



Review Paper

The perceived and experienced role of the nurse unit manager in supporting the wellbeing of intensive care unit nurses: An integrative literature review



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ABSTRACT

Introduction: The number of patients requiring admission into intensive care units (ICUs) is increasing worldwide. Concurrently, recruitment and retention of the ICU nursing workforce is becoming a major challenge due to the high intensity environment, heavy workloads, and decreasing nurse wellbeing. Nurse unit managers play a vital role in promoting and supporting ICU nurse wellbeing, yet little is known about perceptions and experiences of this role.

Objectives: To examine the perceived and experienced role of the nurse unit manager in supporting the wellbeing of ICU nurses.

Review Methods: A comprehensive review of the literature was undertaken using Whittemore and Knaf's five stage approach: (i) problem identification, (ii) literature search, (iii) quality appraisal, (iv) data analysis, and (v) presentation of findings.

Data sources: The following databases were searched for literature published between January 2007 and December 2017: Cumulative Index to Nursing and Allied Health Literature, Cochrane, Informit, Joanna Briggs Institute Library of Systematic Review, ProQuest, PubMed, Scopus, and Wiley online library digital databases. Variations and synonyms of key words included: nurse unit manager, ICU, compassion fatigue, burnout, stress, job satisfaction, bullying, wellbeing, and work environment.

Results: Rigour and trustworthiness of the included studies were assessed using the Critical Appraisal Skills Program qualitative research checklist,⁷¹ a modified Critical Appraisal Skills Program Cohort study checklist for quantitative research,⁷² and the Mixed Methods Appraisal Tool for mixed-method studies.⁷³ The critical review guidelines by Shenton⁷⁴ and Polit and Beck⁷⁵ were also used to make judgements about the worth of the evidence. All of the 11 qualitative studies provided moderate to strong evidence. The overall quality of the quantitative studies was lower, with three of seven studies providing only adequate evidence. The majority of the 19 included studies represented the voices of ICU nurses. Three major themes emerged from the analysis; '1) building professional relationships', '2) leading the way' and '3) satisfying the needs of ICU nurses'.

Conclusion: Nurse unit manager behaviours clearly affect the wellbeing of ICU nurses. However, the role of supporting ICU nurses is complex and challenging. More research is needed to investigate the needs of ICU nurses and the facilitators and barriers nurse unit managers face when supporting the wellbeing of nurses in their unit.

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1. Introduction

The number of patients admitted to intensive care units (ICUs) is steadily increasing worldwide.^{1–4} At the same time, retention and

recruitment of a skilled ICU nursing workforce is becoming a major challenge for hospital administrators and managers globally.^{5–8} Numerous international studies have reported high numbers of ICU nurses expressing their intentions to leave, including 24% in Canada,⁹ 30% in the Netherlands,¹⁰ 29.2% and 41.1% in USA, respectively,^{11,12} and 48.9% in Taiwan.¹³ Staff attrition is triggered by

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a variety of work pressures including high intensity environments and heavy workloads, inadequate staffing,^{14–16} distraught families requiring significant attention and care,¹⁷ and patients who are suffering and dying.^{18–22} ICU nurses also frequently experience inter-staff conflicts¹⁴ and lack of appreciation by²³ and bullying from²⁴ colleagues. The incidence of stress amongst ICU nurses has been reported as high as 71%,²⁵ and they experience higher levels of post-traumatic stress²⁶ and moral distress,²⁷ and are less satisfied with their jobs^{28–30} than nurses working in other settings and contexts. Moderate to high levels of burnout,^{21,31–34} characterised by a sense of reduced personal accomplishment, emotional exhaustion, and depersonalisation,³⁵ have also been identified amongst ICU nurses.^{21,31–34} Burnout^{36,37} and stress^{25,38} can negatively impact patient care, while poor staff retention due to decreased wellbeing can result in the loss of organisational and clinical knowledge and expertise.^{39–43} High ICU nurse attrition and turnover also contributes to increasing costs to the health sector in the form of ongoing recruitment and training requirements.^{44,45}

“Workplace wellbeing” is a relatively new concept which, according to Fisher,⁴⁶ includes personal improvements to employees in job satisfaction, mood, personal and professional growth, engagement, and competence. Nurses who experience workplace wellbeing generally remain in their job longer,^{47,48} are more resilient,⁴⁹ and exhibit positive caring behaviours.^{50,51} The quality of leadership within nursing is an important predictor of staff wellbeing,⁵² work engagement,⁵³ satisfaction,⁵⁴ and retention rates.^{9,55–57} Leadership is “a process whereby an individual influences a group of individuals to achieve a common goal”^{58, p.6}. The formal leaders influencing ICU nurse performance hold many titles such as nurse unit manager, frontline manager, head nurse, ward manager, and/or clinical service coordinator. The term “nurse unit manager” (NUM) is used throughout this review in keeping with the Australian context. However, the role of the NUM is globally very similar, and involves a combination of leadership and management of staff, while also having 24-hour accountability for direct patient care activities.^{59–61} The competencies of NUM have been described as essential in achieving quality patient outcomes⁵⁹ and in NUM promoting staff retention.^{60,62–64}

Although much is known about how NUM should support nurse wellbeing, research reveals that nurses around the world,⁶⁵ including in Australia,^{66,67} do not feel supported by their managers. To address the shortage of ICU nurses and optimise patient care and nurse wellbeing, it is pertinent to explore how NUM can improve the wellbeing of this nursing cohort. Several perspectives must be considered: the kind of NUM support ICU nurses are currently experiencing; the kind of support ICU nurses want from their NUM to improve their wellbeing; and how NUM view their own role in supporting the wellbeing of ICU nurses.

