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# The Challenges of Frontline Nurse Managers A Quantitative Descriptive Study

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**Project Approval Form**

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This is to certify that Kathleen Klaes in the Master of Science in Nursing Executive Leadership program, Daemen College Nursing Department has successfully completed the project entitled <u>The Challenges of Frontline Nurse Managers</u> in partial fulfillment of the requirements for the degree of the Master of Science in Nursing Executive Leadership.

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**Abstract**

**Purpose:** The purpose of this research study is to identify frontline nurse managers' challenges and the complexity of their role.

**Design:** The research explored the role of the frontline nurse leader and challenges. An exploratory, descriptive, quantitative study assessed the challenges through a survey posted to Show me your stethoscope Facebook page.

**Methods:** A survey tool was borrowed and tailored using 35 questions. The questions covered areas or domains managed in the role of the frontline nurse manager. The survey consisted of 7 open ended questions and 28 multiple choice questions using a Likert scale of 1-5 indicating strongly agrees to the statement strongly disagrees.

**Findings:** Forty-six members from the Facebook page Show me your stethoscope took part in the survey. The challenges were rank in order of the most challenging to the least with the three most challenging being developing critical thinking skills in staff, recruiting staff with the right competencies, and increasing patient acuity.

**Discussion:** Frontline nurse managers need supportive mentoring relationships with senior nurse leaders, adequate preparation and training for their role, succession planning for future leaders, and assistance with retaining and recruiting staff.

# Chapter 1:  INTRODUCTION

Chapter 1 discusses the background, purpose, significance, and theoretical framework of the current study.  The research question that influences study as well as the assumption and definition of terms are presented at the end of Chapter 1.

## Background

The United States' Institute of Medicine (IOM,2010) reports on the Future of Nursing: Leading Change, Advancing Health noted that strong leadership at every organizational level and in every setting is critical if the vision of a transformed health-care system is to be realized. The nursing unit is a subsystem of the health service such as a hospital and a nurse appointed to manage this nursing unit is called a frontline nurse manager (FLNM) (Muller,2002).  According to Cherie and Gebrekidan (2005), nursing unit management is the process of planning, organizing, leading and controlling that encompasses human, material, financial and informational resources in an organizational environment in order to achieve pre-determined objectives within the context of a specific nursing unit.

The frontline nurse manager role has evolved into a position with a strong managerial emphasis (Ingersoll, 1998).  The challenges that FLNMs face have been reported in the literature for over 50 years (e.g., Goddard, 1953, McCallin & Frankson, 2010, Redfern, 1981; Reed, 2008). A strong theme within this literature is the role conflict and role ambiguity that many FLNMs experience.  Over the last two decades, the administrative loads of FLNMs have increased, which has had an impact on the time they can spend in a clinical leadership capacity (Duffield & Franks, 2001; Duffield, Kearin, Johnston & Leonard, 2007).  FLNMs are typically required to juggle the clinical, educational, and managerial aspects of their roles (Gaskin, Ockerby, Smith, Russell, & O'Connell, 2012).  Role conflict remains a concern for FLNMs and additional

challenges including the extent of the FLNM role, the absence of role clarity, limited formal preparation for the role, and limited authority to deal with some issues that directly influence nursing standards (Royal College of Nursing, 2009).  Specifically, FLNMs have difficulties with assertiveness, conflict management, dealing with poor staff performance, hospital organization, initiating change, managing staffing, understanding budget, and workload allocation (Reed, 2008).  Although these lists provide some indication of the challenges FLNMs face, a comprehensive study of such challenges would inform the development of appropriate interventions to assist them in their roles (Gaskin, Ockerby, Smith, Russell & O'Connell,2012).

This thesis will review an online survey of the challenges of FLNMs. The researcher chose this topic to investigate the challenges that frontline nurse managers face while working and to have a better understanding of the challenges to promote change in nursing leadership.

## Study Purpose

The purpose of this research study was to identify the challenges of FLNMs and inform the development of appropriate interventions to assist them in their roles. Failure to address these issues may result in poor patient outcomes, frustration, burnout, turnover, lack of staff engagement and effective unit functioning.

## Statement of the Problem

The research question for the study is: What are the challenges of frontline nurse managers?

## Hypothesis

H01. An understanding of the challenges the FLNMs face would highlight deficits in knowledge and skills. Research that is directly focused on this topic could be addressed through targeted management interventions and assist FLNMs to perform their roles.

## Significance

This research has potential benefit for those in nursing leadership positions as FLNMs and it will be the opportunity to raise awareness of the complexity of the role. The insights gained through this research also has potential benefits for nurses aspiring to be FLNMs and nurse leaders consider appropriate and adequate preparation for these leadership roles.

## Theoretical Framework

This study is looking at the challenges of FLNMs and how FLNMs can adapt to these everyday challenges. The model anchored in this study is Adaptive Leadership Theory (Heifetz,1994). Real leadership is about increasing other people's own ability to tackle difficult problems. By this definition, leadership is something that people do (it is a behavior) not a position or job title; and it helps other people solve difficult problems – something that is highly relevant to nursing leadership today. The adaptive leadership framework, developed by Heifetz (1994) and his associates, has been used effectively to explain how leaders encourage effective change across multiple levels, including self, organizational, community and societal (Northouse, 2016). Adaptive leadership focuses on the adaptations required of people in response to changing environments. Adaptive leaders prepare and encourage people to deal with change and stresses the activities of the leader in relation to the work of followers in the contexts in which they find themselves. Heifetz conceptualized the leader as one who plays the role of mobilizing people to tackle tough problems (e.g., daily FLNM challenges). An adaptive leader challenges others to face difficult challenges, providing them with the space or opportunity they need to learn new ways of dealing with the inevitable changes in assumptions, perceptions, beliefs, attitudes, and behaviors that they are likely to encounter in addressing real problems (Northouse, 2016).

In the leadership literature, Heifetz (Heifetz et al., 2009) suggest that adaptive leaders practice mobilizing people to tackle tough challenges and thrive, and that leadership as a quality relates to the behaviors of leaders. The adaptive approach makes a distinction between leadership and authority. Leadership revolves around work and how people are mobilized to do work. It is not defined by position and can be exhibited by anyone. In contrast, authority revolves around power and how it allows leaders to do what followers expect them to do and is a primary tool for exercising leadership while giving followers a sense of security and protection (Northouse, 2016).

The major components of adaptive leadership are situational challenges, leader behaviors, and adaptive work (Northouse, 2016). Situational challenges consist of technical, technical and adaptive and adaptive challenges. Technical challenges are problems in the workplace or community that are clearly defined with known solutions that can be implemented through existing organizational rules and procedures and can be solved by experts (Northouse, 2016, p.261). In technical challenges, the employees look to the leader for a solution and they accept the leader's authority to resolve the problem. Some challenges have both a technical and adaptive aspect. The responsibility of this type of challenge is shared between the leader and the employees. The leader provides support and may act as a resource, but the employees need to learn to change and adapt. Adaptive challenges are problems that are not clear-cut or easy to identify. They cannot be solved by the leader's authority or expertise or through the normal processes within the organization. This challenge requires that leaders encourage others, with their support, to define challenging situations and implement solutions. Adaptive challenges are difficult because they require changes in people's assumptions, perceptions, beliefs, attitudes, and behaviors (Northouse, 2016).

A part of the model of adaptive leadership created by Heifetz and his associates are six leader behaviors that play a pivotal role in the process of adaptive leadership. The first of the behaviors is "*get on the balcony*", meaning stepping out of the chaos and finding perspective in the midst of a challenging situation. Being on the balcony enables the leader to see the big picture and what is really happening (Northouse,2016, p.263). The leader is out of the chaos of a situation and is able to gain a clearer view of reality. This can include taking some quiet time, forming a group of unofficial advisers, or attending meetings as an observer and not a participant.

The second behavior of an adaptive leader is to *identify adaptive challenges* and whether the challenge is technical or adaptive. The adaptive leader who is proficient can be effective at using adaptive leader behaviors for adaptive challenges and technical leadership for technical challenges. If challenges are technical in nature leaders can fix the problem with their own authority and expertise such as a problem that may arise in employee scheduling (Northouse, 2016). Unlike technical challenges, adaptive challenges stir up people's emotions and are connected to values of individuals. For instance, if a company implements new procedures that employees are not familiar, this can create and adaptive challenge for them. The leader would need to focus their attention on problems the employees cannot solve themselves and foster collaboration between the leaders and followers. The adaptive leader would offer support and take themselves out of the picture if needed and help to mobilize others to do the work they need to do (Northouse, 2016).

