested in performance, not merely in potential.

2. Technical skill implies an understanding of and

proficiency in a specific kind of activity, particularly one involving methods, processes, procedures, or techniques. It involves specialized knowledge, analytical ability within that specialty, and facility in the use of the tools and techniques of the specific discipline.

3. Human skill is the ability to work effectively as a group member and to build cooperative effort within the team being lead. It is primarily concerned with working with people. This skill is demonstrated in the way the individual perceives (and recognizes the perception of) his or her superiors, equals, and subordinates, and in the way he or she behaves subsequently. Katz (1974) later subdivided human skill into: (a) leadership ability within the manager's own unit, and (b) skill in intergroup relationships.

4. Conceptual skill involves the ability to see the enterprise as a whole; it 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 (1974) later questions whether this skill can be learned, or whether it should be viewed as an innate ability.

Chase (1994) identified the need to delineate specific behavioral competencies that increase effectiveness in the nurse manager role. Her study was based on the conceptual

framework of Katz (as cited in Chase, 1994) which focuses on what the individual can accomplish rather than his or her traits or qualities.

Chase's descriptive study of nurse manager competencies was conducted via a mailed questionnaire to a representative sample of 300 American Organization of Nurse Executives nurse manager council members from small, medium, and large-sized hospitals. The participants were asked to rate competencies as they ranked them necessary to accomplish their jobs effectively.

In the first part of the questionnaire, competency groups and statements were derived from the research and theoretical literature. Competency statements related to the delivery or evaluation of nursing care, that required scientific nursing knowledge, or that involved technology were placed in the technical category. Any competency statement that involved dealing with people or in 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. Some competency statements did not fall clearly into these categories. Therefore, two new categories were added: leadership and financial management.

The second part of the questionnaire was composed of demographic questions which addressed extraneous variables that may impact on the ratings. These variables included the

following: bed size in hospital in which the nurse manager is employed, nurse manager age, educational level of the nurse manager, the nurse manager's length of tenure in the nursing profession, the length of time 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.

A pilot study of the instrument was done to establish reliability and validity of the competency statements. After retesting, a Pearson-product-moment correlation analysis was performed on the overall scores (r = .93) and on each categorical section of the survey from the two measures. All of the test/retest Pearson's correlations were greater than .80.

Two hundred-eleven questionnaires were returned for a response rate of 70.3%. The nurse managers in the study were an experienced group of nurses in both clinical and management areas.

The sample reported both knowledge of and ability to carry out effective communication and decision making as the most significant skills necessary for nurse managers. Other competency items that were ranked high by nurse managers were problem solving, counseling strategies, effective staffing strategies, conflict resolution, performance evaluation, team-building strategies, and delegation. The lowest ranked competencies were the ability to implement and/or use the research process, nursing theories, research-based practices,

and case management.

There were demographic differences discovered in this study. Hospital size, age, educational preparation, and tenure of the nurse manager had a significant impact on the ratings ($p \leq .05$). Age impacted the importance ratings of the conceptual, leadership, and financial management categories; it did not have any impact on technical and human competency ratings. The educational preparation of nurse managers affected several competency categories. Diploma-prepared nurse managers consistently ranked technical knowledge and ability ($p \leq .02$), human knowledge ($p \leq .05$), conceptual knowledge and ability ($p \leq .003$) as more important than the other groups.

Management experience impacted technical, human, and leadership competency categories. A trend was noted among managers with less overall management experience in regard to ranking of technical ($p \leq .02$), human ($p \leq .002$), and leadership abilities ($p \leq .017$). 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 the other groups.

Length of time in the manager's current position impacted ratings of conceptual knowledge and ability ($p \leq .005$), leadership ability ($p \leq .018$), and financial management knowledge and ability ($p \leq .001$). These

competencies were ranked as less important by managers with less position experience.

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. Chase discusses the findings of this study and presents implications for nurse manager selection, preparation, performance appraisal, and future research.

Dunne, Ehrlich, and Mitchell (1988) used Katz's model as a systematic, consistent approach to the development of nurse managers that would assist them in meeting role responsibilities. The authors describe a management development program for middle level nurse managers, present an orientation curriculum plan, and illustrate a framework for advanced management enhancements. They used Katz's three skill levels to serve as the basis of the four concepts in their Management Development Model.

The concept of Management Strategies and Resource Management encompass what Katz would categorize as technical skills. Basic leadership skills provide a foundation for development of a broad management practice. Management of resources is critical to the economic well-being of the healthcare organization.

People Management was identified as the third concept in this model. This supports Katz's contention that human skills practiced by a manager can create an open and secure work environment.

Professional Network Development was the concept chosen to reflect professional and organizational integration of the role. Katz advocates that viewing the organization as a whole and recognizing interdepartmental relationships reflects a high degree of administrative skill.

In summary, Katz's theory has recently been applied to nursing management, and the effects have been documented. The assessment and development of skills or competencies deemed important for the nurse manager is an effective strategy for assuring their success. These competencies can be used for nurse manager selection, preparation, and performance appraisal.

Literature Review

The nursing research has described the nurse manager from a wide variety of areas and perspectives. In examining the role of the nurse manager, this will be discussed in terms of characteristics, responsibilities, experiences, interpretations and perceptions, requirements, and preparation.

Several studies have profiled the nurse manager with a focus on the characteristics and responsibilities of these individuals. Tumulty (1992) and Sheedy (1993) studied head

nurse role redesign. Tumulty conducted a correlational study to develop and test a model for the use in role design of the head nurse in order to provide greater job satisfaction and improved outcomes for patients, nurses, and the organization. As predicted, significant relationships were found between role characteristics and job satisfaction, between job satisfaction and unit outcomes, and between role characteristics and unit outcomes. The author postulates that changes in the head nurse role could improve job satisfaction, which could then lead to improved performance in terms of RN retention, patient satisfaction, and quality of care.