2. Aim

The aim of this review is to identify the perceived and experienced role of NUMs in supporting the wellbeing of ICU nurses.

3. Methods

A comprehensive review was undertaken using Whittemore and Knafli's⁶⁸ integrative review methodology. This type of review allows synthesis of both quantitative and qualitative research and has the ability to provide robust insight into complexities of different perceptions and emergent phenomena,⁶⁹ thus allowing a deeper understanding of the roles of NUM in supporting the wellbeing of ICU nurses. Five review stages included (i) problem identification, (ii) literature search, (iii) quality appraisal, (iv) data analysis, and (v) presentation.⁶⁸

3.1. Literature search

The Medline, Cumulative Index to Nursing and Allied Health Literature, Joanna Briggs Institute, Cochrane, Informit, Scopus, PubMed, ProQuest, and Wiley online Library digital databases were systematically searched for literature published between January 2007 and December 2017. This time period reflected the contemporary nature of ICU nurse wellbeing in a dynamic ICU environment. Search terms are presented in Table 1, and the search strategy schematic is depicted in Fig. 1. Search terms were used in various combinations with Boolean operators (AND, OR) to refine the search, always as text words, and as MeSH terms whenever possible. Hand-searching the reference lists of relevant articles was also done. The following inclusion criteria were set: only peer reviewed, primary research in English was included, and findings had to focus on the personal and professional strategies used by NUM to support nurses in any ICU setting. Studies focussing on supporting the wellbeing of patients or families in ICU or tools, interventions, or educational programs to improve the wellbeing of nurses in ICU were excluded.

3.2. Quality appraisal

Rigour of included studies was assessed using the Critical Appraisal Skills Program (CASP) qualitative research checklist,⁷¹ a modified CASP Cohort study checklist for quantitative research,⁷² and the Mixed-Methods Appraisal Tool for mixed method studies.⁷³ The tools were used in combination with the critical review guidelines by Shenton⁷⁴ and Polit and Beck⁷⁵ to assess the quality of the studies, and to justify inclusion in the review. The CASP checklists and the Mixed-Methods Appraisal Tool consist of a number of critical appraisal items. For every item fulfilled, a study was allocated one point, and from this scoring system, the studies were classified into one of four quality ratings: (I) weak, (II) adequate, (III) moderate, or (IV) strong (Table 2). A study was assessed as weak if up to 49% of the critical appraisal items had not been fulfilled, adequate if 50–66% of the items had been fulfilled, moderate if 67–83% of the items had been fulfilled, and strong if 84–100% of the items had been fulfilled. One study provided weak evidence and was excluded from the review.⁷⁶

Eleven qualitative studies, seven quantitative studies and 1 mixed methods study were included in the review. All of the

Table 1
Search terms.

Search terms	“Nurse Unit Manager*,” “Nurse Manager*,” “Clinical Nurse Consultant*,” leadership*,” “Nurse Administrator*,” “Ward Manager*,” “Ward sister*,” “Chart nurse manager*,” “Frontline manager*,” “Modern Matron*,” Administrator*,” “Head nurse*,” “Nursing supervisor*”.
AND	“Compassion fatigue,” “burnout professional,” fatigue,” “stress psychological,” “job satisfaction,” empowerment, depersonalisation, “feeling ineffective,” cynicism, detachment exhaustion, bullying, conflict, support (social), self-efficacy, motivation, retention, engagement, well-being, wellbeing, coping, “work environment,” turnover, “moral distress”.
AND	“Critical care unit”, “intensive care unit,” “neonatal intensive care unit,” “paediatric intensive care unit,” NICU, CCU, “surgical ICU,” “medical ICU,” MICU, “cardiothoracic ICU”.