The third behavior important for adaptive leaders is to *regulate distress.* The challenge of a leader is to help others recognize the need for change but not be overwhelmed by it. The adaptive leader needs to monitor the stress people are experiencing and keep it channeled in a

productive way.  The model of adaptive leadership suggests three ways leaders can maintain productive levels of stress: (1) *create a holding environment;* (2) *provide direction, protection, orientation, conflict management, and productive norms;* (3) *regulate personal distress* (Northouse, 2016).  Creating a holding environment is establishing an atmosphere in which employees can feel safe tackling difficult problems but still allowing them to face the problem and not avoid it. It is similar to a place where all parties gather to begin talking to each other, define issues, and clarify competing interests and needs such as when dealing with labor negotiations in organizations.  It can be a physical space, a shared language, common history, a deep trust in an institution and its' authority or a clear set of rules and processes (Northouse, 2016,).  The second way leaders maintain levels of stress is the five prescribed behaviors above and collectively, they provide a general blueprint for how adaptive leaders can alleviate the frustrations people feel during adaptive change.  These behaviors highlight some of the many important ways leaders can help people during the change process. *Regulating personal distress* is a third way leader can maintain a productive level of stress during adaptive change.  To help others through the adaptive process, adaptive leaders need to make sure they are strong and steady because their followers look to and depend on them for support in trying and painful situations (Northouse, 2016).  Adaptive leaders need to be role models and exhibit confidence and the emotional capacity to handle conflict.

The fourth leader behavior of the adaptive leadership process is to "*maintain disciplined attention*" (Northouse, 2016, p.269).  The leader needs to encourage people to focus on the tough work they need to do even though there may be resistance to change and may gravitate to avoidance. Maintaining disciplined attention is about the leader helping people address change and not avoid it (Northouse, 2016).

*Give the work back to the people* is the fifth behavior that is important to adaptive

leaders.  People want leaders to provide some direction and structure to their work and want to

feel secure in what they are doing but too much leadership and authority can be debilitating,

decreasing confidence amongst the workers to solve problems on their own (Northouse, 2016).

Leaders need to learn ways to curtail their influence and shift problem solving back to the people

involved.  Giving work back to the people requires a leader to be attentive to when he or she

should drop back and let the people do the work that they need to do.  This can be a fine line,

leaders have to provide direction, but they also have to express belief in their followers' ability to

solve their own problems and encourage them to think for themselves rather than thinking for

them.

A final leader behavior in the adaptive leadership process is *protecting leadership voices

from below*.  Adaptive leaders must listen and be open to the ideas of followers who may be at

the fringe or marginalized in the group.  Adaptive leaders should try to resist the tendency to

minimize or shut down minority voices for the sake of the majority. Protecting voices from

below is important because it puts everyone in the group on equal footing and allows them to be

more independent, involved and responsible for their actions (Northouse, 2016, p.272).  It also

allows them to become more engaged in the adaptive work of the group and they feel like full

members in the planning and decision making of the group.

Adaptive leadership is a process involving multiple dimensions, including situational

challenges, leader behaviors and adaptive work.  Adaptive leadership is composed of many

leader behaviors and incorporates many of the behaviors simultaneously and interdependently.

Some important adaptive leader behaviors are regulating distress, keeping people focused on

important issues, empowering people providing direction, creating a holding environment, and

giving voice to those who fell unrecognized or marginalized (Northouse, 2016). Adaptive leaders are willing to engage in all of these behaviors with the intention of helping followers do adaptive work.

Adaptive leaders are those on the frontline where innovation and collaboration is essential for designing more effective and efficient systems of care, promoting patient safety, and researching best practices. Adaptive leaders, most often FLNMs, must be empowered and mobilized to implement change, pilot innovation, and recommend intervention and structure strategies.

Solman (2017) authored an editorial on some of the challenges and opportunities in nursing leadership. With the complexity of health care, we need adaptive leadership approaches which critically analyze the complex problem-solving required with an ever-changing health context. Adaptive leadership brings together people from different fields and levels of experience to work through the problems that do not have one answer or known answers (Solman, 2017). Adaptive leadership is a collaboration of key stakeholders to identify and test possible approaches towards shedding light on complex challenges. This process specifically supports a range of change options that promote the capacity to thrive (Solman,2017).

Figure 11.1 Model of Adaptive Leadership
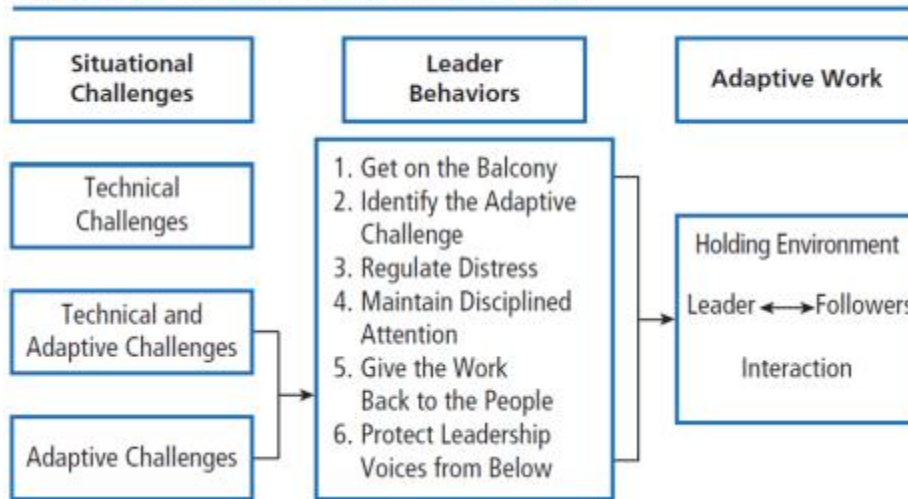
(Northouse, 2015, p. 261)

## Assumptions

This study assumes that the survey was answers only by subjects that have met the inclusion criteria, including age and current leadership role. This study assumes that the subjects answered the survey honestly and that each survey was completed by a FLNM.

## Definition of Terms

*Challenge* - a demanding situation with a combination of circumstances at a given time (Collins, 2002). The challenges in this study relate to those problems and difficulties that the acute care setting managers encounter when working in their units.

*Frontline nurse manager* - A professional nurse who has formal authorization to manage a nursing unit by virtue of the post description and designated lines of authority with a nursing service or hospital. A nurse leader who has twenty-four hour, seven day a week managerial and clinical responsibilities for a nursing unit. (Matlakala, Bezuidenhout & Botha, 2014).

**Summary**

Chapter 1 has presented an overview of the challenges of FLNMs.  The relevance of this study, including background information, the purpose of the study, research question, significance, assumptions, and definition of terms was discussed.

## Chapter 2:  LITERATURE REVIEW

The FLNM role is responsible for the operational management of resources and personnel of a unit within the health system.  This is a first level management position which has evolved over the years and as a consequence has distanced first line nurse managers from direct patient care as managerial responsibilities have become more demanding (Firth, 2002).  The responsibilities have extended to include unit personnel development, management, financial management and decision making (Duffield, 1991; Willmot, 1998).  A study by Firth (2002) conducted in a United Kingdom acute hospital trust investigated the nurse managers experiences of combining a clinical leadership role with managerial and administrative aspects of the job.  Firth (2002) found that the nurse managers in the study experienced internal conflict between the managerial and the clinical side of the role.  However, the study also found that the impact of the role is critical to the outcome of quality of care and effective use of resources within a unit. This crucial role places the nurse in a position to influence the practice of others and set the standard and culture of practice of a unit, through nursing rituals, customs and practice (Carney, 2006; Firth, 2002).  Binnie (1998) argues that many health organizations unfortunately fail to show the recognition of this important role.

Over the last decade it is evident that this role has been significantly affected by health reforms, organizational restructuring, advanced technology and raised public expectations.  The changed relationships, position description and performance of nurses within the organization have been influenced by these changes (Wynne, 2003).  This literature review continues to explore the responsibilities and challenges for frontline nurse managers.

Gaskin et al (2012) investigated the challenges that FLNMs face while working in acute care settings, the strategies they use to deal with these challenges, and the effectiveness of these strategies from the perspectives of FLNMs and their supervisors.  A qualitative study was performed and involved semi-structured interviews as the means of data collection.  Questions such as "Can you please talk about the challenging issues that you encounter as a FLNM?' were asked from a convenience sample of FLNMs in five acute care settings in Melbourne, Australia.

One of the most common topics about which the FLNMs spoke was preparation (or lack thereof) for the FLNM role.  FLNMs reported that they were under-prepared for this management role, had insufficient understanding of policies and practices related to the managerial aspects of their role (e.g., HR, finance), and lacked relevant management training and experience (Gaskin et al., 2012).  FLNMs in particular, indicated that they lacked skills in recruitment, personnel management (notably, performance management and dealing with difficult issues), financial matters, leading organizational change, and developing project briefs.

