

# Frontline Nurse Manager and Chief Nurse Executive Skills: *Perceptions of Direct Care Nurses*

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The competence of chief nurse executives (CNEs) and frontline nurse managers (FLNMs) is critical to the success of the organization, to nurse outcomes, and to patient outcomes. The American Organization of Nurse Executives has delineated the competencies of nurse managers<sup>1</sup> and nurse executives<sup>2</sup> and provided self-assessment tools for these positions. From financial prowess to relationship skills, clinical awareness, and strategy, the expectations of these roles are vast and complex. But, as a frontline nurse manager or chief nursing executive, do you know how direct care nurses perceive your leadership skills?

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## AACN NATIONAL SURVEYS

The American Association of Critical-Care Nurses (AACN) has conducted 4 national studies on the work environments of critical care nurses in 2006, 2008, 2013, and 2018, based on the *AACN Standards for Establishing and Sustaining Healthy Work Environments*: skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership.<sup>3,4</sup> The details of the studies have been described elsewhere.<sup>5-8</sup> More than 4000 nurses responded to the 2006 survey, more than 5000 to the 2008 survey, and more than 8000 to the 2013 and 2018 surveys.

One aspect of the surveys was ratings of FLNM and CNE skills as well as of the communication and collaboration between RNs and FLNMs and respect for RNs by FLNMs. The results from the first 3 surveys indicated a decline in the perceptions of FLNM and CNE competence from 2006 and 2008 to 2013.<sup>9</sup> This article reports the results of the perceptions of the direct care nurse participants from the 2018 survey compared with the 2013 survey.

## RESULTS

In both the 2013 and 2018 surveys, direct care nurses rated the skills of their FLNMs and CNEs in 7 competencies based on AACN's healthy work environment standards: communication, collaboration, providing staff resources, providing nonhuman resources (supplies, equipment, etc.), effective decision-making, recognition, and leadership. In 2018, we added 3 other competencies: ensuring the provision of high quality patient care, promoting a professional practice environment,

and overall effectiveness. Numerical values were assigned to the 4-point response scale: excellent (4), good (3), fair (2), and poor (1) to determine the mean rating of each item in order to compare data (*Table 1, Figure 1*).

All of the competency ratings for FLNMs and CNEs improved from 2013 to 2018 ( $p < 0.05$ ). Similar to 2013, in 2018, the competencies of the FLNMs were rated higher than those of the CNEs. The highest rated FLNM competency in 2018 was ensuring the provision of high quality care (2.77), followed closely by communication (2.76). The lowest rated FLNM competency was providing staff resources (2.59). The highest rated CNE competency in 2018 was promoting a professional practice environment (2.43), and the lowest rated was providing staff resources. Almost 40% of the direct care nurses rated the overall effectiveness of their FLNM as fair (26%) or poor (13%), and 57% rated the overall effectiveness of their CNE as fair (35%) or poor (22%).

Communication between RNs and FLNMs, collaboration between RNs and FLNMs, and respect for RNs by FLNMs were rated on the same 4-point scale as the competencies. All of the mean ratings improved from 2013 to 2018: communication (from 2.39 to 2.58), collaboration (from 2.32 to 2.52), and respect (from 2.46 to 2.66) ( $p < 0.05$ ). In addition, agreement with the following statements also improved: RNs are valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations (from 2.56 to 2.75); RNs have opportunities to influence decisions that affect the quality of patient care (from 2.67 to 2.83); and RNs are recognized for the value each brings to the organization (from 2.48 to 2.68).

**Table 1.** Direct Care Nurses' Agreement With Statements Concerning Their Work Units

Standard/Statement	2013	2018
<i>All team members are provided with support for and access to education programs that develop communication and collaboration skills.</i>	2.58	2.79
<i>RNs are valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.</i>	2.56	2.75
<i>RNs have opportunities to influence decisions that affect the quality of patient care.</i>	2.67	2.83
<i>RN staffing ensures the effective match between patient needs and nurse competencies.</i>	2.50	2.58
<i>RNs are recognized for the value each brings to the organization.</i>	2.48	2.68

Note: Numbers reflect the average level of agreement with the statement, with a range from 1 (strongly disagree) to 4 (strongly agree), so a higher score indicates a higher level of agreement with the statement. All changes from 2013 to 2018 are significant at  $p < 0.05$ .

