

# Nurse Leaders at Night: *Preparing Administrative Supervisors and Understanding the Role*

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Emerging research identified key role responsibilities of administrative supervisors, nurse leaders who work evening, night, and weekend shifts, and that role specific education is lacking. The purpose of this study was to conduct an education program for administrative supervisors and describe attendees' leadership style and job satisfaction. Administrative supervisors (n = 56) rated themselves highest in transformational leadership, even though 32% had no formal leadership training. For supervisors who worked at ANCC Magnet<sup>®</sup> hospitals (n = 33), there was a significant relationship between transformational leadership and job satisfaction. As each moment of care is of paramount importance, it is essential to support administrative supervisors with education programs to enhance outcomes.

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**D**espite the longstanding existence of the administrative supervisor role, the nurse leader on the evening, night, and weekend shifts, the work of the administrative supervisor and the impact these leaders have on nurse outcomes has been ignored. Emerging research on the administrative supervisor role revealed the supervisors do whatever is necessary to get the patients, staff, and hospital safely through the shift, with key role responsibilities of staffing, patient flow, crisis management, and hospital

representative.<sup>1</sup> Although the administrative supervisors are typically the only nurse leader present on the evening and night shift, their presence when rounding and trusting relationship with the staff enable these supervisors to get safely through the shift.<sup>2</sup>

Dealing with unexpected building or weather emergencies is a key responsibility of administrative or house supervisors. Building issues may involve a power outage, no phone service, or no air conditioning, and the administrative supervisors must deal with these emergencies as well as with snowstorms, ice storms, floods, or tornadoes. During these internal and external disasters, the administrative supervisors must respond, notify the administrator on call, begin to set up the command center until the other nurse leaders arrive, and continue to keep the rest of the hospital functioning. Disturbingly, despite the importance of the administrative supervisor role and their key responsibility of crisis management, supervisors identified that role-specific education was lacking.<sup>3</sup> Hospitals may hold disaster training drills, but these drills do not occur during the hours when the administrative supervisor is the only leader present in the hospital, such as after midnight when disasters like a nightclub shooting occur. Research indicates that nurses are not prepared to deal with disasters, natural or

## KEY POINTS

- **This statewide administrative supervisor education program provided role specific education, including dealing with facility and weather emergencies and disasters.**
- **More education is needed for administrative supervisors who lack formal leadership training and have not received education beyond entry level nursing education.**
- **Administrative supervisors who worked at Magnet<sup>®</sup> hospitals were more satisfied than those supervisors at non-Magnet hospitals.**

human-induced, and emergency preparedness education is needed.<sup>4,5</sup> The International Council of Nurses has recognized that nurses need disaster education and recommends conducting drills and exercises, which is also a requirement for The Joint Commission.<sup>6,7</sup> Therefore, crisis management education programs and drills on the evening and night shifts would be beneficial to better prepare the supervisors for facility and weather emergencies, and disasters.

Many administrative supervisors enter this role with charge nurse experience and then unfortunately do not receive any further leadership training.<sup>3</sup> Although the supervisors in a nationwide research study clearly articulated a relational leadership style, additional information on administrative supervisor leadership style is lacking.<sup>2</sup> Considerable research has been conducted with nurse managers, finding a relationship between nurse manager's leadership style and nurse outcomes.<sup>8-10</sup> Research with frontline nurse leaders also found that leadership training influences leadership practices.<sup>11</sup> Because relational leadership has been associated with improved nurse satisfaction and retention, it is important to explore and better understand the administrative supervisors' leadership style.<sup>12</sup>

Much research has been conducted on job satisfaction of staff nurses, and research is beginning to explore factors that influence nurse manager job satisfaction. Span of control, organizational support, and empowerment were found to be significantly related to job satisfaction.<sup>13</sup> There is no research on administrative supervisor job satisfaction.