Sheedy (1993) describes the experiences of two different institutions in overloading the head nurses with reporting relationships that they were ill-equipped to supervise. She concluded that the head nurse role must be reviewed and revamped at the same time patient care delivery is being redesigned. The solution emphasized the need for interactive planning for these complex and interdependent models of redesign.

Westmoreland (1993) conducted an interpretive study to shed light on what hospital nurse managers experience and interpret as meaningful in the performance of their roles. Sources of data included field notes and semi-structured interviews. Three major role perspectives and themes that make up the nurse manager identity in the work situation were

identified. These include: "nurse self", in which patient care is described as a self-affirming experience; "nurse manager self", an experience of stress and perception of differentiation from staff and administrators; and "career self", a matter of personal growth and satisfaction over time rather than a series of upwardly mobile positions. A pattern of connection and relationship was revealed in this study, with a challenge to examine the implicit and explicit models used to understand and evaluate the development of nurse managers.

Sovie (1994) discussed the roles, responsibilities, educational preparation, and experience requirements of the nurse manager. The nurse manager is described as a central partner in the business of the hospital, with the focus on the delivery of high-quality care resulting in desired clinical outcomes at controlled costs. These outcomes require a partnership for patient care, which dictates forging collaborative and team relationships within nursing and with other disciplines and departments.

Lufkin, Herrick, Newman, Hass, and Berninger (1992) studied the relationship between job satisfaction and various aspects of the head nurse role. This study focused on role satisfaction relative to the time spent in various aspects of the role, and confirmed that head nurses were involved with so many roles that it was difficult for them to meet all the expectations of them. Significant findings were that head

nurses reported high satisfaction when not working as charge nurse, and dissatisfaction with secretarial activities and those related to equipment and environment. Information generated by the study served as a basis for professional role and values clarification. Head nurses and administrators identified major areas where change was needed: charge nurse replacement time, goal setting by head nurses, and interactions by head nurses in other departments.

Much of the nursing research that describes first-line manager activities are from the perspectives of administrators and managers. Corser (1995) examined the nurse manager role through the view of different staff groups in order to more effectively meet staff expectations. This study's major findings were that wide variances occurred in staff responses to manager activities. There was a general lack of preferences between part and full-time nurses, or those working different shifts. These variations in survey responses stress this position's inherent role conflict and confusion.

Weaver, Byrnes, Dibella, and Hughes (1991) address the findings that the roles organizations envision for first-line managers do not necessarily match either their performance capabilities or their reported inclinations and priorities. This incongruence may be a major source of inefficiencies in current nursing departments. For both supervisors and subordinates, significant role ambiguity makes attitudes,

habits, and priorities less reliable and predictable. Consistent managerial practice would prevent expensive miscommunications, error rates, and waste of time. First-line managers who kept specific, well-rehearsed competencies at the state-of-the art would be less resistant to the inevitable changes new circumstances bring.

Goodemote (1995) described his institution's transition from traditional management to patient-focused leadership, and the challenge for nurse managers to re-examine the usefulness of many traditional management skills. Their managers now maintain responsibility for managing multiple services, self-directed teams, and redeployed services. The observed keys to success for managers include staff education, modeling coaching behaviors, staff empowerment, self-directed work teams, and a willingness to give up traditional responsibilities. Goodemote concluded that coaching and leading an empowered staff were demonstrated to be a powerful and effective structure for organizations that must develop a more responsive and highly productive workforce.

Dubnicki and Sloan (1991) conducted a pilot study to explore what characteristics are most typically demonstrated by outstanding nurse managers. Nurse managers were interviewed and their nursing directors completed a questionnaire. The nine competencies that appear related to nurse manager success were categorized into five groups:

achievement (getting the job done), management (working through others), interpersonal relationships (working with others), problem solving (thinking through issues), and personal performance (managing oneself). Five of the top ten competencies derived from the nursing director's questionnaire responses matched competencies in the model derived from the nurse manager interviews. These were: achievement orientation, interpersonal sensitivity, group management, initiative, and analytical thinking

The authors implicate that competencies necessary for an optimal management style can and should be customized to the specific business environment and hospital in which it will be needed. They conclude that competency models are not only useful aides in job selection but have many human resources applications, including staff retention, motivation, development, and training.

Sullivan, Baumgardner, Henninger, and Jones (1994) used a similar nurse manager educational needs assessment completed by nurse managers and nurse executives. Their top priority development needs for nurse managers were motivating others, managing change, creating a unit culture, managing performance, developing their leadership, creating a vision, mentoring and coaching staff, and creating development plans with staff members. Their institution's model design and curriculum framework was based in part by the work of Katz. The intent was to provide nurse managers with the leadership

knowledge and skills they needed to meet current and future role changes.

Summary

Katz's (1955) view of effective administration dependent on technical, human, and conceptual skills provides the conceptual framework for this study. A recurring theme in the nursing literature is that the role of the nurse manager is both a dynamic one, and one that must meet the specific needs of each institution. The dynamics are driven by changes in the healthcare environment; these can be internal or external. As institutions adapt to meet the challenges placed on them, they must develop and implement unique competencies and skills in management and leadership.

Because of the vital and pivotal position of the nurse manager, the success of an organization is driven by the ability of the nurse manager to meet its challenges. The successes that have been published in the literature can be modeled by other organizations. Assurance of nurse manager competencies begins with an initial assessment of the needs of the organization, followed by implementing a development program, and finally evaluation and refinement.

The purpose of this study is to conduct the initial assessment of nurse managers with the intent of identifying the core competencies of this unique group. The findings from this study will be used to guide the process of implementing a development program for first-line

supervisors. Implications for evaluating and refining this development will also be discussed.