Other challenges identified were scheduling, referring to the specific allocations of managerial time on a day-by-day basis. These included heavy workloads, competing clinical and managerial demands, insufficient time management, and unpredictable demands on time (Gaskin et al., 2012). Challenges related to staff management also emerged throughout the interviews because of staffing shortages and meeting organizational training requirements. FLNMs also focused on the difficulties managing units with limited resources. These limited resources included insufficient equipment, staffing disparity, insufficient multidisciplinary and support staff. Although they expressed that care was not being compromised, some FLNMs perceived that care could be enhanced through the purchase of additional equipment but they did not seem to have the power to authorize equipment purchase (Gaskin et al., 2012).

The challenge of managing patient issues was another theme that was evident from several of the interviews. There were issues such as addressing the concerns of patients and visitors; dealing with difficult patients and visitors; increased nurse workload; and patient acuity. FLNMs fielded complaints from patients and visitors about care and dealt with patients and visitors who were abusive or aggressive toward staff. These encounters were found to be sometimes frightening, stressful and time consuming (Gaskin et al., 2012). Increasing nurse workloads and patient acuity were challenges that were mentioned. Contributing to increasing workloads of nurses were high bed occupancy rates and the expectation that patients would be discharged in shorter periods of time than previously. Compounding this issue was the need to manage the increased demands on units that came from caring for patients with increasingly complex medical issues (Gaskin et al., 2012).

Conflict management is another challenge that was expressed by FLNMs. The FLNMs were sometimes directly involved in conflict with other persons and at other times were required to mediate in conflicts that involved their nursing staff. Managing conflict in both situations was challenging at times (Gaskin et al., 2012).

Organizational demands were a common challenge identified by FLNMs. The FLNMs worked in a complex matrix system in which they were responsible to program (e.g., medical, surgical) and site supervisors. Specific issues that FLNMs faced included having to complete multiple versions of similar reports, have to get multiple supervisors to authorize documents, and being restricted by recruitment policies favoring current employees (Gaskin et al., 2012).

Multidisciplinary coordination was a problem that arose several times in the FLNM interviews. The main problem was that various staff (e.g., medical staff, allied health staff, pharmacists, and personal service assistants) contributed greatly to patient care, thereby directly

influencing the effectiveness and efficiency of the units, but the FLNMs had no authority over this staff (Gaskin et al., 2012).

Several FLNMs discussed how they would have preferred more widespread support from other areas with the organization.  In particular, FLNMs indicated they did not always receive assistance for the types of problems they encountered (e.g., dealing with difficult staff, performance, managing staff) and did not receive sufficient emotional support when they were experiencing high workloads (Gaskin et al., 2012).

In addition to limited support, FLNMs experienced difficulties managing the expectations of others, including those of their supervisors. FLNMs perceived that these expectations were sometimes unmanageable and impractical. Specifically, plans for change were too ambitious, and expectations that FLNMs would be able to influence staff beyond their span of control were unrealistic (Gaskin et al., 2012).

Many FLNMs identified information systems that were used in the organization as being a challenge in their role.  Particular issues included the time it took to complete some of the electronic forms, using databases that were not linked, performing some tasks manually because no electronic systems were in place, not receiving adequate training in the use of some electronic systems, and limited practical support from information technology staff.

In summary, Gaskin et al. (2012) determines FLNMs have many challenges in their roles. These challenges seem to center on their under preparation for the managerial aspects of their roles; the complexity of the organizational structure in which they worked; and having the responsibility for, but lacking the authority to, implement changes and influence action on their unit (Gaskin et al., 2012).

An exploratory descriptive study by Sherman & Touhy (2017) examined the leadership challenges and opportunities in nursing home settings from the perspective of long-term care nurse leaders in Florida. The issues and challenges of leadership in long-term care are especially important in the state of Florida due to the fact that Florida has the fastest aging population in the country (Sherman & Touhy, 2017).

A survey design was used where the aim of the study was to investigate the challenges, opportunities and leadership development needs of long-term care leaders from the perspective of nursing directors in Florida's licensed nursing homes. An online survey with 40 questions was designed by the authors with the target population for the study being nursing directors in the 680 Florida state licensed nursing homes (Sherman & Touhy, 2017). The survey was conducted electronically through Survey Gizmo online survey software. To gain insight into their leadership challenges and opportunities, participants were asked question about areas of leadership responsibility; leadership competencies needed in long-term care today and in the future; their top leadership challenges and strategies to make long-term care more attractive to future nurse leaders (Sherman & Touhy, 2017). The nurse leaders were asked to choose their top three leadership challenges from a list of 17 challenges that were identified by the expert panel that created the survey. The highest ranked challenges involved issues developing critical thinking skills in staff, recruiting and retaining staff with right skill set, and staff turnover.

There were no surprises in the data from the perspective of seasoned nurse leaders and many observed that it has been difficult to get these issues heard by the greater nursing community (Sherman & Touhy, 2017). The development of strong, vibrant, knowledgeable long-term care nursing workforce in Florida is critical to the provision of quality health care of

an aging population.  Yet, many leadership challenges exist in long-term care as an outcome of

care becoming more complex coupled with workforce shortages (Sherman & Touhy, 2017).

ICU managers are responsible for the effective and efficient management of the unit but,

in addition are often required to do functional nursing and fulfill other roles in relation to care of

the patients (Matlakala et al., 2014).  The unit manager in the ICU is an operational or frontline

manager who facilitates the achievement of the set objectives within the ICU by means of the

management activities of planning, organizing, leading and controlling that pertain to all the

daily activities in the unit. These activities are performed in an integrated manner (Matlakala et

al., 2014).

Matlakala et al., (2014) explored the challenges encountered by intensive care unit (ICU)

nurse managers in the management of large ICUs.  The authors conducted a qualitative,

exploratory and descriptive study at five hospital ICUs in South Africa. Individual interviews

were conducted and then analyzed using thematic coding.

One of the challenges participants indicated was that the ICUs were too big.  The reason

for the increase in the number of beds was indicated to be related to the demand for ICU beds

and intensive care services.  The managers' challenge was that patients complained it was too

noisy but that was because there is a need for many nursing staff to accommodate all of the beds

(Matlakala et al., 2014).

The next reported challenge was related to human resources and provision and staffing.

The participants reported that they were encountering the problem of having sufficient and

efficient nurses with experience and training.  Some of the participants disclosed that the units

were using agency staff and other categories of nurses to complement the shortage of critical

care nurses.  Leading from the problems with shortage of staff, the nurse-to-patient ratio was also

indicated as a problem, with the nurses sometimes having to care for more than one patient (Matlakala et al., 2014). The ratio of one nurse to two patients was sometimes difficult because of the acuity levels of the patients. When the nurse-to-patient ratio is not managed according to the acuity level of the patients, problems with the quality of patient care inevitably arise (Matlakala et al., 2014).

A further challenge noted was related to provision of material resources which included non-availability and insufficient amounts or poor quality of equipment. Equipment, if available, was found to be either old or not functioning (Matlakala et al., 2014). Material resources also encompasses supplies and medications that were insufficient or delays in issuance from the relevant departments. For instance, pharmacy or central sterilizing department deliveries to the unit were delayed which resulted in the nurses waiting a long time before administering medication or performing essential procedures (Matlakala et al., 2014).

Another highlighted challenge was related to stressors in the unit that emanated from several factors such as roles and responsibilities of the unit manager, the workload in the unit and lack of protocols (Matlakala et al., 2014). ICU managers were of the opinion that they were given a lot of responsibility with regard to the unit and advocated for shared responsibility between the unit manager and the other nurses in the unit (Matlakala et al., 2014). The participants argued that there should be shared responsibility between the unit manager and the other nurses in the unit. The major problem was with being in charge, as the unit manager, there was constant supervision needed to ensure orders were carried out on medications and making sure nursing care and practice duties were being performed (Matlakala et al., 2014). The unit manager ended up being responsible and accountable for those duties.

Workload as a stressor was indicated as a challenge and increased by, amongst other things, the number of patients nursed by one person because of a shortage of staff; and non-nursing duties performed because of a lack of cooperation from the multidisciplinary team. Some units did not have protocols, standards and directives for nursing care which contributed to medication errors and infection control problems (Matlakala et al., 2014).

Participants also indicated that they encountered problems and challenges with regard to control of visitors and the dispensing of patient information. Visitors come at their own convenience and sometimes disrupt the unit routine with the families sometimes being a barrier to patient care. The protocol of dispensing information focuses specifically on those patients who could not give consent, stating that the information can only be given to the closest family member such as spouse, parents or children (Matlakala et al.,2014). However, some visitors or relatives would bypass the system by identifying themselves falsely as the patient's closest family members to receive information about the patient.