The administrative supervisor acts as the solo shift leader, behind the scenes, striving to get the patients, staff, and hospital safely through the evening, night, and weekend shifts. Hospital nursing leadership teams need to have an understanding of the off-shift and support the role of the administrative supervisor in nurse and patient safety with role specific education. Therefore, the purpose of this research study was to develop, implement and evaluate a crisis management educational program and describe the administrative supervisor attendees' leadership style and job satisfaction.

## ROLE-SPECIFIC EDUCATION

One of the first statewide, role-specific education programs for administrative supervisors was created and evaluated as part of this research study. Supervisors from throughout one state in the Mid-Atlantic region of the United States attended the Crisis Management for Administrative Supervisors program. This first annual event commenced with presentations regarding the latest research on the administrative supervisor role and substance use disorder and dealing with the impaired nurse. An incident command presentation discussed the different categories of emergency

management events (building or technological, natural, and man-made), process to activate the chain of command, incident commander role, and an interactive discussion on the first steps when "it" or something happens. This presentation was followed by a night shift supervisor's real-life experience evacuating a hospital. The program concluded with how to incorporate mindfulness to build self-resilience and a unique opportunity for administrative supervisors to meet and network with colleagues from other hospitals.

Because there is a paucity of research on the administrative supervisor role, administrative supervisor participants who attended this May 2017 education program were invited to participate in a research study to better understand this role. Prior to the education program, attendees were given surveys regarding their leadership style, job satisfaction, competence in disasters, and demographic characteristics, and after the education program, attendees completed an evaluation of the education program. Institutional review board approval was obtained from Hackensack Meridian Health.

The survey instruments included the Multifactor Leadership Questionnaire 5X short form (MLQ-5X), Nurses Assessment of Readiness (NAR) scale, and job satisfaction, demographic, and program evaluation questions. Administrative supervisors' perceptions of their leadership style were measured with the widely used, reliable and valid MLQ-5X.<sup>14</sup> Job satisfaction was measured with 2 questions, which were created and used in research on the nurse manager role: "How satisfied are you with being a nurse leader?" and "How likely are you to recommend nursing leadership as a career choice to other nurses?"<sup>15,16</sup> Response options for both items follow a 6-point Likert scale (1 = very dissatisfied/unlikely to 6 = very satisfied/likely). The NAR Scale measures perceived competence of nurses in disasters and consists of 2 questions: "Please provide an assessment of your overall familiarity with response activities/preparedness in the case of a large-scale emergency event" and "If you had to respond to a major disaster in your hospital/community today, how prepared do you feel you are to effectively respond?"<sup>5</sup> The 5-point Likert scale responses range from 1 (very unfamiliar/unprepared) to 5 (very familiar/prepared).

## RESULTS

Administrative supervisors from 26 different hospitals in the Mid-Atlantic region of the United States attended this crisis management education program (Table 1). The administrative supervisors were an average age of 53.4 years, had 28.8 years of nursing experience, and 75% had a diploma, associate, or baccalaureate degree (Table 2). The administrative supervisors from ANCC Magnet<sup>®</sup> and non-Magnet hospitals were distributed similarly by age, years worked as a registered nurse, years in current position

**Table 1.** Administrative Supervisor Hospitals Descriptors

Administrative Supervisors Hospitals (n = 26)		n (%)
<i>Bed size</i>	Small ( $\leq 149$ beds)	4 (15)
	Medium (150–499 beds)	15 (58)
	Large ( $>500$ beds)	7 (27)
<u><i>Ownership</i></u>	Nonprofit	24 (92)
	For-profit	2 (8)
<u><i>ANCC designation</i></u>	ANCC Magnet <sup>®</sup> designation	12 (46)

and education. Magnet and non-Magnet hospital supervisors differed by national nursing certification (73% and 43%, respectively) and receipt of leadership training (77% and 55%, respectively) (Table 2).