Chapter 3

METHODOLOGY

Design

The design of this study was a descriptive survey. According to LoBiondo-Wood and Haber (1994), descriptive survey studies collect detailed descriptions of existing variables and use the data to justify and assess current conditions and practices or to make more intelligent plans for improving healthcare practices. Investigators use this design to search for accurate information about the characteristics of particular subjects, groups, institutions, or situations or about the frequency of a phenomenon's occurrence. Investigators attempt to relate one variable to another; they do not attempt to determine causation.

Subjects and Setting

This descriptive study replicates Chase's 1994 study on nurse manager competencies. This research measures the same variables in a different setting with new subjects.

The study sample was composed of 37 nurse managers from medical, surgical, critical care, psychiatric, and rehabilitation units employed at a federal teaching hospital with 1200 beds in the San Francisco Bay Area. The nurse managers are responsible for administration and evaluation of nursing care, program implementation, personnel management, and overall operations for their assigned units.

Demographic data included in this study include: gender, age, highest level of educational preparation, years practiced as a registered nurse, years practiced in a management position, and years employed in their current position. The managers were also asked to best describe their units.

Human Subjects Approval

It should be noted that the investigator is employed at the study setting. After receiving permission to replicate the 1994 study by Chase and to use the questionnaire (see Appendix A), obtaining Human Subjects approval from both San Jose State University (see Appendix B) and the hospital (see Appendix C), and requesting permission to distribute questionnaires from the hospital's Chief of Nursing Service (see Appendix D), the participants were recruited at nurse manager meetings.

Scope and Limitations

Some of the limitations of this study include the governmental designation of the hospital, that the study was conducted in a single setting, and a small nonrandom sample size. It should be noted that the investigator is employed in the hospital and has previously held a position as a nurse manager. While efforts will be made to protect the confidentiality of participants, it is possible that his employment within the facility will either limit the number of participants or contribute to bias of the responses.

Data Collection

The questionnaires (see Appendix E) were distributed at five nurse manager meetings to 40 nurse managers. A cover letter and consent form were attached to the questionnaire to explain the study and assure confidentiality of those surveyed (see Appendix F). Ample time and opportunity were allotted to answer questions. The participants were asked to complete the questionnaires during the meetings and return them to the investigator. Nurse managers who were not present at the meetings were contacted and given the same explanation by the investigator. Data were stored under lock and key.

Three kinds of information were gathered from this convenience sample of nurse managers from a large federal tertiary care medical center in Northern California: background characteristics (demographics), ranking of managerial competencies deemed important for effectiveness as a hospital first-line nurse manager, and ranking of managerial competencies having more importance than others.

The Instrument

The selected measurement tool was developed by and used in the 1994 study by Chase. The first part of the questionnaire consisted of demographic questions. The purpose of these questions was to address the extraneous variables that may have an impact on the ratings. These variables included: nurse manager age, educational 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 his/her current position. The demographic section was revised to eliminate hospital bed size and add type of unit.

In the second part of the questionnaire, competency groups and statements were derived from the research and theoretical literature. The five categories of competencies were grouped as: technical, human, conceptual, leadership, and economic. 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. The competency ratings assigned to each item were totaled and the means and standard deviations were calculated.

A test/retest pilot study of the instrument was conducted to establish reliability and validity of the competency statements (Chase, 1994). A Pearsons's product-moment correlational analysis was performed on the overall scores (r =.93) and on each categorical section of the survey from the two measures. All the test/retest Pearson's correlations were greater than .80.

Analysis Procedures

Descriptive statistical procedures were used to compute frequencies, percentages, means, standard deviations, and rank for demographic and study variables. Correlational

statistical procedures were used to analyze the relationships between background variables and the competency statement ratings. Analysis and interpretation of the data follow in Chapter 4.

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

This was a descriptive study to delineate and identify specific behavioral competencies that are considered important for hospital-based nurse manager effectiveness. Five clinical areas of a large government hospital in the San Francisco Bay Area of Northern California were selected. These areas were medical-surgical, critical care, rehabilitation, psychiatric, and longterm care. A convenience sample of 37 nurse managers participated in the study.

Demographic Data

Thirty-seven nurse managers participated in the study out of 40 managers contacted for a response rate of 93 percent. Table 1 depicts the demographic data. Data regarding the gender of the respondents revealed that the majority were female (89%). The age range was 25 to 55 and older years of age; the majority were ages 35 to 54 years old. The participants' educational background included 2 who reported that their highest educational degree was a diploma in nursing, 2 with associate degrees, 12 had baccalaureate degrees, 17 with masters degrees, and 2 with doctorate degrees. Ninety-seven percent (97%) of respondents had practiced as a registered nurse for ten or more years. Thirty percent had been in a management position 10 or more

Table 1

Demographic Data (N = 37)

Variable	Value	Frequency	Percent
Gender	Female	33	89.2
	Male	4	10.8
Age	25-34	2	5.4
	35-44	12	32.4
	45-54	16	43.2
	55 and over	7	18.9
Highest level of education	Diploma	2	5.4
	Associate	2	5.4
	Baccalaureate	12	32.4
	Masters	19	51.4
	Doctorate	2	5.4
Years practiced as an RN	5-9	1	2.7
	10 or more	36	97.3
Years in a management position	Less than 1	5	13.5
	1-2	4	10.8
	3-4	6	16.2
	5-9	11	29.7
	10 or more	11	29.7
Years in current management position	Less than 1	7	18.9
	1-2	6	16.2
	3-4	6	16.2
	5-9	13	35.1
	10 or more	5	13.5
Type of unit	Medical	1	2.7
	Surgical	2	5.4
	Critical care	3	8.1
	Psychiatric	16	43.2
	Rehabilitation	5	13.5
	Gero-psych	2	5.4
	Long term care	3	8.1
	Outpatient	5	13.5

years and 60% had been in a management position for more than 5 years. Forty-nine percent (49%) of the respondents had been in their current nurse manager position for more than five years. Thus, the nurse managers in the study were an experienced group of nurses in both clinical and management areas. These demographics were similar to those found by Chase (1994).