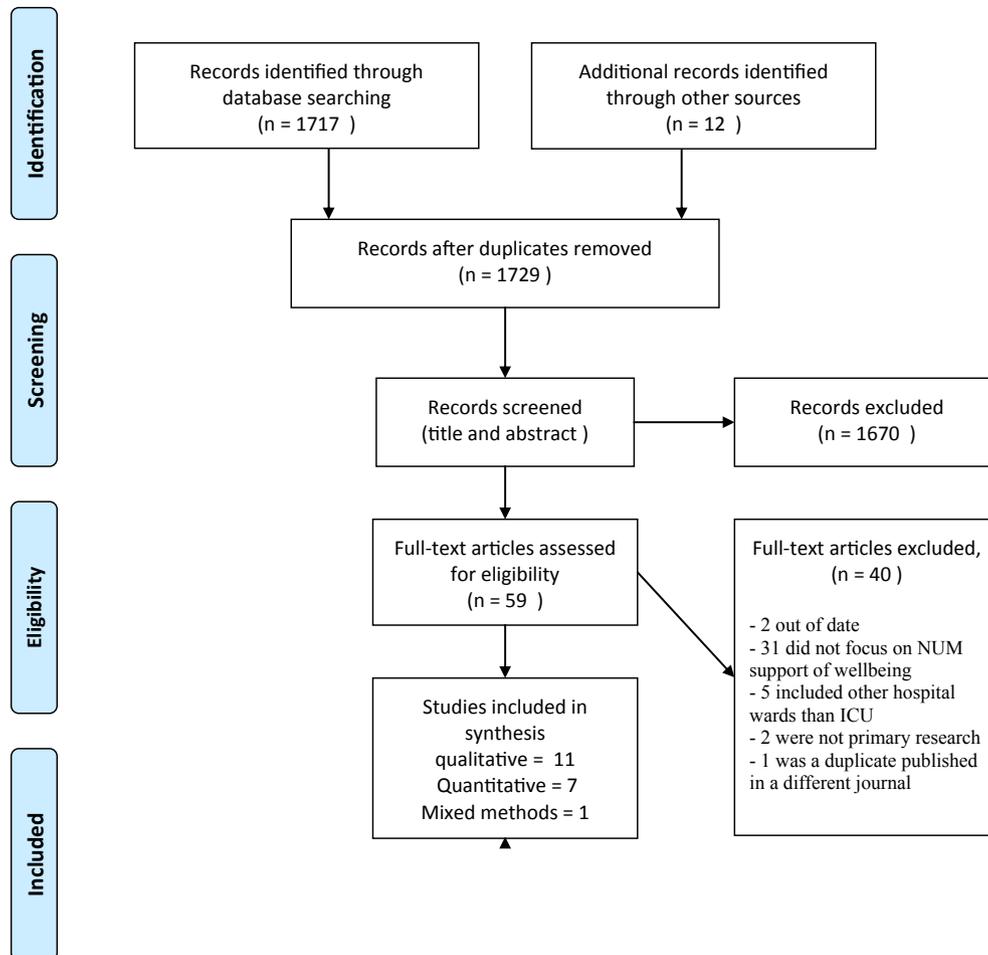


Fig. 1. PRISMA Flowchart of literature search (December 2017).⁷⁰ NUM = nurse unit manager; ICU = intensive care unit.

qualitative studies provided moderate to strong evidence. Credibility and confirmability was ensured by using well-established research methods, through data and method triangulation, by using reflexivity and by performing member checking. To ensure transferability and dependability, the researchers provided rich and contextualised descriptions of the research context; however, some studies did not describe the interview context,^{77–82} interview duration,^{77,78,80–82} and examples of interview questions.^{78,79} Only three studies described how interview questions were developed,^{83–85} and two studies described how they were pilot tested.^{82,85} Only five studies provided justification of sample size,^{77,80,83,85,86} and most studies failed to describe the researcher relationships to the participants.

The overall quality of the quantitative studies was lower, with three of seven studies providing only adequate evidence.^{11,87,88} The main limitations of the quantitative studies were lack of discussion around validity of questionnaires,^{11,87,88} only one study based the sample size on prestudy considerations of statistical power,⁸⁹ and most studies did not describe if a satisfactory response rate was achieved, with only three studies receiving higher than a 45% response rate^{87,89,90} leaving the findings vulnerable to selection bias. One study failed to report sample size,¹¹ three studies did not access statistical significance,^{11,87,88,90} and one study did not provide confidence intervals.⁸⁷ All studies were based on convenience sampling strategy which may have posed limits to the external validity.

The mixed-method study provided moderate evidence with the main limitation being that the primary investigator was a colleague of the focus group interview participants, which could potentially have prevented nurses from expressing their opinions openly.⁸³

3.3. Data analysis

The process of data analysis was based on the technique of constant comparison described by Whittemore and Knaf, ⁶⁸ which includes four steps: data reduction, data display, data comparison, and conclusion drawing and verification. The included studies were divided into two subgroups, with NUM-related studies in one group and ICU nurse-related studies in another. The researchers examined and compared emerging codes to identify patterns, similarities, and differences. A creative process of constantly comparing and contrasting codes developed three themes that described key characteristics of NUM support.

4. Results

Nineteen studies (11 qualitative, 7 quantitative, 1 mixed methods) were included in the review with details summarised in Table 2. The majority of studies were conducted in industrialised nations including the USA (9), Sweden (2), Australia (2), Canada (2), and Norway (1). Two studies came from Iran and one from South

Table 2
Summary of reviewed articles.