FLNMs working in large ICUs encounter multifaceted challenges which lead to problems with regard to planning, organizing, leading and controlling the units. The recommendation of the authors of this article for future research and nursing practice is to develop and implement strategies in order to overcome the challenges faced with regard to the management of large ICUs (Matlakala et al., 2014).

Cox (2016) explored challenges, skills, and roles of nurse leaders in the perioperative area. Perioperative professionals have long assumed that to manage an Operating Room (OR), one must be an experienced perioperative registered nurse (RN), or an RN at minimum. Nurses and other health care leaders who may be involved in the process of choosing an OR managed also have assumed that a clinical background is needed in this role (Cox, 2016). Historically,

staff members have believed that a good clinician or perioperative nurse inherently will be a good manager. Some still believe this to be true but there is no core curriculum that teaches the necessary skills to be a perioperative nurse manager. Perioperative nurse managers often have no mentors and learn on the job (Cox, 2016). While working in the OR is challenging, and managing an OR even more so, skilled seasoned nurses who do not necessarily have managerial experience are often placed in management and leadership roles.

Some of the challenges are irregular work hours, increased regulations, attending leadership meetings and the climate for healthcare leaders has become more complicated (Cox, 2016). There are also growing complexities and challenges to collaborate, prove relevance, institute efficiencies, satisfy patients, embrace new technologies and clinical advancements, manage relationships with a shifting array of stakeholders. In addition, FLNMs must demonstrate that their efforts translate into improved health for the patients they care for and bring all of these challenges into alignment (Cox. 2016). Because of these challenges facing perioperative FLNMs, it is not shocking that OR manager positions have high turnover and many facilities throughout the United States have open OR manager positions.

The challenges for those who aspire to leadership positions in the perioperative setting are plentiful and a better understanding of the role of leaders and managers in this setting may be helpful to those who take on these challenging roles (Cox, 2016).

Communication is an essential tool for FLNMs. In a qualitative study by Marx (2014) the structural challenges to communication were examined through interview sampling in two United States hospitals. This research examined the ability and challenges of nurse managers to communicate information of care delivery to their staff effectively. The study involved a sampling of 14 FLNMs from two medical centers. All managers had 24 hours a day, seven days

a week accountability for their clinical areas (Marx, 2014).  The managers were interviewed and recorded. The communication barriers identified included lack of face-to-face interactions, the amount of information to communicate, levels of formality, outreach, and time constraints. The research concluded that face-to-face communications are most effective but can be another challenge for the nurse managers to reach all staff via this route.

These challenges faced by FLNMs in the United States are also prevalent in healthcare systems around the world. A study conducted by Kumah, Ankomah & Antwi (2016) in two hospitals in Ghana sought to identify key challenges FLNMs face. A cross-sectional survey, using structured interview, was conducted among 54 FLNMs using purposeful sampling to select respondents. The quantitative data were analyzed descriptively (mean scores and percentages) whereas the qualitative data were summarized based on emergent themes (Kumah et al. 2016). The findings revealed inadequate training was considered by the respondents as the main challenge to the FLNMs followed by role conflict and ambiguity.  Lack of support from senior management and colleagues and heavy workload and stress was an additional challenge identified.  Another challenge was lack of resources and lack of personal motivation from the staff (Kumah et al., 2016).

The study by Kumah et al. (2016) concluded that healthcare organizations must equip FLNMs with the requisite knowledge and skills to manage and coordinate in their areas of responsibility.  Also, senior management must help to empower frontline nurse managers to solve problems and clearly define their roles.  With these findings, healthcare senior leaders and policy makers can design appropriate training programs for frontline nurse managers and invest in their training and development to benefit enormously from the important role they assume (Kumah et al., 2016).

A study by Patrick & Spence Laschinger (2006) identified challenges such as role ambiguity, role insufficiency, role overload, role conflict and responsibility for other people. Other challenges identified were related to a lack of support from administration along with conflicting priorities (Patrick & Spence Laschinger, 2006). These factors have been associated with undesirable outcomes such as lowered job satisfaction and performance. Failure to address the complexity and needs of the frontline nursing leader have resulted in burnout, frustration, poor patient outcomes and nurse leader turnover.

Research by Wong (2010) reveals that nurse manager challenges also exist in rapidly developing countries like China that are gradually becoming a key member of the global economy. A study was conducted by Wong (2010) to critically review the challenges facing FLNMs in China during healthcare reform. China has been undergoing a major reform aimed at enhancing accessibility and quality of its healthcare at a level that is affordable to the people. Nurses have a key role to play in this reform and in supporting these changes. (Wong, 2010).

Healthcare spending in China is around 5% of the gross domestic product (GDP), and the government is responsible for 39.4% of the total healthcare expenditure. These figures are low compared with other developing or developed countries, in which health spending is around 8.5% of the GDP and percentage of expenditure shouldered by governments is 61.8% (Zhang, 2009). Besides the inadequate financial resources, the total number of nurses in China is also insufficient. The majority, particularly the better qualified ones, work in cities and hospitals rather than rural areas and community settings. These inadequacies make it difficult for FLNMs to operate a unit with decreased nursing staff and the hospital system lacks the funds to hire supportive staff to help nurses to undertake non-nursing tasks (Wong,2010). As a result, much of

the nurses' time and energy are diverted to either medical tasks or non-nursing duties, and unduly little attention is given to holistic nursing care for individual clients.

Another challenge is many of the current nurse managers in China have low levels of academic qualifications. Nursing education was suspended from 1966-1975 during China's cultural revolution (Wong, 2010). Nurse managers who are now aged 40-55 are disadvantaged in terms of education opportunities during their career development. Contemporary health management globally demands that nurse managers be better prepared in human resources management, financial management, outcome management, people management, information technology, quality assurance and evidence-based practice (Wong, 2010).

The number of nurses in China needs to be increased and the value of nursing enhanced. Strong leadership and the required resources are critical to ensure an adequate workforce and what is needed to ensure and not compromise quality because of a lack of quantity. Being part of the world system, China shares similar issues and FLNM challenges with other countries (Wong, 2010).

Although nurse managers play a pivotal role in creating work environments for staff nurses, performance expectations for frontline nurse managers practicing in acute care hospitals may be unrealistic. A qualitative study conducted by Shirey, Ebright & McDaniel (2008) aim was to define FLNM work and the challenges faced in their role with the purpose of a better understanding and potentially reconfiguring the role.

A convenience sample of frontline nurse managers working in a hospital system in the Midwestern United States participated in the study. "Nurse manager" was defined in this study as a registered nurse holding the title of nurse manager in an acute care hospital and having 24hour accountability for the overall performance of at least one department (Shirey et al.,

2008).  After the interviews were conducted themes were identified in this study as to some of

the challenges FLNMs faced on a daily basis.  In every case, nurse managers reported the

overwhelming nature of nurse manager work, suggesting that the role may be currently

misunderstood and unrealistically configured (Shirey et al., 2008).  Unrealistic expectations

included that the nurse manager consistently "put out fires" yet also consistently devote time to

strategic planning and innovation; produce results on ambitious hospital-wide initiatives

following short administrative notice; make major changes in unit practices within a fiscal year

and at the same time deliver a financial performance predicated on budget assumptions from the

original budget (Shirey et al., 2008).  Additionally, FLNMs were required to take on house

supervisor duties besides performing the nurse manager role.

When asked what percentage of time was spent doing what the nurse manager felt was

his/her job, the answer was a small part of the time doing what was their job, but a large portion

was doing other things that were not related referring to the invisible work of the role. The

invisible work meaning working behind the scenes to procure resources and performing duties

that could be delegated to someone else but cannot because there is no qualified individual in a

budgeted position (Shirey, et al., 2008).  Nurse managers also reported the need to constantly re-

prioritize during the workday. When sorting multiple priorities, they reached decisions on what

to do next based on who was asking (requests from a boss or top administrator, patient

complaints, and staff crises rose to the top), time constraints, delegation potential, and

realignment.

Nurse managers also reported being required to attend multiple meetings throughout the

course of the workday that represented a major challenge (Shirey et al., 2008).  They reported

that it was not unusual to be away from their units for an entire day because of back-to-back

hospital meetings.  The relentless round of meeting interfered not only with their ability to

interact with their staff on the unit but also their ability to perform many administrative duties.

Nurse managers were reluctant to miss meetings that either involved the allocation of resources

for their units, provided them with an opportunity to give input on major issues, or allowed them

to advocate on behalf of patients and employees (Shirey et al., 2008).