In this study, a description of the type of unit was added to Chase's instrument. Of the 37 respondents, 1 (3%) managed a medical unit, 2 (8%) managed a surgical unit, 3 (8%) managed a critical care unit, 16 (43%) managed a psychiatric unit, 5 (14%) managed a rehabilitation unit, 2(8%) managed a geriatric-psychiatric unit, 3 (8%) managed a long term care unit, and 5 (14%) managed an outpatient unit. To create near-equal size groups for the purpose of correlational statistics, the geriatric-psychiatric data were added to the psychiatric data to yield a new "psychiatric group" of 18 (49%). The other units were added to yield a "non-psychiatric group" of 19 (51%).

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 manager competence. The competency ratings assigned to each item were totaled and the means and standard deviations were calculated (Table 2). The range of responses and the rank of competencies by category were also presented.

There were a total of 106 competencies (53 competency statements rated on two scales). Eighty-nine of them had mean ratings greater than 3.0, which was defined as contributing significantly for nurse manager competence. Only 17 competencies had a mean rating less than 3.0, which was considered contributing moderately to effectiveness for nurse manager competence. Chase (1994) reported 96 competency statements having mean ratings greater than 3.0 in her study. 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 2.4 to 4.0.

The participants in this study ranked both knowledge of and ability to carry out effective communication, item #12 of the questionnaire, problem solving, item #38, and decision making, item #33, as the highest ranked skills necessary for nurse managers. Chase (1994) reported similar findings. Other competency items that were ranked high by nurse managers in both categories were conflict resolution, item #37, effective staffing strategies, item #13, effective

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	37	2-4	3.73	0.51	11	36	2-4	3.69	0.52	8
2 Care delivery systems	37	1-4	3.41	0.69	34	36	1-4	3.36	0.87	33
3 Care planning	37	1-4	3.41	0.86	33	36	1-4	3.39	0.87	31
4 Clinical skills	37	2-4	3.49	0.56	28	36	2-4	3.42	0.60	25
5 Classification systems	37	1-4	3.05	0.91	46	36	1-4	2.78	0.96	46
6 Infection control practices	37	2-4	3.54	0.61	25	35	2-4	3.40	0.69	30
7 Research-based practices	37	2-4	3.11	0.70	45	36	1-4	3.11	0.78	39
8 New technology	36	2-4	3.19	0.62	43	35	2-4	3.09	0.74	40
9 Case management	37	1-4	3.24	0.80	41	36	1-4	3.08	0.81	41
10 Information systems	37	2-4	3.43	0.69	31	36	1-4	3.31	0.82	34
11 Regulatory agency standards	37	2-4	3.30	0.70	37	36	2-4	3.31	0.71	35
Human										
12 Effective communication	37	3-4	3.97	0.16	1	36	3-4	3.92	0.28	1
13 Effective staffing strategies	37	2-4	3.78	0.53	8	36	2-4	3.75	0.55	4
14 Recruitment strategies	37	1-4	3.11	0.91	44	36	1-4	3.08	0.87	42
15 Retention strategies	37	2-4	3.62	0.64	22	36	2-4	3.56	0.69	16
16 Effective discipline	37	3-4	3.78	0.42	7	36	3-4	3.75	0.44	5
17 Counseling strategies	37	2-4	3.81	0.52	5	36	2-4	3.75	0.55	6
18 Performance evaluation	37	2-4	3.70	0.52	13	36	2-4	3.75	0.50	7
19 Staff development strategies	37	2-4	3.62	0.55	21	35	2-4	3.54	0.61	20
20 Group process	37	1-4	3.46	0.69	30	36	1-4	3.39	0.73	32
21 Interviewing techniques	37	2-4	3.41	0.72	32	36	2-4	3.42	0.65	26
22 Team-building strategies	37	2-4	3.76	0.49	10	36	2-4	3.67	0.59	9
23 Humor	37	2-4	3.57	0.55	24	36	2-4	3.56	0.65	17
24 Optimism	37	2-4	3.68	0.53	17	36	2-4	3.64	0.54	11

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
Conceptual										
25 Nursing theories	37	1-4	2.73	0.90	50	36	1-4	2.61	0.90	48
26 Administrative theories	37	2-4	3.24	0.76	40	36	2-4	3.19	0.79	36
27 Strategic planning	37	3-4	3.51	0.51	27	36	2-4	3.44	0.56	23
28 Ethical principles	37	2-4	3.68	0.58	16	36	2-4	3.61	0.60	13
29 Teaching/learning theories	37	2-4	3.24	0.68	39	36	2-4	3.17	0.70	37
30 Political process	37	1-4	3.19	0.91	42	36	1-4	3.06	0.89	43
31 TQM processes	37	1-4	3.30	0.85	36	36	1-4	3.14	0.80	38
32 Legal issues	37	2-4	3.68	0.63	15	36	2-4	3.50	0.77	21
Leadership										
33 Decision making	37	3-4	3.95	0.23	3	36	2-4	3.86	0.42	2
34 Power and empowerment	37	2-4	3.62	0.55	20	36	2-4	3.50	0.65	22
35 Delegation	37	2-4	3.78	0.48	6	36	2-4	3.61	0.60	14
36 Change process	37	2-4	3.68	0.58	14	36	2-4	3.56	0.61	18
37 Conflict resolution	37	3-4	3.84	0.37	4	36	3-4	3.67	0.48	10
38 Problem solving	37	3-4	3.95	0.23	2	36	3-4	3.86	0.35	3
39 Stress management	37	2-4	3.62	0.55	19	36	2-4	3.42	0.60	27
40 Research process	37	1-4	2.78	0.89	49	36	1-4	2.58	0.91	49
41 Motivation strategies	37	2-4	3.57	0.55	23	36	2-4	3.42	0.69	28
42 Organization of unit work	36	2-4	3.72	0.51	12	35	1-4	3.60	0.69	15
43 Policies and procedures	37	2-4	3.51	0.61	26	36	2-4	3.42	0.65	29
44 Staff education	37	2-4	3.46	0.56	29	36	2-4	3.44	0.61	24
45 Time management	37	2-4	3.76	0.49	9	36	1-4	3.64	0.64	12
46 Interdisciplinary coordination	37	2-4	3.65	0.54	18	36	2-4	3.56	0.65	19