**Figure 1.** Direct Care Nurses' Perceptions of Competence of Frontline Nurse Managers and Chief Nursing Executives

Note: Numbers reflect the average level of agreement with the statement with poor = 1, fair = 2, good = 3, and excellent = 4; a higher score indicates a higher level of agreement with the statement. All changes from 2013 to 2018 are significant at  $p < 0.05$ .

There were two open-ended questions in the survey: one asked participants to describe a work environment issue of concern, whether it was resolved, and if so, how; and the other asked participants to describe a work environment best practice that others could use.

The work environment-related responses included examples of leadership issues such as poor communication, inadequate staffing, lack of management support, verbal abuse, lack of needed equipment, etc. However, many of the participants reported best practices that

**Table 2.** Influence of Frontline Nurse Managers on Career and Job Satisfaction and Intent to Leave

	Rated the Overall Effectiveness of Their FLNM as:			
	Excellent	Good	Fair	Poor
<i>Independent of your present job, how satisfied are you with being a registered nurse? (Percent of respondents who say they are very satisfied.)</i>	77%	63%	52%	47%
<i>On the whole, how satisfied are you with your current job? (Percent of respondents who say they are very satisfied.)</i>	61%	28%	9%	2%
<i>Do you plan to leave your present nursing position within the next 12 months? (Percent of respondents who said yes.)</i>	12%	18%	30%	43%

improved communication, collaboration, recognition, teamwork, support from managers, and participation in problem-solving.

Though 61% of the direct care nurse respondents reported being very satisfied with being a registered nurse, only 26% reported being very satisfied with their current position. Fifty-eight percent (58%) of the direct care nurses indicated that they plan to leave their current positions: 23% within the next 12 months and another 35% plan to leave within 36 months. Only 10% of those planning to leave are planning to retire. The majority of the rest plan to take a different position in clinical nursing. When the nurses who expressed an intent to leave were asked what would influence them to reconsider, the top 2 responses were better staffing and higher salaries and benefits, but these responses were followed closely by better leadership and more respect from administration and frontline management.

The results indicated that FLNMs influence direct care nurses' career and job satisfaction and intent to leave (Table 2). Of the direct care nurses who rated their overall effectiveness of their FLNM as excellent, 77% reported being very satisfied with nursing as a career, 61% reported being very satisfied with their current job, and 12% reported that they plan to leave their jobs in the next 12 months. Of the direct care nurses who rated their FLNM's overall effectiveness as poor, 47% reported being very satisfied with nursing as a career, 2% reported being very satisfied with their current job, and 43% reported that they plan to leave their jobs in the next 12 months.

## DISCUSSION

Although the results of the *AACN 2018 Critical Care Nurse Work Environment Study* show improvements in direct care nurses' perceptions of FLNM and CNE competence compared with the 2013 survey, there is still much room for improvement, with 39% rating their FLNM's overall

effectiveness as only fair or poor, and 57% rating their CNE's overall effectiveness as fair or poor.

Nurse leaders—especially frontline nurse managers—have been shown to be essential in positive nurse and patient outcomes. For example, in a cross-domain and multilevel mediation analyses using 2016 NDNQI RN Survey data and Press Ganey Patient Experience survey data, Press Ganey found that “nurse managers have substantial influence over the quality of the nurse work environment and the influence of the work environment on outcomes.”<sup>10(p.2)</sup> Roche and colleagues<sup>11</sup> in a study of 62 patient care units found nurse managers to be a major factor in nurse retention.

## CONCLUSION

Perception is reality in the eye of the beholder. Although we have made some progress, it is imperative that we attend to the need to improve the real and perceived competence of both FLNMs and CNEs. The results of this study provide evidence of a significant relationship between direct care nurses' perceptions of the competence of their frontline nurse manager and the nurses' career satisfaction, job satisfaction, and their intent to leave their current position.

Improving FLNM and CNE competence in communication, collaboration, providing resources, decision-making, recognition, leadership, ensuring the provision of high quality care, and promoting a professional practice environment have the potential to improve nurse and patient outcomes and to save the organization the direct and indirect costs of turnover. Donald Berwick, founder of the Institute for Healthcare Improvement, has said that there are 4 stages we go through when we are faced with the reality of data: the data are wrong; the data are right, but it's not a problem; the data are right, it's a problem, but it's not my problem; and the final stage: I accept the burden of improvement. Our commitment to improving nursing leadership must be bold enough to be able to move quickly

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to the last stage of data reality and to accept the challenge and the responsibility of improving our competence and our staff's perception of that competence.

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