Administrative supervisors rated themselves highest in transformational leadership, even though 17 supervisors (32%) indicated they had no formal leadership training (Table 3). The transformational leadership subscales of inspirational motivation (3.31) and individualized consideration (3.46) were the highest. In the transactional leadership subscales, the supervisors were in 70th and 80th percentile for the contingent reward (3.35) and management-by-exception (active) (2.28) subscales, respectively. For supervisors working at Magnet and non-Magnet hospitals, there was no significant difference in transformational leadership scores (3.26 and 3.24, respectively). Additionally, the administrative supervisors at Magnet hospitals who had higher transformational leadership scores had greater job satisfaction ( $r = 0.481$ ,  $p < 0.05$ ). At non-Magnet hospitals, administrative supervisors with higher transactional leadership scores had been in their position longer ( $r = 0.490$ ,  $p < 0.05$ ), and those with higher passive avoidant leadership scores were newer in their position ( $r = -0.527$ ,  $p < 0.01$ ) and were newer nurses ( $r = -0.453$ ,  $p < 0.05$ ).

Regarding job satisfaction, overall, the administrative supervisors were satisfied with being a nurse leader, with 82% of administrative supervisors being very satisfied or satisfied. However, the Magnet and non-Magnet hospital supervisors differed in terms of: satisfaction with being a nursing leader, with 91% and 69%, respectively, reporting they were very satisfied or satisfied; recommending nursing leadership as a career choice to others with 81% and 61%, respectively, indicating they would very likely or likely recommend; and job satisfaction score (5.36 and 4.67, respectively). An independent-samples t-test was conducted to compare the job satisfaction scores of supervisors who worked at Magnet and non-Magnet hospitals, finding there was a statistically significant difference in scores

( $p < .05$ ) (Figure 1). The NAR scale indicated that all administrative supervisors felt somewhat familiar and prepared (6.89) to effectively respond in a disaster situation (Table 3).

At this education program for administrative supervisors, networking and lively discussions ensued, with questions to presenters, such why are there no disaster drills at night when there is fewer staff and resources. The program evaluations indicated that the program met the expectations of all participants. Participants noted: “Useful, informative, and insightful information”; “Happy to see research in this area”; “Dynamic and much needed program”; and “Great to network with other supervisors.” The participants also requested an annual event to cover topics on leadership development, documentation and legal issues, conflict management, and additional crisis and disaster preparedness.

## DISCUSSION

These nurse leaders have not sought to achieve higher levels of education beyond their entry-level education. A diploma, associate, or baccalaureate degree was the highest level of education for 75% of the administrative supervisors, and this is consistent with other administrative supervisor studies.<sup>1,17,18</sup> The Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, recommends that nurses should achieve higher levels of education, and nurses with diploma and associate degrees should be encouraged to enter baccalaureate nursing programs within 5 years of graduation.<sup>19</sup> Furthermore, considering the emphasis of the Magnet standards on obtaining a baccalaureate and advanced degrees, it is quite surprising that 8 supervisors (24%) who worked at Magnet hospitals had a diploma or associate degree as their highest level of education compared with 3 supervisors (13%) who worked at non-Magnet hospitals.<sup>20</sup>

Successful leaders, according to Bass and Avolio,<sup>14</sup> use a mix of transformational and transactional leadership which results in a greater amount of extra effort

**Table 2.** Administrative Supervisor Demographics

	<b>Administrative Supervisor (n = 56)</b>	<b>Administrative Supervisors at Magnet Hospitals (n = 33)</b>	<b>Administrative Supervisors at non-Magnet Hospitals (n = 23)</b>
<i>Category, mean (SD)</i>			
Age, years	53.4 (9)	53.4 (7.8)	54.1 (10.5)
Years as RN	28.8 (11)	29.3 (10)	28 (13)
Years in current position	12.5 (11)	13 (11)	11.8 (11)
<i>Gender, n (%)</i>			
Male	4 (7)	4 (12)	0 (0)
Female	51 (91)	29 (88)	22 (96)
Prefer not to state	1 (2)	0 (0)	1 (4)
<i>Highest nursing degree, n (%)</i>			
Diploma or associate degree	11 (20)	8 (24)	3 (13)
Baccalaureate degree	31 (55)	17 (52)	14 (61)
Masters degree	14 (25)	8 (24)	6 (26)
<i>National nursing certification, n (%)</i>			
Yes	34 (61)	24 (73)	10 (43)
<i>Formal leadership training, n (%)</i>			
Yes	36 (68)	24 (77)	12 (55)
No	17 (32)	7 (23)	10 (45)