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
Financial management										
47 Cost containment	37	2-4	3.30	0.70	35	36	1-4	2.86	0.87	45
48 Productivity measures	37	2-4	3.24	0.68	38	36	1-4	2.92	0.84	44
49 Budget forecasting	37	1-4	2.78	1.03	48	36	1-4	2.56	1.00	50
50 Cost benefit analysis	37	1-4	2.68	1.03	52	36	1-4	2.50	1.03	51
51 Unit budget control measures	37	1-4	2.86	1.03	47	36	1-4	2.64	1.07	47
52 Financial resource procurement	37	1-4	2.59	0.93	53	36	1-4	2.44	1.10	53
53 Financial resource monitoring	37	1-4	2.70	0.97	51	36	1-4	2.47	1.10	52

discipline, item #16, counseling strategies, item #17, and team-building strategies, item #22. Knowledge of delegation, item, #35, and time management, item #45, and ability to implement constructive performance evaluation, item #18, and nursing practice standards, item #1, also were ranked as important competencies. These competencies were from the human and leadership categories of the questionnaire, except for nursing practice standards, item #1, which was in the technical section. All the 10 highest ranked competencies in Chase's study were in the human and leadership categories. Tables 3 and 4 list the top 10 highest ranked competency items.

Table 3

Highest Knowledge and Understanding Competency Ratings (N = 37)

Competency Items	Mean Rating	Frequency of "4" Ratings	Percent
Effective communication	3.97	36	97.3
Problem solving	3.95	35	94.6
Decision making	3.95	35	94.6
Conflict resolution	3.84	31	83.8
Counseling strategies	3.81	32	86.5
Delegation	3.78	30	81.1
Effective discipline	3.78	29	78.4
Effective staffing strategies	3.78	31	83.8
Time management	3.76	29	78.4
Team-building strategies	3.76	29	78.4

Table 4

Highest Ability to Implement or Use Competency Ratings (N = 36)

Competency Items	Mean Rating	Frequency of "4" Ratings	Percent
Effective communication	3.92	33	89.2
Decision making	3.86	32	88.9
Problem solving	3.86	31	86.1
Effective staffing strategies	3.75	29	80.6
Effective discipline	3.75	27	75.0
Counseling strategies	3.75	29	80.6
Performance evaluation	3.75	28	77.8
Practice standards	3.69	26	72.2
Team-building strategies	3.67	26	72.2
Conflict resolution	3.67	24	66.7

The lowest ranked competencies in both studies were primarily from the financial management category of the questionnaire. Financial resource procurement, item #52, ranked lowest. The other competencies that ranked lowest and had a mean rating less than 3, which was defined as contributing significantly for nurse manager competence, were: cost benefit analysis, item #50, financial resource monitoring, item #53, budget forecasting, item #49, unit budget control measures, item #51, nursing theories, item #25, and research process, item #40. These last two competencies were from the conceptual and leadership categories, respectively. Tables 5 and 6 illustrate the lowest ranked competencies.

Table 5

Lowest Knowledge and Understanding Competency Ratings (N = 37)

Competency Items	Mean Rating	Frequency of "4" Ratings	Percent
Research-based practices	3.11	11	29.7
Recruitment strategies	3.11	14	37.8
Classification systems	3.05	13	35.1
Unit budget control measures	2.86	12	32.4
Research process	2.78	9	24.3
Budget forecasting	2.78	11	29.7
Nursing theories	2.73	7	18.9
Financial resource monitoring	2.70	8	21.6
Cost benefit analysis	2.68	9	24.3
Financial resource procurement	2.59	6	16.2

Table 6

Lowest Ability to Implement or Use Competency Ratings (N = 36)

Competency Items	Mean Rating	Frequency of "4" Ratings	Percent
Productivity measures	2.92	10	27.8
Cost containment	2.86	9	25.0
Classification systems	2.78	8	21.6
Unit budget control measures	2.64	9	25.0
Nursing theories	2.61	5	13.9
Research process	2.58	6	16.7
Budget forecasting	2.56	7	19.4
Cost benefit analysis	2.50	7	19.4
Financial resource monitoring	2.47	6	16.7
Financial resource procurement	2.44	6	16.7

An analysis of frequency ratings of each competency statement was performed to identify which items received the most and least "4" ratings. This was done to identify the frequency with which competencies were ranked 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. The lowest ranked competencies received a low frequency of "4" ratings. A listing of competency items with its frequency of "4" ratings and its percentage are reported in Tables 3, 4, 5, and 6. The range of responses was 35 to 37 per item.

The mean rating of each competency category was calculated to allow comparison and ranking. The sample ranked knowledge and understanding of human competencies was the highest rated category with mean rating of 3.64. The lowest rated competency category was the ability to implement and/or use financial competencies with a mean rating of 2.63. The mean and standard deviation of each category are listed in Table 7.

Table 7

Competency Category Ratings

Category	N	Mean	SD
Human knowledge and understanding	37	3.64	0.37
Leadership knowledge and understanding	36	3.63	0.33
Human ability to implement	35	3.59	0.39
Leadership ability to implement	35	3.52	0.40
Technical knowledge and understanding	36	3.34	0.32
Conceptual knowledge and understanding	37	3.32	0.51
Technical ability to implement	35	3.27	0.31
Conceptual ability to implement	36	3.22	0.49
Financial knowledge and understanding	37	2.88	0.80
Financial ability to implement	36	2.63	0.86

Demographic Variable Differences

Independent sample t-tests were computed to determine if there was statistical difference between the mean score for

each demographic variable in both knowledge of and ability to implement or use categories. Sample sizes within each variable were compressed to two levels to allow statistical analysis. The study sample consisted of 97% managers who had ten or more years experience as a registered nurse. This large percentage did not allow for compression of data and statistical computation.