This study found that in every interview conducted, nurse managers reported the

overwhelming nature of nurse manager work, suggesting that the role may be currently

misunderstood and unrealistically configured (Shirey et al., 2008).  Given the overwhelming

demands of the nurse manager role and the challenges faced along with the FLNM's pivotal

contribution to organizational outcomes, the findings of this study support the need to reexamine

and potentially reconfigure the role (Shirey et al., 2008).

A secondary analysis of qualitative data conducted by Warshawsky, Lake & Bradford

(2013) of two cross-sectional studies of organizational characteristics that influence nurse

manager practice describes characteristics of their practice environment that limit their role

effectiveness.  Hospital work environments that support the professional practice of nurses are

critical to patient safety.  FLNMs are responsible for creating these professional practice

environments (Warshawsky et al., 2013).  The nurse managers in this analysis reported

challenges of their practice environments that limit their role effectiveness and may negatively

impact organizational performance.  Some of the challenges reported were time away from the

unit and their scopes of responsibilities.  These included increasing expectations and demands of

the role coupled with decreasing resources equaling less time spent with staff.

Another challenge was being able to partner with frontline staff to achieve quality patient

outcomes.  FLNMs value working with staff who are dedicated and motivated to provide quality

patient care but because of large numbers of direct reports and other responsibilities, managers struggle to find the time to adequately coach their staff (Warshawsky et al., 2013). Meetings and other activities that require time off the unit challenge the FLNMs ability to develop relationships with staff and nurture and support frontline staff as they deserve.

An important role of the FLNM is to effectively translate the organization's mission, vision, values, and strategic plan to the frontline staff to create a culture of meaning. Because of the complexity of patient care and scarce resources, managers struggle to support the needs of staff and patients on their units. This creates a challenge for the manager for providing emotional support to the staff. FLNMs described the role as reactive with the challenge of little time for proactive thinking and strategic planning (Warshawsky et al., 2013).

The common challenge of a fair and manageable workload was reported and having 24/7 accountability for their areas as well as insufficient support staff to sustain the work of the unit was expressed by the FLNMs in the analysis of the data. The FLNMs also indicated that there is no other industry where a frontline manager is responsible for a large number of direct reports as well as staff education and regulatory compliance (Warshawsky et al., 2013).

FLNMs reported a further challenge of adequate budgeted resources. When budgeted resources are adequate, allocations for human and material resources meet the needs of the unit, and the process for obtaining the additional resources is effective. The FLNMs surveyed described juggling bedside caregivers to staff their units within the defined hours per patient day and keep variable supply costs in check (Warshawsky et al., 2013). FLNMs reported that budget constraints were at odds with providing the best and safest patient care which was challenging in their role.

The expectations for FLNMs have greatly expanded in the volume and complexity of direct reports, patient care areas, and job functions. These growing expectations seemingly limit the productivity of nurse managers at a time when they are expected to lead innovations at the point of care (Warshawsky et al., 2013). The FLNMs in this analysis reported challenges of their practice environments that limit their role effectiveness and may negatively impact organizational performance.

This chapter provided a review of the literature as it pertains to some of the challenges FLNMs face. In summary, the literature review of frontline nurse managers' challenges focuses on the increasingly complex and demanding nature of the nurse manager role and its' related health care work environment. Frontline nurse managers are an important component of the healthcare system and should be provided with the proper support and resources needed to fulfill their role.

## Summary

In summary the literature review of frontline nurse leaders presents that nurse leaders are an important component of communication, monitoring care, and promoting and creating innovation. The research shows consistent themes of nurse managers' needs for clear expectations of the complexities of the role before entering into frontline nursing leadership. They need to receive training and mentoring to be FLNMs successful in the role, and the required business skills. A common and convincing theme of frontline nurse leader success and personal rewards in the role was having adequate time to communicate and provide direction to the staff that reports directly to them. Many frontline nurse leaders are stressed in their roles due to inadequate training and preparation for such a demanding role. Limitations, or gaps, in the current published literature on frontline nurse leaders, shows a need for further research on the

frontline nurse leader's role, and the complexities of the role. Even though there is a significant amount of research on staff nurses and their levels of satisfaction in the workplace, there is less research on the work environments of frontline nurse leaders.

Chapter 2 has presented a review of the literature, findings and future research suggestions.  Relevant tools, instruments, and methods were reviewed as well.

# Chapter 3:  METHODOLOGY

## Introduction

This chapter describes the research design and methods used for this study. It will give an overview of the approach and rationale for the methodology chose and will discuss the methods for participant selection, the research setting, data collection, and data analysis. Finally, the ethical considerations involved will be revealed and the process of establishing and maintaining rigor and trustworthiness will be considered.

Methodology refers to the "strategy, plan of action, process or design lying behind the choice and use of methods and linking the choice and use of methods to the desired outcome" (Crotty, 1998, p.3). The research strategy is guided by a philosophy which informs the method used in the research study.

According to Burns and Grove (2003, p. 201), descriptive research "is designed to provide a picture of a situation as it naturally happens".  It may be used to justify current practice and make judgment and to develop theories.  For the purpose of this study, descriptive research was used to obtain the actual challenges FLNMs face.  This exploratory descriptive study utilized two research approaches. As an exploratory study, it focused on studying a relatively unstudied area.  The exploratory approach is supported by Nieswiadomy (2008), as the method to use when there is limited knowledge in the topic.  This research also utilized a descriptive approach which is best suited when there is limited existing information available on a topic. The choice is supported by Bickman, Rog and Hedrick (1998), who state that the descriptive approach is used "when the researcher is attempting to answer 'what is' or 'what was' questions" (as cited in Bickman and Rog, 1998, p.15).

## Research Design

Despite the desire within research to want to explore an ever-increasing range of questions within an area of interest, the need to curtail this enthusiasm within descriptive research was essential to avoid what DeVaus (2002) stated as ending up "as an exercise in mindless fact gathering" (p.19). Therefore, the use of a structured format which allowed for the inclusion of both open and closed questions, while also maintaining a concise nature, became the rationale for choosing the survey approach for this research. The choice of the survey tool also supported the data analysis phase which needed to be consistent with a descriptive research study.

An exploratory descriptive survey design was used in this research with the aim of examining the challenges of FLNMs. The aim of the study was to examine the challenges of FLNMs.

## Setting

An online survey was conducted electronically and posted to Facebook, the survey consisted of 28 close-ended questions and 7 open-ended questions and was designed and borrowed from Rose O. Sherman, EdD, RN, NEA-BC, FAAN, Professor of Nursing at the Florida Atlantic University. Permission was granted by the author of the survey via email and was designed and validated by Dr. Sherman with input from an expert panel of long-term care nurse leaders and then tailored to meet the needs of this research.

## Population

The target population for the study was FLNMs and nurse leaders from the nursing page on Facebook. An introductory letter was included in the survey monkey link explaining the purpose of the study with implied consent before starting the survey. This link then led the

participants to the 35-question tool on Survey Monkey.  Survey Monkey was used as an easily

accessible tool for gathering data, and a quick review of the resultant answers, including

monitoring the number of respondents.  The use of SurveyMonkey assured anonymity, as

participants did not identify themselves.  The SurveyMonkey data will be automatically

destroyed three months after the survey (Symonds, 2011).  The survey respondents did not

receive any compensation for their participation.  Approval for this study was given by the

Institutional Review Board of Daemen College.

*Figure 1 Instruction Given to Research Participants*

Dear Nurse Leader:

I am a graduate student in the Masters of Science in the Nurse Executive and Leadership program at Daemen College in Amherst, NY. For my Master's thesis I am doing a research study on the challenges facing nurse managers. My thesis is titled: The Challenges of Nurse Managers: A Quantitative Study. The information that I will gain through this project will help to develop strategies that nurse managers could utilize in addressing these challenges.

I am inviting nursing leaders between the ages of 21 and 65 to participate in this study by completing the anonymous survey through Survey Monkey. The survey should take no more than 20 minutes for you to complete. The survey will ask you questions about the challenges you currently face as a nurse manager. Additionally, you will be asked for demographic information and about the competencies you feel are needed for nurse leaders. Your participation in this survey is voluntary and anonymous. No information will be collected that will be able to identify you. All participants will remain anonymous and there is no risk to you in participating in the survey. The information obtained will be utilized to develop strategies to address the challenges that nurse managers face, and this may be a potential benefit to nurse managers. You may choose to not answer particular questions and may withdraw from answering any of the questions at anytime. The only people that will have access to the data is myself and my faculty advisor.

If you wish to participate in the research study, please complete the survey via Monkey Survey. By completing the survey, it implies your consent to participate.

This study has been approved for a certification of exemption by the Human Subjects Research Review Committee at Daemen College (hsrrc.chair@daemen.edu) which is where you should direct any questions or concerns related to your rights as a research participant.  If you have any additional questions or concerns regarding the study or participation in the study, or if you would like a summary of the final results, please contact me (Kathleen. Klaes@daemen.edu) or my faculty research advisor (vvalazza@daemen.edu).