Study	Aims	Design, methods, sample, and setting	The role of the NUM	Strengths and limitations	Study quality score
AllahBakhshian et al. (2016) Iran	To explore perceived barriers to the practice of professional autonomy from the perspectives of ICU nurses in Iran	Qualitative descriptive, semi-structured interviews, n = 28 (27 RN, 1 NUM), and ICU	Desirable traits of NUM Show respect and trust towards RN; include RN in decision-making; provide opportunities for professional development, creativity, and critical thinking. Undesirable traits of NUM Extreme control and supervision.	Investigator triangulation utilised. Little information about type of ICU. Researchers/participant relationship not described. No justification of sample size.	IV
Botma et al. (2012) South Africa	To determine whether nursing leaders met the criteria for transformational and/or transactional leadership	Quantitative descriptive, survey, n = 41 (enrolled nurses, RN), and seven ICUs in South Africa.	Desirable traits of NUM Stimulate RN intellectually; motivate; see individual needs; and reward or discipline followers.	MLQ questionnaire has demonstrated construct validity and has been described to be a valid tool. Confidence intervals provided. Very little information about sample. Low response rate (34%). Statistical significance not assessed. Include responses from enrolled nurses.	IV
Cherian (2016) USA	To explore the perception of meaningful recognition among staff nurses and nurse leaders.	Mixed methods, focus group interviews and survey, interview: n = 26 and survey: n = 95 (RN including clinical nurses, NUM, nurse directors, and nurse educators), and ICU North Carolina	Desirable traits of NUM Provide acknowledgement and opportunities for professional development; approachable, available, and emotional; intelligent; and is a clinical expert. Challenges faced by NUM NUM do not have enough knowledge about meaningful recognition (MR); limited resources, policies, and the size and diversity of the nursing workforce were barriers to provide MR.	Interview questions based on previous literature. Data triangulation ensured. Sample size for qualitative data justified, sample size for qualitative data based on prestudy considerations of statistical power. Statistical significance assessed. Confidence intervals provided. Authors identified that the relationship between primary researcher and participants and also the presence of the hospital's researcher in group interviews, could have prevented participants from discussing their opinions openly. Participants include nurse directors and educators. Low response rate of survey 41%.	III
Despres (2011) USA	To determine whether a relationship exists between nurses' perceptions of nurse managers' leadership style and nurses' job satisfaction	Quantitative descriptive correlational, survey, n = 83 (intensive care nurses), Two ICU in Phoenix, Arizona	Desirable traits of NUM Transformational leadership style; providing opportunities for promotion and advancement; motivate nurses; provide support and supervision. Undesirable traits Passive-avoidance leadership style; transactional leadership style.	The sample size was based on prestudy considerations of statistical power. Confidence intervals provided. Data triangulation ensured by choosing different ICU from two different hospitals and by using two different survey instruments. Statistical significance assessed Self-selection might cause non-participant bias. Low response rate (42%). Justification of sample size provided.	IV
Foglia et al. (2010) USA	To discover why nurses voluntarily left PICU.	Hermeneutic phenomenology, semi-structured interviews, n = 10 (RN), three paediatric ICU	Undesirable traits Not visible/available; inconsistent; communication; favouritism; lack of appreciation/recognition. Desirable traits of NUM Communicate expectations; fair work allocation; create systems for knowledge development and dissemination; provide time for discussions to promote learning; have a strategy and a plan; provide sufficient information before a program is introduced.	Investigator and data triangulation. Reflexive journal and audit trail.	IV
Hansen et al. (2011) Norway	To investigate critical care nurses' experiences of an empowerment program in the context of their role as critical care student supervisors.	Qualitative, multistage focus group interviews, n = 8 (RN working as student supervisors), One ICU in Norway		Investigator triangulation. No description of methodology. Recruitment and justification for sample size unclear. Researcher/participant "connection" not adequately described	III

Table 2 (continued)