and satisfaction from employees. Administrative supervisors rated themselves highest in transformational leadership, even though some supervisors indicated they had no formal leadership training. Considering Magnet hospitals are recognized for patterns of transformational leadership, it is interesting that there was no significant difference in transformational leadership scores between supervisors at Magnet and non-Magnet hospitals.<sup>20</sup> Yet, it is not surprising that the supervisors rated themselves highest in the transformational leadership subscales of inspirational motivation and individualized consideration. In the nationwide study, the supervisors explained that when implementing new processes or procedures, they act as a cheerleader and inspire the staff by telling them to be positive and think about how good this new process or procedure is for the patients.<sup>3</sup> Additionally, as the solo leader on the night shift, the administrative supervisors purposefully focus on individualized consideration, having one-to-one conversations during their rounds with charge nurses and staff. By listening and talking with staff, the supervisors identified that staff are then comfortable

talking with them and asking questions, which can translate to better and safer patient care.<sup>2</sup>

Considering the administrative supervisor role responsibilities, it is appropriate that the supervisors ratings were in the highest percentiles for the contingent reward and management-by-exception (active) subscales. To ensure patient safety, the supervisor must ensure staffing meets the guidelines, and this often involves negotiating with staff to work extra in exchange for overtime or a day off, whereas with management-by-exception (active), the supervisor is responsible for responding to incidents and errors, and taking appropriate actions, such as dealing with a staff member who is suspected of being impaired or diverting narcotics.

Our findings of administrative supervisors' perceptions of their leadership is consistent with the literature of nurse managers' perceptions of their own leadership.<sup>21</sup> Further research can be conducted to see how the staff nurses rate these leaders and the relationship between staff satisfaction and leadership styles.

The majority of administrative supervisors were satisfied or very satisfied with their jobs and likely or

**Table 3.** Descriptive Statistics for the MLQ-5X, NAR, and Job Satisfaction

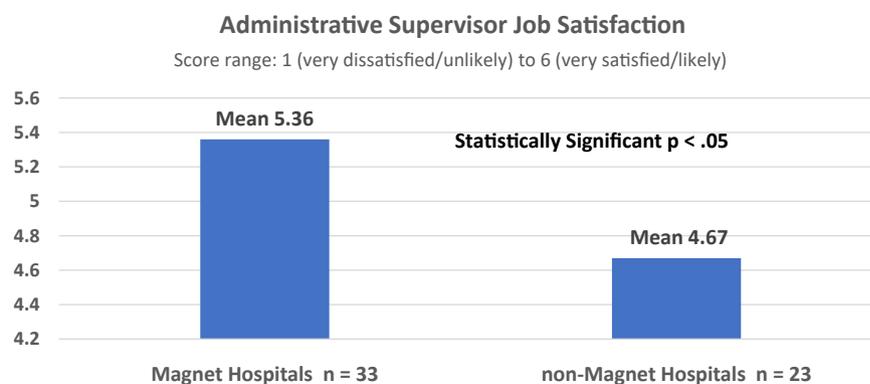
	Cronbach Alpha	Administrative Supervisors (n = 56) Mean (SD)
<i>Transformational leadership</i>	0.88	3.25 (0.41)
<i>Idealized influence (attributed)</i>		3.14
<i>Idealized influence (behavioral)</i>		3.10
<i>Inspirational motivation</i>		3.31
<i>Intellectual stimulation</i>		3.23
<i>Individualized consideration</i>		3.46
<i>Transactional leadership</i>	0.58	2.82 (1.57)
<i>Contingent reward</i>		3.35
<i>Management-by-exception (active)</i>		2.28
<i>Passive avoidant leadership</i>	0.57	0.67 (0.48)
<i>Management-by-exception (passive)</i>		0.86
<i>Laissez-faire</i>		0.49
NAR	0.93	6.89 (2.09)
Job satisfaction	0.85	5.08 (0.91)

very likely to recommend nursing leadership as a career, which is consistent with findings from administrative supervisor and nurse manager research.<sup>15,17</sup> Just as a difference in job satisfaction was found between nurses working at Magnet and non-Magnet hospitals, administrative supervisors working at Magnet hospitals were more satisfied than those supervisors at non-Magnet hospitals.<sup>22</sup>