Several differences in findings emerged when the responses were compared demographically. Age and educational preparation had a significant impact on the competency ratings ($p \leq .05$). Years of experience in a management position, tenure in the current position of a first-line manager, and the type of unit managed had no significant impact on the competency ratings.

Age impacted the importance rating of the technical category. Older nurse managers, ages 45 years old or older, ranked knowledge and understanding of technical competencies to be more important ($p = .003$, df 33).

The educational preparation of nurse managers affected several competency categories. Diploma, associate, and baccalaureate prepared managers as a group ranked human knowledge ($p = .045$, df 35) and financial management knowledge ($p = .006$, df 35) competencies as more important than masters and doctorate prepared managers.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to replicate a previous study conducted by Chase (1994) which attempted to delineate and identify specific behavioral competencies that are considered important for hospital-based nurse manager effectiveness. The results of this study were compared to those obtained by Chase. Little research has been conducted to discover the perceptions of competencies deemed important for nurse manager effectiveness. The instrument used by Chase has not examined the demographic variable of type of unit managed (L. Chase, personal communication, January, 1997).

Summary

Using Chase's competency rating questionnaire, the investigator obtained and analyzed information about competencies as ranked by nurse managers. In addition, nurse managers participating in this study were given the opportunity to write in additional competencies that they felt necessary for nurse manager effectiveness that were not listed on the questionnaire. They also provided written general comments on the subject of competency.

Conclusions

Analysis of demographic data revealed that the nurse managers in this study were predominately female. More than

half were ages 45 years old or older. They were well-educated, more than half held advanced degrees: masters and doctorate. They were an experienced group of nurses in both clinical and management areas. The demographic profile of the nurse managers in this study closely resembles that found in Chase's study: female, mature in age, well-educated, and clinically and managerially experienced.

The results of the competency ratings in this study were similar to those found in Chase's. Nurse managers in both studies ranked a large number of competencies (89 in present study, 96 in Chase's) with a mean rating greater than 3.0, which was defined as contributing significantly for nurse manager competence. The samples in both studies ranked effective communication, problem solving, and decision making as the most significant skills necessary for nurse managers. The highest ranked competencies in both studies were predominately from the human and leadership categories. The means of each category were analyzed and revealed the highest rated category to be ranked knowledge and understanding of human competencies. The financial management category yielded primarily the lowest ranked competencies.

Age impacted the importance ratings of the technical category in this study, in Chase's study, it did not. Interpretation of this phenomenon is difficult, because age itself does not take into account differences caused by tenure and education. It is possible that older nurse

managers recognized technical competencies as more important because it was emphasized to them early in their roles. It could also be possible that knowledge and understanding of technical competencies are viewed a challenge by older nurse managers, resulting in a higher rating. Younger nurse managers may have been more recently exposed to newer technical competencies in their education.

Nurse managers with advanced degrees, masters and doctorate, ranked knowledge and understanding of human and financial management less important than those with diploma, associate and baccalaureate degrees. This can be explained by the emphasis that diploma and associate education traditionally have had toward clinical skills. The managers without advanced degrees may be less prepared in human and financial skills, and therefore, these skills are more challenging to them. There must be a realization that nurse managers' perceptions and needs for education and support are impacted by these factors (Chase, 1994).

The larger sample size in Chase's study (N = 211) allowed more detailed statistical analysis, especially within competency categories. The similarities in competency rankings in both studies support the reliability of the questionnaire instrument. A large number of competencies were identified in this study as contributing significantly to effectiveness of first-line nurse managers. Use of this instrument can be a valuable means to assess the selection,

educational preparation, orientation, ongoing development, and performance appraisal of nurse managers.

The respondents in this study shared their rankings of other competencies believed important for first-line-manager competence. These appear to be in the domain of the human and leadership categories, and may be more specific than the competencies of effective communication, conflict resolution, stress management, retention strategies, group process, and interdisciplinary care coordination.

Out of 7 participants who wrote in additional comments on the subject of nurse manager competence, 4 participants responded on the subject of financial management and cost containment. They mentioned nurse managers in their institution have little involvement with financial management. One respondent stated, "I would love to see (nursing schools) offer more on these topics, in particular financial management in masters' programs." Another respondent felt nurse managers in the private sector would be more involved with financial management

Recommendations

The following recommendations are made, based on the results of this descriptive study:

1. Selection process of nurse managers can be based on the successful demonstration of the highly rated behavioral competencies. The sample ranked human and leadership

competencies as the most important for effectiveness in the nurse manager role. Effective communication, problem solving, and decision making were identified as the most significant skills necessary for nurse managers. Other competency items ranked high by nurse managers were conflict resolution, effective staffing strategies, effective discipline, and counseling strategies.

2. 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 the study. 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 (Chase, 1994).

3. Nurse managers must be provided with continuing education and ongoing development to maintain and keep pace with the large number of competencies needed for the job. This can be accomplished with management classes and workshops to allow for practice and improvement of communication, decision making, and problem solving.

4. Preceptors must be assigned to assist new managers in

developing their role. An orientation skills checklist can be developed from the identified competencies. Competency-based orientation can be utilized to assure that all skill levels have been assessed and documented. Mentors can serve as role models for important learning skills.

5. The performance appraisal of nurse managers should be based on the demonstration of important behavior competencies that have been identified. These can provide a framework to assess the job performance of nurse managers at the time of their regular evaluations. Greater emphasis can be placed on human and leadership skills that contribute more to effectiveness in the nurse manager role.

6. The study should be replicated using a larger random sample, using public and private hospitals. This may yield additional information and allow the manipulation of the demographic variables. The small sample size in this study did not allow the examining of differences in perceptions of important competencies based on the type of unit a nurse manager is assigned to.