Study	Aims	Design, methods, sample, and setting	The role of the NUM	Strengths and limitations	Study quality score
Linton & Farrell (2008) Australia	To explore ICU nurses' perceptions of nursing leadership in the adult ICU.	Phenomenology, semi-structured interviews, n = 6 (RN), ICU department in Victoria	Desirable traits of NUM Leading by example and communicate visions; knowledgeable; motivating and enthusiastic; approachable and acknowledge staff; ability to think outside the management square; stepping up in times of crisis.	Member checking performed. No justification of sample size. Unclear how interview questions were developed. Researcher/participant relationship not described.	IV
Little-Stoetzel (2013) USA	To develop an empirically based definition of a healthy work environment as conceptualised in the literature and perceived by staff nurses and frontline managers in the ICU	Qualitative descriptive, literature review and semi-structured interviews, n = 11 (RN) and n = 10 (NUM) Three ICU	Desirable traits of NUM: promote positive work–group relationships; support nurses holistically; making nurses feel safe to voice concern; ensure adequate staffing and resources is present; shows trust and include RN in decision-making; communicate expectations; has zero-tolerance policy for handling bullying.	Justification for sample size Member checking Data triangulation (literature from nursing, business, sociology, and psychology) Interview questions were found in literature and pilot tested. Types of ICU not described Researcher/participant relationship not described.	IV
Mahon (2013) Canada	To examine key features within the cultural context in a Canadian Paediatric ICU environment as experienced by nurses and to identify what these influences are and how they shape nurses' intentions to remain at critically ill children's bedside for the duration of their careers.	Qualitative, critical ethnographic approach, observations and face to face semi-structured interviews, n = 31 (RN), and ICU in Western Canada	Desirable traits of NUM Shows respect, acknowledge and provide opportunities for professional development; respect experts in their fields; Undesirable traits of NUM providing subjective and uninformed judgements of RN; not including RN in work allocation decisions; not supporting autonomy of RN.	Investigator and data triangulation Use of reflexivity Focus on hospital administrators; it has been clarified with authors that this includes NUM. Researcher/participant relationship not adequately described. No justification for sample size. Little information about analysis of different types of data.	IV
Moneke & Ogwo (2013) USA	To explore the influence of managerial leadership on job satisfaction of critical care nurses.	Quantitative, 65 item survey, n = 112 (ICU nurses), and ICU	Desirable Model the way; inspire a shared vision; enable others to act	Good response rate (67%) Methodology not clearly described All participants from the same ICU Ethical issues have not been described Unclear if questionnaires are valid and reliable. Self-selection might cause non-participant bias. Confidence intervals have not been given for the main results	II
Nazari et al. (2016) Iran	To describe the lived experience of ICU head nurses	Phenomenology, unstructured interviews, n = 5 (NUM), ICU in Iran	Desirable traits of NUM Develop a peaceful atmosphere and motivate RN. Challenges faced by NUM Distressing atmosphere in ICU with distressed nurses; difficult to manage and communicate in ICU. Facilitators Feeling motivated and feeling extraordinary.	Justification of sample size. Investigator triangulation. Member checking. Thematic map provided. Researcher/participant relationship not described.	IV
Ogle & Glass (2014) Australia	To investigate nurses' experiences of managing nurses and being managed by nurses	Ethnography, observations, in-depth interviews and field notes, n = 11 (7 clinical nurses and 4 NUM, associate NUM, directors of nursing), and adult ICU in Melbourne	Undesirable traits of NUM Undermining clinical nurses self-esteem and confidence; being a poor communicator; showing no acknowledgement, trust or respect towards clinical nurses; and not being available. Desirable traits of NUM Being tough, not showing emotions; being able to make decisions. Challenges faced by NUM NUM feel torn between staff and upper management; NUM do not feel appreciated.	No description of how data were recorded No justification of sample size No information about context of interviews and observations and time spend on data collection Relationship between researcher and participants not described This study also included associate NUM and directors of nursing.	IV

(continued on next page)

Table 2 (continued)

Study	Aims	Design, methods, sample, and setting	The role of the NUM	Strengths and limitations	Study quality score
Rosengren et al. (2007) Sweden	To describe staff conceptions about nursing leadership in an intensive care unit.	Phenomenology, interviews, n = 10 (4 RN, 3 practical nurses, 2 doctors, 1 secretary), and 10 bed ICU in Sweden.	Desirable traits of NUM Being available, supportive, and present in daily work; facilitate professional acknowledgement; facilitating practice improvement; share information; promote a positive atmosphere; keep the unit together. Undesirable traits of NUM Distancing themselves from the clinical area.	Investigator triangulation Example of interview questions provided Except from registered nurses, participants also included doctors, practical nurses, and one secretary. Researcher/participant relationship not described. Unclear how interview questions were developed. No justification for sample size.	IV
Rosengren et al. (2010) Sweden	To describe the view of the staff about shared leadership at an ICU in Sweden.	Quantitative case study, survey, n = 64 (RN and assistant nurses), and ICU in Sweden	Desirable traits of NUM Shared leadership positively influences staff members' confidence; providing support; being fair and showing justice; empower nurses; motivate nurses intrinsically and extrinsically.	High response rate (79%) Statistical significance assessed. Confidence intervals provided. Little information of how the qualitative data were analysed. No pilot testing was performed. Unclear if sample size was based on prestudy considerations of statistical power. Data only collected from one ICU This study also included assistant nurses	IV
Rouse (2009) USA	To analyse reactions to ineffective leader participation in an ICU	Quantitative descriptive, online survey, n = 51 (59 clinical nurses, 2 NUM, 10 physicians, 3 hospital leaders, 6 administrative employees), and one ICU in the United States	Desirable traits of NUM Ability to change and improve listening skills. Undesirable traits of NUM absent; poor manners, emotional immature; lying; short-sightedness and failure to follow-up;	High response rate (64%) Statistical significance assessed. Confidence intervals provided. Although the majority of participants were nurses, this study also included other staff from ICU. Self-selection might cause non-participant bias. Only included one ICU	IV
Ulrich et al. (2009) USA	To determine the base line status of critical care work environments	Descriptive quantitative, online survey. n = 5562 (members of the American Association of Critical Care Nurses), and ICU in USA	Experienced traits of NUM 9.2% reported poor respect from NUM; 10.9% reported poor communication from NUM; 6.9% incidents of sexual harassment, discrimination or verbal or physical abuse from NUM; 25.9% experienced no acknowledgement for NUM; 22% RN are not included in policy making, directing, and evaluating clinical care and leading organisational operations; 18.5% RN are not able to influence decisions that affect the quality of care	No abstract, no literature review It is not clear if the questionnaires are valid and reliable Statistical significance not assessed. Ethical issues have not been taken into consideration Only 62.4 of the respondents work in direct patient care, leaving the reviewer to question if findings reflect the working environment for ICU nurses.	II
Ulrich et al. (2014) USA	To evaluate the current state of critical care nurse work environments	Quantitative descriptive, online survey, n = ? (members of the American Association of Critical Care Nurses), and ICU	Experienced traits of NUM Since the survey from 2008 nurses feel less valued by NUM as committed partners in decision-making processes; the ratings for communication and collaboration between NUM and clinical nurses have declined; only 11.3% think NUM provide MR; the most cited source of discrimination came from NUM Challenges faced by NUM NUM are getting less organisational support to develop and enhance their skills and abilities since survey in 2008.	Sample size not stated It is not clear if the questionnaires are valid and reliable Statistical significance not assessed. Ethical issues have not been taken into consideration Only 72.2% of the participants work in direct patient care positions, it has not been stated what the occupation is for the remaining 27.8%. It has not been stated how many of the participants work in ICU leaving the reviewer to question if findings reflect the working environment for ICU nurses.	II