Thank you very much for your consideration in participating in this study.


Kathleen Klaes

The survey was conducted electronically through SurveyMonkey via the nursing Facebook group *Show me Your Stethoscope.*  Demographic information was collected both about the leaders and their facilities including gender, age, ethnicity, nursing education, certification, role title, length of time in a leadership role, facility size and ownership.  The survey was re-posted to the nursing group on Facebook every 3 days to increase the sample size.  The survey was open for a total of 2 weeks.

This chapter has outlined the research design and methods used in this study. It has given an overview and rationale for the methodology chosen as an appropriate choice to answer the research question. It discussed the methods for participant selection, the research setting, data collection, data methods and procedure. Validity and rigor of the study was also discussed as it related to this study.

## Chapter 4:  DATA ANALYSIS AND RESULTS

Chapter 4 will present the results of the quantitative study of the challenges of frontline nurse managers.  The survey was conducted electronically through Survey Monkey online survey software.  Demographic information was collected from the participants along with insight into their leadership challenges and opportunities. Participants were asked questions related to areas of leadership responsibility, leadership competencies needed today and, in the future, their top leadership challenges, and strategies for future nurse leaders.  Findings and statistical results will be presented in written documentation as well as table and graph format for improved interpretation of the results.  The data was calculated and presented utilizing Survey Monkeys' data analysis program.  Frequencies were tabulated on the closed-ended questions.

## Demographics

A total of 59 respondents participated with 46 completing the survey which was collected over a two- week period via Survey Monkey and posted to the Facebook nursing page *Show me Your Stethoscope*.  There were 46 surveys used for the purpose of this research, 13 surveys were excluded due to incompletion of the survey.  The demographic data included age, gender, highest nursing education, years of leadership experience, years in current role, practice setting, and type of health care agency.  Eligible participants aged 25-34 (13.04%), 35-44 (41.3%), 45-54 (23.91%), 55-64 (17.39%) and over 65 (4.35%).  The final sample of 46 participants of nurse managers included 89.1% (n=41) female and 10.87% (n=5) male respondents.

## Graph 1: Gender

### Q3 Gender
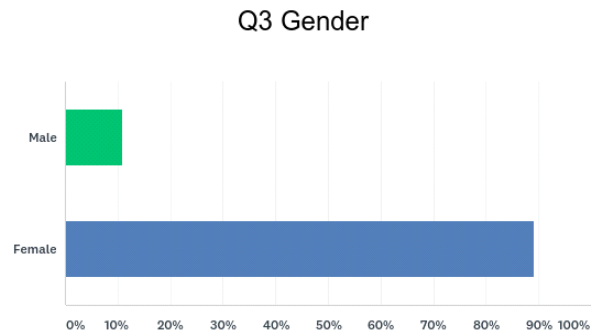


The majority of the participants identified as being white (n = 45, 97.8 %) and having a Bachelor's Degree (n = 24, 52.17%) in nursing with only 32.61% (n = 15) were Masters prepared in nursing. Graph 2 represents race/ethnicity and Graph 3 shows the highest level of nursing education of participants.

## Graph 2: Race/Ethnicity

### Q5 Ethnicity
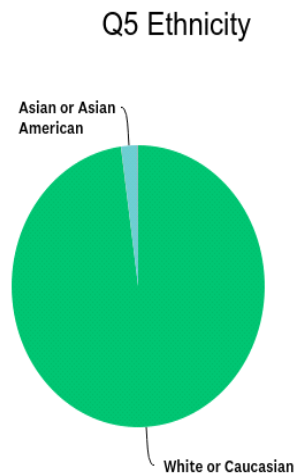
*Graph 3:  Highest Level of Nursing Education*

Q8 What is the highest level of Nursing education you have completed?
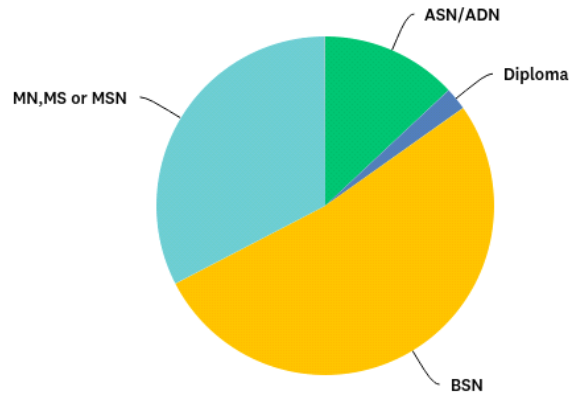


Graph 4 represents years in current position.  The majority of respondents, (n=14, 30.43%) have worked 3-5 years in their current role, while only 13.06% (n=6) have worked more than 10 years in a frontline nurse manager position.
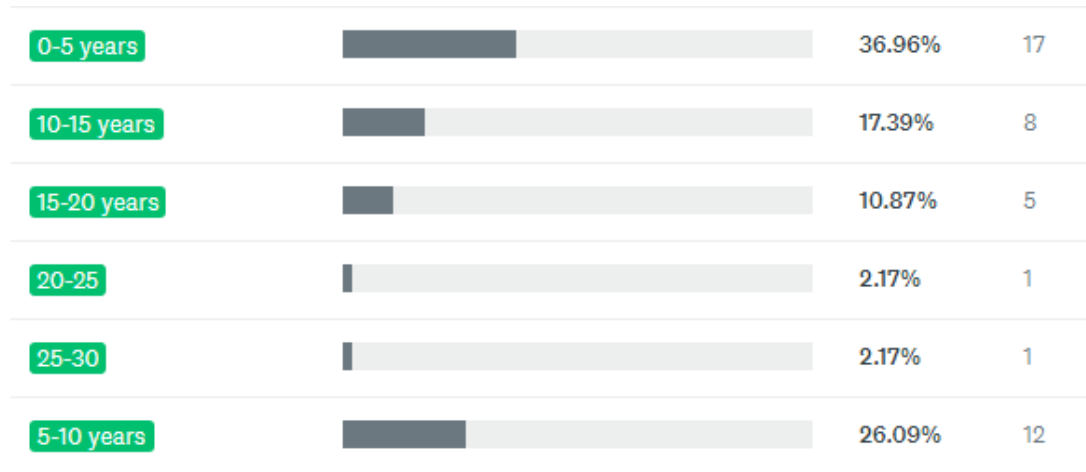
*Graph 4:  Years in Current Position*

Q6 About how many years have you been in your current position?
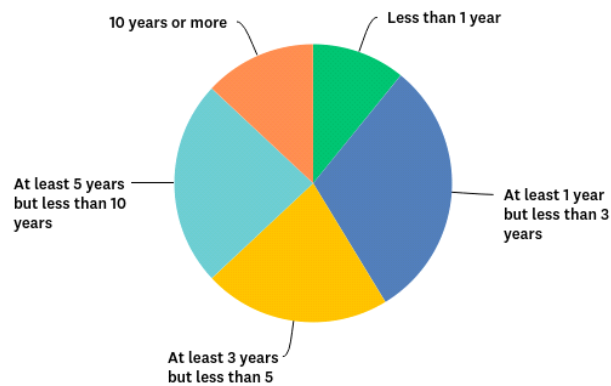


In this sample, years of nursing leadership experience was 0-5 years (36.96%, n=17), 510 years (26.09%, n=12), 10-15 years (17.39%, n=8), 15-20 years (10.87%, n=5), 20-25 years (2.17%, n=1) and 25-30 years' experience (2.17%, n=1) as shown in Graph 5.