7. Research-based practice is becoming more and more important as a means to move the nursing profession forward and define nursing practice (Chase). Findings from this and Chase's study indicate that nurse managers do not rank the research process and research-based practices as significantly important skills for them. Further research can address the issues related to ranking and identify

methods in which the research process can be supported at the nurse manager level.

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APPENDIX A

Permission to Replicate Study and Use Questionnaire

THE UNIVERSITY OF IOWA
HOSPITALS AND CLINICS

Department of Nursing
200 Hawkins Dr.
Iowa City, Iowa 52242-1009

319/356-2267

11/14/94

Gerald Micheal Georgette
2549 San Carlos Ave
San Carlos, CA 94070

Dear Mr. Georgette,

I am writing in response to your letter and our recent phone conversation regarding your interest in replicating my study on Nurse Manager Competencies. I am granting you permission to do so including the use of my survey tool (2 copies enclosed). As we discussed my expectation is that you credit me as the author of the survey tool and share the results of your study with me upon completion. I wish you success in your study and if I can be of any further assistance please feel free to contact me.

Sincerely,

Linda Chase

Linda Chase, RN, MA
Administrative Associate
Pediatric Nursing Division
UIHC

APPENDIX B

Academic Human Subjects Approval

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San José, California 95192-0025 • 408/924-2480

TO: Gerald Michael Georgette
2549 San Carlos Ave.
San Jose, CA 94070

FROM: Serena W. Stanford
AAVP, Graduate Studies & Research

DATE: March 27, 1995

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

"Nurse Manager Competencies"

This approval is contingent upon the subjects participating in your research project being approriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their pariticpation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal, will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2480.

APPENDIX C

Institution Human Subjects Approval

STANFORD UNIVERSITY
Stanford, California 94305
(415) 723-2883

CERTIFICATION OF HUMAN SUBJECTS APPROVAL

DATE: January 3, 1995

TO: G.M. Georgette, R.N.
Department of Radiology

FROM: Chairman, Administrative Panel on
Human Subjects in Medical Research

PROTOCOL ENTITLED:
Nurse Manager Competencies.

The Panel approved human subject involvement in your research project on January 3, 1995.

The expiration date of this approval is January 2, 1996. If this project is to continue beyond that date, please submit an updated proposal in advance for the Panel's re-approval. If this proposal is used in conjunction with any other human experimentation or if it is modified in any way, it must be re-approved for these special circumstances. In addition, the Panel requests prompt notification of any complications which may occur during any experimental procedure.

All continuing projects and activities must be reviewed and re-approved at least annually by the Panel. Panel approval of any project is for a maximum period of one year. It is the responsibility of the investigator to resubmit the project to the Panel for annual review.

Alice Hackett
for James Theodore, M.D., Chairman

cc: Sponsored Projects
M. Hays, M.D., VA

Funding Agency: (VA Study)(N)
Period of Time: 01/03/95 through 01/02/96
Investigational New Drugs: N
Investigational New Device: N
Cooperating Institution: N
Expedited Review
Assurance Number: M1272
IRB #01

APPENDIX D

Hospital Administrative Approval

Department of
Veterans Affairs

Memorandum

Date: February 4, 1995

From: AO/ACOS for Research and Development (151A)

Subj: Nurse Manager Competencies

To: Gerald M. Georgette, RN (114 PAD)

1. Your unfunded proposal, entitled "Nurse Manager Competencies", has administrative approval, and you are free to begin your research on this project. You have all the appropriate subcommittee approvals, signatures and completed forms. After the Research and Development Committee meets, February 16, 1995, you should receive notification of its final seal of approval in the interdepartmental mail.

2. On behalf of the Research and Development office, we wish you every success with this project.

David D. Thomas

APPENDIX E

Questionnaire

Nurse Manager Competencies Study

Thank you for participating in this study. Your time and efforts are greatly appreciated.

Demographic Data

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

1. Sex:
___Female
___Male

2. Age:
___(1)Less than 25 years
___(2)25-34 years
___(3)35-44 years
___(4)45-54 years
___(5)55 years or more

3. Which is your highest level of educational preparation?
___(1)Diploma
___(2)Associate
___(3)Baccalaureate
___(4)Master's
___(5)Doctorate

4. How long have you practiced as an RN?
___(1)Less than one year
___(2)1-2+ years
___(3)3-4+ years
___(4)5-9+ years
___(5)10 or more years

5. How long have you been in a management position?
___(1)Less than one year
___(2)1-2+ years
___(3)3-4+ years
___(4)5-9+ years
___(5)10 or more years

6. How long have you been in your current position as a first-line manager?
___(1)Less than one year
___(2)1-2+ years
___(3)3-4+ years
___(4)5-9+ years
___(5)10 or more years

7. Which best describes your ward/unit?
___(1)medical
___(2)surgical
___(3)critical care
___(4)psychiatric
___(5)rehabilitation
___(6)other_____

Instructions: Please rate the importance of each competency statement as it applies to the <u>first-line nurse manager role</u> by circling the appropriate number for both sections. Use the following rating scale.