Table 2 (continued)

Study	Aims	Design, methods, sample, and setting	The role of the NUM	Strengths and limitations	Study quality score
Wall et al. (2016) Canada	Identify the organisational factors that influence the experience of moral distress in the PICU	Narrative inquiry, focus groups interviews and content analysis, n = 16 (seven nurses, three intensivists, one resident, three dieticians, one respiratory therapist, and one social worker), 6 major PICU in Canada.	Desirable traits of NUM Provide mentorship, emotional, and moral support; is available and approachable; utilise shared decision-making; has good listening skills and communicate clear expectations; is open, honest and trustworthy. Undesirable traits of NUM Having an “us and them” mentality; punish staff and yell at staff publicly; is unfair and hostile.	Data triangulation Little information about recruitment and data collection No information about development of interview questions No description of time spend on interviews Participants include different ICU staff members. Researcher/participant relationship not described No justification of sample size	III
Waugh (2007) USA	To explore whether characteristics of transformational leadership reflected a decreased rate of employee turnover and increased nursing retention rate in the adult critical care area	Phenomenology, survey, n = 20 (RN), and adult ICU in Las Vegas.	Desirable traits of NUM Transformational leadership skills; has good listening skills; include in decision-making; show respect; acknowledge clinical nurses; provide professional development opportunities.	Pilot study carried out Investigator and data triangulation Each survey was conducted in a common, safe, and neutral location to protect internal validity. Bracketing and intuition was used to ensure accurate validity and reliability. Justification of sample size Data analysis unclear. Unclear how interview questions were developed. Survey was estimated to take 15–30 min. It is doubtful that this would allow enough time to write down in-depth answers.	IV

NUM = nurse unit manager; PICU = paediatric intensive care unit; ICU = intensive care unit.
Study quality score key (I) weak, (II) adequate, (III) moderate, or (IV) strong.

Africa. Three themes emerged during analysis and will be discussed in the following sections.

4.1. Building professional relationships

According to ICU nurses, NUM played a major role in building professional relationships. NUM showed trust to ICU nurses by being honest and open,^{82,83,85,86,91} being able to listen,⁷⁹ and being approachable.^{79,85,86} Respect was demonstrated by being emotionally mature^{81,91} and by acknowledging^{83,85} and trusting⁹² ICU nurses. NUMs also had to be mentally, physically, and socially present,^{81,83,85,91,93} which was described as motivating staff, promoting collaboration, and increasing morale and productivity.

Studies also described how ICU nurses experienced poor professional NUMs' behaviours.^{81,82,91} Nurses described NUMs who were immature,^{81,91} who punished staff for speaking up,⁸² and who were dishonest and condescending towards staff.⁹¹ NUMs were also described as not being physically present and available in the day-to-day work environment.^{81,91,93} In one study,¹¹ the most cited source of discrimination came from frontline NUM, 12.6% of nurses felt they were not respected by their frontline NUM and 14.3% rated their communication with NUM as poor. These are concerning numbers; however, it is important to note the limitations of this study. Only 72.2% of the participants reported working in direct care positions leaving the researcher to question if the findings reflect the ICU working environment. Furthermore, the authors did not provide sample size of the study, and it is not clear if the questionnaires are valid and reliable, suggesting that more research is needed in this area. A dysfunctional “management-staff” relationship was characterised by division, hostility, and fear and had

the potential of undermining nurses' self-confidence,⁸¹ while also making it difficult for nurses to advocate for their own needs to provide quality care for their patients.⁸²