**Graph 5: Years of Nursing Leadership Experience**

| | | | |
|---|---|---|---|
| 0-5 years | | 36.96% | 17 |
| 10-15 years | | 17.39% | 8 |
| 15-20 years | | 10.87% | 5 |
| 20-25 | | 2.17% | 1 |
| 25-30 | | 2.17% | 1 |
| 5-10 years | | 26.09% | 12 |

Most of the sample (80.43%, n=37) of frontline nurse managers worked in an acute care setting that is part of a hospital system and 41.20% of respondents worked at their facility for 1-5 years (Graph 6 and Graph 7).
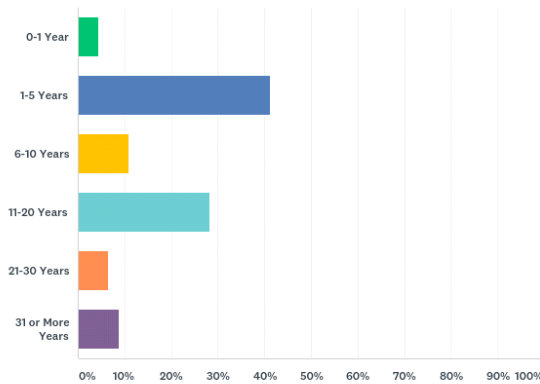
**Graph 6: Type of Facility**

Q10 Type of facility/Services Provided
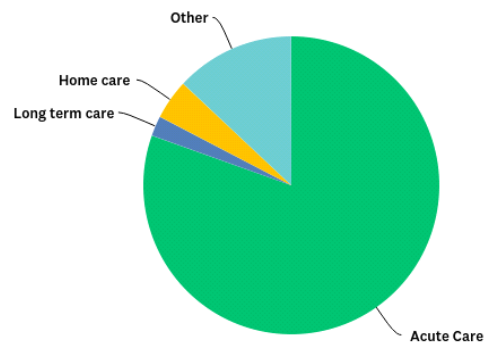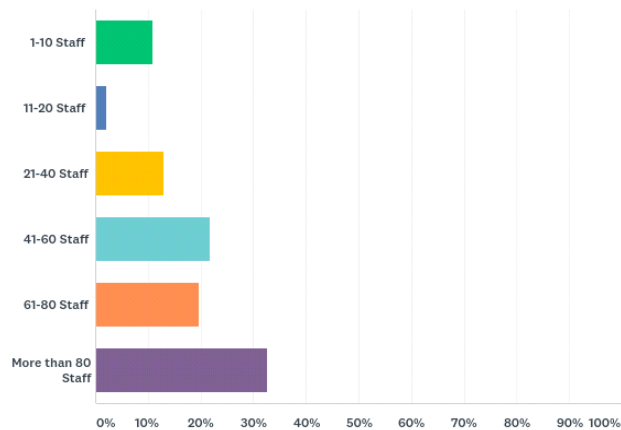
### *Graph 7: Time at Current Facility*

Q13 Length of Time at Your Current Facility



The leadership span of control was large with 32.61% (n=15) reporting 80 or more direct reports followed by 21.74% (n=10) having 41-60 direct reports (Graph 8).
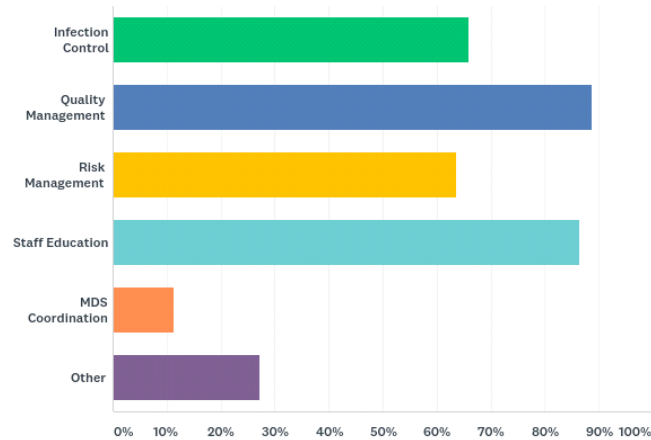
### *Graph 8: Your Current Span of control*

Q15 Your Current Span of Control

## *Graph 9: Leadership Responsibilities*

Q16 In my leadership role, I am also responsible for the following activities: (Check all that Apply)



Frontline nurse managers assume other support roles in their organizations such as infection control (65.9%), quality management (88.64%), risk management (63.64%), and staff education (86.36%) being the four most common as illustrated in Graph 9.

The frontline managers were asked to choose their top three leadership challenges from a list of 18 challenges. The highest ranked challenges (Table 1) involved issues developing critical thinking skills in staff, staff turnover, recruitment and retention of staff, increased patient acuity, and patient safety.

#### Table 1:  Key Leadership Challenges

| Leadership Challenge | Rank in Top Ten |
|---|---|
| Developing critical thinking skills in staff | 1 |
| Recruiting staff with the right competencies | 2 |
| Increasing patient acuity | 3 |
| Patient safety | 4 |
| Budget | 5 |
| Managing a diverse work force | 6 |
| Implementing principles of culture change | 7 |
| Patient and family satisfaction | 8 |
| Performance management | 9 |
| Physician/providers | 10 |

Graph 10 exhibits the lack of succession planning in place for future nurse leaders when asked of the 46 respondents only 19.57% answered yes.

#### Graph 10:  Succession Planning for Future Nurse Leaders

Q29 Does your organization have a succession plan to replace nurse leaders?
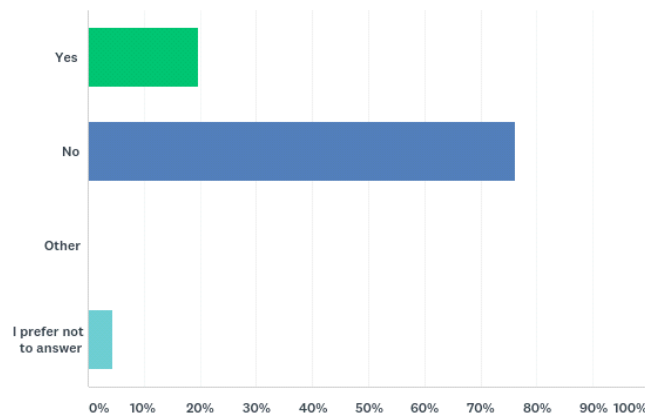


The next survey question involved what key leadership skills frontline nurse managers need in a leadership role today (Graph 11). The highest-ranking skill was conflict resolution (97.83%, n=45) followed by coaching and mentoring of staff (91.20%, n=42) and budget and financial management (89.13%, n=41).

*Graph 11: Key Leadership Competencies*

Q25 What KEY leadership skills are needed for nurses in Nursing Leadership roles today ?
CHECK ALL THAT APPLY
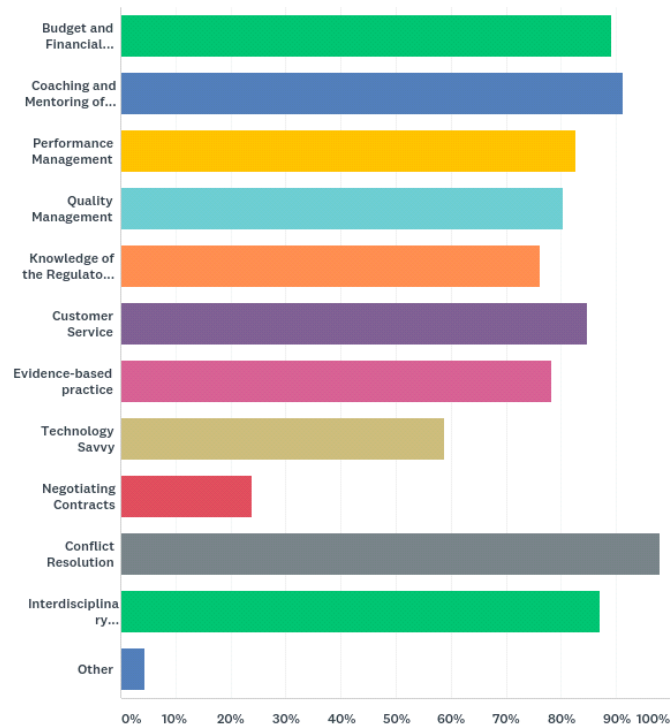


## Summary

Chapter 4 presented the results obtained from the quantitative descriptive study in narrative and chart form.  Demographics and statements describing the challenges of frontline nurse managers were given.  A discussion of the results, limitations, implications for future frontline nurse managers, recommendations and final conclusions will be presented in Chapter 5.

## Chapter 5:  DISCUSSION

Chapter 5 will discuss an overview of the study, findings, limitations, implications for future practice, recommendations for further research and conclusions of the study.

### Overview of the Study

The purpose of this study was to identify the challenges of FLNMs and inform the development of appropriate interventions to assist them in their roles. Failure to address these issues may result in poor patient outcomes, frustration, burnout, turnover, lack of staff engagement and effective unit functioning.  While research has shown that over the past two decades the administrative loads of FLNMs have increased, which has had an impact on the time they can spend in a clinical leadership capacity (Duffield & Franks, 2001; Duffield, Kearin, Johnston & Leonard, 2007).  FLNMs are typically required to juggle the clinical, educational, and managerial aspects of their roles.  The literature has also shown nurses promoted to frontline management roles are often under-equipped for these positions.  Many FLNMs enter these roles with minimal management preparation, little confidence in their abilities to perform the tasks required, and, sometimes, an inherent reluctance to take on the managerial responsibilities (Platt & Foster, 2008). This reluctance has been found to be related to an unmanageable workload that comprises both the number of direct reports and the scope of responsibilities. Warshawsky, Lake & Brandford (2013) found that none of the nurse managers they surveyed reported satisfaction with their workload and being able to disengage from their work because of having 24/7 accountability.  Although nurse managers play a pivotal role in creating work environments for staff nurses, performance expectations for nurse managers may be unrealistic (Shirey, Ebright, & McDaniel, 2008).