4= Essential for first-line manager competence
3= Contributes significantly to first-line manager competence
2= Contributes moderately to first-line manager competence
1= Contributes minimally to first-line manager competence

	Knowledge and understanding of				Ability to implement and/or use			
Technical								
1. Nursing practice standards	4	3	2	1	4	3	2	1
2. Nursing care delivery systems	4	3	2	1	4	3	2	1
3. Nursing care planning	4	3	2	1	4	3	2	1
4. Clinical skills	4	3	2	1	4	3	2	1
5. Patient classification systems	4	3	2	1	4	3	2	1
6. Infection control practices	4	3	2	1	4	3	2	1
7. Research based care practices	4	3	2	1	4	3	2	1
8. New technology	4	3	2	1	4	3	2	1
9. Case management	4	3	2	1	4	3	2	1
10. Information systems and computers	4	3	2	1	4	3	2	1
11. Regulatory agency standards	4	3	2	1	4	3	2	1
Human								
12. Effective communication	4	3	2	1	4	3	2	1
13. Effective staffing strategies	4	3	2	1	4	3	2	1
14. Recruitment strategies	4	3	2	1	4	3	2	1
15. Retention strategies	4	3	2	1	4	3	2	1
16. Effective discipline	4	3	2	1	4	3	2	1
17. Effective counseling strategies	4	3	2	1	4	3	2	1

Instructions: Please rate the importance of each competency statement as it applies to the <u>first-line nurse manager role</u> by circling the appropriate number for both sections. Use the following rating scale.

4= Essential for first-line manager competence
3= Contributes significantly to first-line manager competence
2= Contributes moderately to first-line manager competence
1= Contributes minimally to first-line manager competence

	Knowledge and understanding of				Ability to implement and/or use			
18. Constructive performance evaluation	4	3	2	1	4	3	2	1
19. Staff development strategies	4	3	2	1	4	3	2	1
20. Group process	4	3	2	1	4	3	2	1
21. Interview techniques	4	3	2	1	4	3	2	1
22. Team building strategies	4	3	2	1	4	3	2	1
23. Humor	4	3	2	1	4	3	2	1
24. Optimism	4	3	2	1	4	3	2	1
Conceptual								
25. Nursing theories	4	3	2	1	4	3	2	1
26. Administrative/organizational theories	4	3	2	1	4	3	2	1
27. Strategic planning/ goal development	4	3	2	1	4	3	2	1
28. Ethical principles	4	3	2	1	4	3	2	1
29. Teaching/learning theories	4	3	2	1	4	3	2	1
30. Political process	4	3	2	1	4	3	2	1
31. Total quality management processes	4	3	2	1	4	3	2	1
32. Legal issues	4	3	2	1	4	3	2	1

Instructions: Please rate the importance of each competency statement as it applies to the <u>first-line nurse manager role</u> by circling the appropriate number for both sections. Use the following rating scale.

4= Essential for first-line manager competence
3= Contributes significantly to first-line manager competence
2= Contributes moderately to first-line manager competence
1= Contributes minimally to first-line manager competence

	Knowledge and understanding of				Ability to implement and/or use			
Leadership								
33. Decision making	4	3	2	1	4	3	2	1
34. Power and empowerment	4	3	2	1	4	3	2	1
35. Delegation	4	3	2	1	4	3	2	1
36. Change process	4	3	2	1	4	3	2	1
37. Conflict resolution	4	3	2	1	4	3	2	1
38. Problem solving	4	3	2	1	4	3	2	1
39. Stress management	4	3	2	1	4	3	2	1
40. Research process	4	3	2	1	4	3	2	1
41. Motivational strategies	4	3	2	1	4	3	2	1
42. Organization of unit work	4	3	2	1	4	3	2	1
43. Policies and procedures	4	3	2	1	4	3	2	1
44. Staff education	4	3	2	1	4	3	2	1
45. Time management	4	3	2	1	4	3	2	1
46. Interdisciplinary care coordination	4	3	2	1	4	3	2	1

Instructions: Please rate the importance of each competency statement as it applies to the <u>first-line nurse manager role</u> by circling the appropriate number for both sections. Use the following rating scale.

4= Essential for first-line manager competence
3= Contributes significantly to first-line manager competence
2= Contributes moderately to first-line manager competence
1= Contributes minimally to first-line manager competence

	Knowledge and understanding of				Ability to implement and/or use			
Financial management								
47. Cost containment and cost avoidance practices	4	3	2	1	4	3	2	1
48. Productivity measures	4	3	2	1	4	3	2	1
49. Unit budget forecasting/ generation	4	3	2	1	4	3	2	1
50. Cost benefit analysis	4	3	2	1	4	3	2	1
51. Unit budget control measures	4	3	2	1	4	3	2	1
52. Financial resource procurement	4	3	2	1	4	3	2	1
53. Financial resource monitoring	4	3	2	1	4	3	2	1

Please write in any other competencies that you believe are important for first-line nurse manager competence.

Do you wish to say anything else about this subject?

Please return this in the envelope provided.

APPENDIX F

Consent Form

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

College of Applied Sciences and Arts • School of Nursing • Graduate Program
One Washington Square • San Jose, California 95192-0057 • 408/924-1321

Dear Nurse Manager,

You are invited to participate in a study examining the delineation and identification of specific behavioral competencies that are considered important for hospital-based nurse manager effectiveness.

If you decide to participate, you will be asked to complete a questionnaire that takes approximately fifteen minutes to complete. The questionnaire is coded only to reflect that it came from a particular ward and anonymity and confidentiality is strictly assured.

If you decide to participate, I will administer a questionnaire asking your perception of specific behavioral competencies that are important for nurse manager effectiveness. The questionnaire will take approximately fifteen minutes to complete. There are no reasonably expected risks to participate.

Information gathered in this study will not be connected to you in any manner, and will be used by the investigator as part of a master's thesis. If published, no data will reveal your identity.

The decision to participate in this study is voluntary and your decision not to participate does not by any means affect you professionally. Further, you may decide to withdraw at any time.

The benefit of completing this questionnaire is that it adds knowledge to the area of nursing administration in order to better prepare and educate our future leaders.

If you have any other questions or concerns about this study, please feel free to contact Dr. Bobbye Gorenberg, Department Chair of the School of Nursing, at (408) 924-3174, Dr. Serena Stanford, Associate Academic Vice President for Graduate Studies and Research at San Jose State University, at (408) 924-2480, or Gerald Georgette, Principle Investigator, at (415) 595-4402.

_____ _____

Signature of Participant Date

_____ _____

Signature of Investigator or Witness Date