NUMs recognised the importance of building professional relationships.⁸⁰ However, a sense of not being valued by staff,⁸¹ a concern about getting too involved,⁸¹ and the challenges of supporting stressed and exhausted nurses⁸⁰ were seen as barriers in creating such relationships. Being “tough,” lacking emotions, and showing authoritarianism were described by NUM as positive leadership traits.⁸¹

4.2. Leading the way

According to ICU nurses, NUM played a major role in leading the way, guiding them in the right direction, and motivating them.^{77–79,87,89–91,93} Nurses described how NUMs with high moral and ethical standards^{77,81,82,91,94} and clinical competency within ICU nursing^{77,79,91,93} were more respected and perceived as strong role models. Nurses wanted NUMs who were visionary and able to set goals^{78,79,87,90,93} which made nurses strong-minded and hard-working,⁹¹ while also unifying staff.^{91,93} To “lead the way,” NUM had to be perceived as good communicators. ICU nurses wanted NUM who asked staff about their concern,⁹¹ who acknowledged and addressed existing problems,^{77,89,91} and were able to make decisions and commit to these.^{79,81,91} Communicating expectations,^{78,92} describing changes clearly,^{78,91} and providing information⁹³ were seen as important NUM communication skills for decreasing feelings of uncertainty and making nurses feel more autonomous. Showing enthusiasm, motivation, and compassion

were also important NUM qualities when communicating with staff.^{79,93}

Leading the way was a minor consideration among NUM. Some described how they had the ability to “lead the way” and change ICU cultures.^{83,85} Others saw unifying staff and communicating expectations as important.⁸⁵ A major barrier to leading the way was described as an inability to see “the big picture” and feelings of being in an inferior position without power, autonomy, and organisational support.⁸¹ Although NUM considered their professional expertise and knowledge as crucial,⁸⁰ some found maintaining their clinical expertise difficult due to time constraints.⁸¹

4.3. Satisfying needs of ICU nurses

NUMs were described by ICU nurses as playing a major role in influencing their professional development.^{77–79,83,86,90,92,93} NUMs achieved this by delegating tasks according to nurses’ capabilities and qualities,^{79,93} by providing opportunities for conference attendance⁸³ and by creating a safe environment to allow nurses to ask questions and reflect. Nurses believed increased knowledge and skills empowered them and increased their job satisfaction.⁹⁵

ICU nurses also expressed a strong need to be involved in decision-making.^{78,82,83,86,87,92} They believed patient care improved when nurses wrote patient care guidelines.^{78,83} Nurses wanted to be heard, and they wanted NUMs who supported their thoughts and ideas.⁹³ They also wanted to feel autonomous^{78,83,86,92,95} and able to make their own decisions about the nursing care they provided. Extreme monitoring by NUM hindered nurses in working independently and was described as discouraging and reducing nurses’ self-confidence.^{92,95}

The last significant need described by ICU nurses was to be acknowledged, valued, and heard by NUM.^{11,77–79,81,83,86,89,93,95} ICU nurses described how acknowledgement affected their motivation, satisfaction, professional growth, and ability to act.^{79,83,93} They wanted their knowledge and expertise to be acknowledged, utilised, and appreciated.^{79,93,95}

The reviewed studies did not directly describe how NUMs saw their role in satisfying the needs of ICU nurses. However, potential barriers were described. Some NUMs lacked time to identify individual needs of their nurses,⁸³ while others lacked awareness of the importance of meaningful recognition.^{81,83}

5. Discussion

Current evidence about NUM’s support of ICU nurses’ wellbeing is dominated by the voices of ICU nurses. Evident from this review is that certain NUM behaviours affect the wellbeing of ICU nurses and their ability to provide quality care. The most significant supportive NUM behaviour was establishing trusting relationships. The need for NUM who are “people” and “relationship” focused is consistent with findings in other areas of nursing,^{96–99} and has been linked to relational leadership styles including transformational, resonant, empowering, authentic, and supportive. These leadership styles have been associated with improved nurse health and wellbeing.^{100,101}

The described supportive NUM behaviours: support of professional development, acknowledgement, trust, and inclusion in decision-making, correlate well with the structural empowerment behaviours illustrated by Kanter¹⁰² which include access to information, support, resources, and opportunities to learn and grow. In acute-care hospitals, empowering leadership has been shown to increase nurse satisfaction and retention.^{47,54} Researchers have also described how ICU nurses who feel empowered are more likely to stay at their workplace.^{9,103} Sawatzky et al⁹ argue that because

increased autonomy is one of the reasons nurses choose to work in ICU, decreased autonomy would logically be associated with decreased nurse wellbeing.