Overall, the administrative supervisors felt prepared and familiar with responding in a disaster situation, with the supervisors at Magnet hospitals feeling more prepared than the supervisors at non-Magnet hospitals. That the supervisors scored much better than nurses at rural hospitals in Texas, who did not feel prepared with an average 4.2 NAR score, may be related to the fact that crisis management is a

supervisor role responsibility.<sup>4</sup> However, drills during the night and weekend shifts and role-specific education programs on topics such as crisis intervention and disaster preparedness training are still needed for administrative supervisors.

This role-specific education program was in alignment with the IOM report, *The Future of Nursing: Leading Change, Advancing Health*, which emphasizes the importance of preparing nurse leaders and developing leadership competencies to improve the work environment and the delivery of care.<sup>19</sup> Because the role-specific education program included presentations on the incident commander role and a night administrative supervisor's real-life experience evacuating a hospital, it was hoped that these presentations not only educated the supervisors but inspired them to review policies and

**Figure 1.** Administrative Supervisor Job Satisfaction at Magnet and non-Magnet hospitals.

discuss procedures for emergencies and disasters at their own organizations. Given that supervisors are relied on to lead operations and emergency situations during their shift, for these leaders to have no formal leadership training is alarming, but it seems to be acceptable for this nurse leader role. Future administrative supervisor role-specific education programs are clearly needed and should include presentations by experts, panel presentations and discussions, and presentations with supervisors sharing their unique experiences.

## IMPLICATIONS FOR NURSE LEADERS

As hospitals strive to become high reliability organizations and improve nurse and patient outcomes, the administrative supervisor can no longer be viewed as the nurse who maintains the status quo until the day shift returns. Nurse leaders need to encourage administrative supervisors to obtain higher education levels and invest in their role-specific education and leadership training, which will result in a more satisfied and engaged supervisor.

Although many organizations offer disaster and emergency training, specific education and competency training for administrative supervisors who are the solo leader until other leaders arrive is essential. Innovative education programs, such as the one described here, need to be held with role-specific education along with networking and idea sharing with administrative supervisors from other organizations. Considering the small number of administrative supervisors at each hospital, statewide or regional education programs are recommended, and this would also allow an opportunity for networking and sharing of ideas.

Administrative supervisors, as the evening and night shift leaders, need to be included as an essential member of the nursing leadership meetings, providing the unique perspective of these shifts. To facilitate the attendance of the supervisors, nurse leaders may need to change the time of these leadership meetings, avoiding the middle of the day, which is considered the middle of the supervisors' night or sleep time. When administrative supervisors attend the nursing leadership meetings, collaboration between all leaders will be fostered. This collaboration will benefit the organization and the workforce and has the potential to improve nurse and patient outcomes on all shifts.

Although this is the first research finding that administrative supervisors working at Magnet hospital had higher transformational leadership scores and job satisfaction and were more prepared to respond in a disaster, this may further support the value of attaining the Magnet or Pathway to Excellence<sup>®</sup> designation.

## CONCLUSIONS

The administrative supervisors are satisfied, transformational leaders who need ongoing role-specific

leadership education (informal) along with encouragement to achieve higher (formal) education levels. On these shifts, the administrative supervisor is the only house leader immediately available for crisis situations, and thus, it is troubling that the supervisors lacked role-specific education and formal leadership training. As hospitals evolve to high performing organizations, it is time to support these night shift leaders with education, which in turn will enhance nurse and patient outcomes.

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