Despite a body of evidence favouring empowering and relational leadership styles, this current review suggests some ICU NUM are not adequately supporting the wellbeing of ICU nurses. ICU nurses identified non-supportive leadership behaviours that could be linked to “laissez-faire” leadership style. Such leaders make little effort to satisfy the needs of their followers, provide no feedback, delay decisions, and do not involve followers in decision-making.⁵⁸ Laissez-faire leadership is problematic within nursing due to the negative effect it has on productivity and satisfaction⁵⁵ and patient care.¹⁰⁴ ICU nurses also identified the use of negative behaviours including NUM being disrespectful, treating ICU nurses as inferior, lying to them, and punishing them for speaking up. Such behaviours can be linked to bullying¹⁰⁵ or abusive leadership¹⁰⁶ and are not unique to ICU.^{107,108} Johnson and Rea¹⁰⁹ discovered that 27.3% of emergency nurses had experienced bullying by their NUM during the last 6 months. These reported negative NUM behaviours are concerning. Workplace bullying within nursing creates unhealthy work environments,¹¹⁰ decreases performance,¹¹¹ leads to burnout,¹¹² and influences job satisfaction and intentions to discontinue working.¹⁰⁵

It is evident that NUM support of ICU nurse wellbeing requires improvement. A fundamental question is whether leadership skills that support wellbeing can be acquired through experience and/or education or perhaps are dependent on personality and/or other inherent qualities. A systematic review by Cummings et al¹¹³ suggests leadership qualities can be developed through educational programs, role modelling, and experience. These authors also found that personality traits such as extroversion, openness, and motivation to manage were attributed to being an effective leader.¹¹³ Similarly, in a recent review, Akerjordet and Severinsson¹¹⁴ suggested that emotional intelligence amongst nurse leaders can be trained. The role of empowerment amongst nurse leaders has also been emphasised,¹¹⁵ and it has been suggested that this quality can be promoted through education programs.^{116,117} It must therefore be a priority for organisations to recruit NUM with relationship skills and to also provide training in these skills to existing NUM.

Only four of the reviewed studies described how NUM saw their role in supporting the wellbeing of ICU nurses.^{80,81,83,85} While NUM also identified supportive behaviours, the challenges NUM faced when supporting ICU nurses stood out. Consistent with previous literature, ICUs were described by NUMs as stressful workplaces with multiple obligations and responsibilities,⁸⁰ little time available to create solid relationships with staff¹¹⁸ or for NUM professional development,¹¹⁹ feelings of not having any authority or control over decision-making,¹²⁰ and not feeling valued and supported by staff and upper management.^{121,122} In this current review, NUM identified different barriers to carrying out a complex role of being a clinical expert, and a manager, and a leader, a view that is consistent with current literature.^{61,96,123,124} Over the last decades, the role of the NUM has changed dramatically in Australia and overseas⁵⁶ and has been described as one of the most difficult roles in nursing leadership.¹²⁵ The stress NUMs experience due to the complexity of their role has been highlighted,^{126,127} and NUMs have reported they do not feel prepared and are not receiving enough organisational support. It has been suggested that NUMs need to feel empowered and valued in their job, in order to support nurses.¹²⁸ A systematic review by Lee and Cummings¹²⁸ describes the importance of developing and supporting nursing leadership, suggesting that a reduction in workload and the implementation of strategies that empower NUM, such as including NUM in decision-making, are needed.

6. Future directions

This review has implications for organisations and ICU-based NUM. Professional development opportunities to support NUM leadership styles and time allocated for NUM to support ICU nurse wellbeing must be a priority.

Limited research describe how NUM experience their role in supporting the wellbeing of ICU nurses, how they perceive facilitators and barriers in supporting ICU nurses, and whether NUM feel personally prepared to take on this crucial role. Further research would facilitate an understanding of how NUM can be supported in their role. In addition, our current understanding around the needs of ICU nurses in terms of NUM support is limited, and existing research into this issue is skewed towards the qualitative paradigm with few robust quantitative studies.

7. Limitations

Several limitations must be acknowledged when interpreting review findings. Studies that included perspectives from other ICU staff were not excluded, as the purpose of this article was to review the available literature more broadly and bring insight and a more comprehensive perspective of the role of NUM. Further, the varying social, political, and economic structures of countries included in the study has implications for resources available to NUM and the needs of ICU nurses. The role of NUM may also vary in different countries, and this must be considered when interpreting the findings. Finally, it is possible some relevant studies were not found because they were not in the computerised search, not published in reviewed databases, or not published in English.

8. Conclusion

It is important to identify strategies to reduce ICU nurse burnout and improve their wellbeing, as this may in turn improve staff retention and patient outcomes. This review provides a contemporary understanding of ICU NUM behaviours regarding their impact on the wellbeing of ICU nurses. ICU nurses want NUM with relational leadership skills and with the ability to empower their staff. Dysfunctional relationships between NUM and ICU nurses can impact negatively on both parties and are likely to also impact negatively on patient care. It is clear from this review that the supportive role of NUM for ICU nurses is important, complex, and challenging. The body of literature exploring the wellbeing of nurses is growing. However, the small number of studies investigating NUM perspectives indicates the need for more research in this area.

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