The theoretical framework used to guide this study was Ronald Heifetz's Adaptive Leadership Theory. Adaptive Leadership is a leadership language and conceptual framework that Heifetz developed to help organizations thrive amidst uncertain change. He created this way of understanding human behavior and mobilizing meaningful progress from listening to hundreds of stories and dilemmas faced by committed, hardworking leaders trying to bring about change in the world. Heifetz (1994) model of adaptive leadership provided the overarching conceptual model for the course heavily supplemented with classic leadership studies and complex adaptive systems theories. "Adaptive leadership is the practice of mobilizing people to tackle tough challenges and thrive" (Heifetz, Grashow, & Linsky, 2009, p. 13). Adaptive leaders, with or without formal authority, facilitate adaptive learning through successful navigation of adaptive challenges that arise when people's underlying behavior acts as a barrier to transformational change (Heifetz et al., 2009, Pronovost, 2011). The most common leadership failure is attempting to resolve adaptive challenges that "can only be addressed through changes in people's priorities, beliefs, habits, and loyalties" as technical problems that can be resolved by applying existing know-how (Heifetz et al., 2009, p. 20).

Developing adaptive leadership skills involves an iterative journey of self-awareness, continuously diagnosing adaptive challenges and taking action within two dimensions, personal and organizational (Heifetz et al., 2009). Skilled adaptive leaders have the ability to interpret what is really going on in a situation through observable patterns of behavior and events in addition to knowing how their own adaptive behavior influences the situation (Heifetz, 1994). Heifetz likens this skill to the ability of moving from a perspective of being on the dance floor to a perspective of being on the balcony. Results of recent research suggest that the roadmap for delivering value-based care is being forged daily; change will be a constant as new evidence

emerges (Eddy and Shah, 2012, Timble et al., 2012).  To be effective in this environment, FLNMs will need the ability to integrate leadership and innovation in such a way that facilitates adaptive learning within nursing units, service lines, interprofessional teams, organizations, communities, and health systems.

Adaptive leaders possess the ability to see the world differently and envision possibilities. FLNMs will be less reliant on tactics and operations and more reliant on strategies and vision. For true strategic and visionary thinking, effective leaders need to unleash their creativity to meet unfolding adaptive challenges.  Teaching FLNMs how to "see" differently is a necessary first step toward becoming an adaptive leader.

## Discussion of Findings

These study findings were generated from research conducted using a 35-question survey examining the challenges of frontline nurse managers borrowed with permission and approved for use within this study by the author of the questionnaire.  The modified version of the online survey was created within Survey Monkey and posted to the Facebook group *Show Me Your Stethoscope* with the approval of the administrators of the site.  The survey was available for a total of two weeks and the final sample included 46 participants that were utilized for data analysis.  Overall, the findings of this survey compliment major themes in the current published literature.

As a result of this research on the challenges of frontline nurse managers, respondents indicated that they were not adequately supported by administration and also that they were not receiving necessary training and support to enable then to do their job more effectively. Inadequate training, which does not prepare them adequately to assume leadership responsibilities, FLNMs require active support from their senior leaders in order to succeed.

FLNMs also experience high levels of stress as they respond to the complex and dynamic demands of regulatory changes and value-based purchasing. Some of the survey respondents commented on having a lack of work-life balance related to long, demanding hours and unable to disengage from their work. Performance expectations for nurse managers are also on the rise because many nurse executives want Magnet recognition for excellence in nursing services and hospital reimbursements are increasingly tied to patient outcomes that reflect the quality of nursing care.

A fair and manageable workload comprises the number of direct reports and also includes the scope of responsibilities, number of patient care areas, type of support services in place and a workload that is equitable across all managers. FLNMs reported a large number of direct reports and having to manage such areas as infection control, regulatory, quality, and education in addition to their daily duties.

Another challenge FLNMs commented on were budgetary constraints that were at odds with providing the best and safest patient care. The nurse managers reported juggling bedside caregivers to staff their units within the defined hours per patient day and keeping variable supply costs in check.

Four overarching themes emerged from the comments in the survey for the current and future practice of FLNMs. Specifically, nurse managers were overwhelmed by the sheer volume of work and lacked sufficient time to focus on patient care issues. They want nursing leaders to empower them to make decisions and to create collaborative cultures that support safe patient care.

Nurse managers valued time spent with staff but must manage competing demands for their time. Their scopes included high numbers of staff, multiple patient care areas, and

responsibility for large inpatient areas.  Their role expectations were further compounded by the inability to disengage from work.  They reported having to be available 24/7 and received calls at various times of night resulting in disrupted sleep.

The challenges the FLNMs reported were principally managerial, rather than clinical, which highlights their limited preparedness for the management aspects of their role, especially when they first commenced their positions.  This research shows FLNMs are insufficiently trained in some of their operational tasks (e.g. budgeting) and human resources tasks (e.g. personnel management).  A clear implication from the findings is that FLNMs require additional training in management and support.

## Limitations

Limitations of the study include the small sample size and limited accessibility to the survey questionnaire which decreases generalizability in the study findings. The survey was posted online to only one website/Facebook group for a total of two weeks. The homogeneity of the sample, although consistent with the overall nurse manager population, does not offer depth into gender or generational differences among nurse managers.  Other limitations include the self-report online survey methodology employed for data collection, which assumes that participants answer honestly and to only one questionnaire. Finally, the inexperience of the researcher in conducting the study may also be considered a limitation although the student researcher worked with an experienced faculty member.

The limitations of recruitment via Facebook associated with sampling frames cannot be ignored. Facebook can only reach people who:

- have access to the internet;

- have an account with Facebook;

- have signed up to Facebook and included personal characteristics (e.g. location, age) that match those set by the researchers in their targeted advertisements; and

- who log into Facebook during the time that the advertisement runs.

Clearly, Facebook recruitment excludes those who do not have Facebook accounts, or who do not log in to Facebook during the period of the advertisement campaign. Additionally, people who have Facebook accounts, but do not indicate their locations, ages, and/or other characteristics, or who provide inaccurate information about themselves, are also excluded from the group of potential respondents, as the advertising algorithms will not target these people.

**Implications for Practice**

Nursing is well placed to plan, respond and lead in these current times of significant change and through the future predicted changes within the healthcare landscape. Nursing requires leaders who are highly creative in their thinking to be able to piece together multiple pieces of seemingly unrelated information, and test out new approaches in the pursuit of new meaning in support of nursing patient care (The World Economic Forum, 2016: Cortney, Nash, Thornton & Porgierer, 2015). Essential skills required for nurse leaders encompass complex problem solving, critical thinking, creativity, people management, coordinating and collaboration, emotional intelligence, and cognitive flexibility. With the increasing complexity of health care, we need adaptive leadership approaches which critically analyze the complex problem-solving required within an ever-changing health context. Adaptive leadership is a collaboration of key stakeholders to identify and test possible approaches towards shedding light on complex challenges (Heifetz, Grashow & Linsky, 2009).

In today's ever-changing health care environment, nurses require leadership, which provides direction for a new generation of nurses. The issue of FLNMs needing more formal reparation for their roles needs to be addressed in a facilitative manner. For example, it may be necessary to advocate for the use of leadership development packages for FLNMs. Effective leadership programs promote a range of learning experiences including on-the-job activities, project assignments, competency-specific training courses, leadership development programs, coaching, and mentoring (Giber, Lam, Goldsmith & Bourke, 2009). There is a program at Dana Farber Cancer Institute, for example, that is focused on developing nurse manager competencies, precepting by the nurse managers supervisor, and general management training (Conley et al., 2007). Although rigorous evaluation of leadership development packages for nurse managers has yet to occur, commentary on such programs published in the professional nursing literature suggest that they can have a meaningful and positive impact on key measures, such as nurse recruitment and retention rates (Management training helps wards to improve staff morale, 2009). Programs such as this one have the potential to enhance the effectiveness of managers who are new to the role.

Executive coaching is another initiative that could provide immediate and powerful assistance to FLNMs (Medland & Stern, 2009). Executive coaching is one-on-one leadership coaching from an experienced practitioner (e.g., business person, psychologist) where the goal is to improve organizational outcomes through the developing capabilities of managers. Although coaching is expensive in comparison to other forms of leadership development, initial research in the corporate sector has shown that organizations achieve a 545% return on investment with executive coaching (McGovern et al., 2001). Research with nurse managers has shown that coaching, in conjunction with traditional classroom training, made a positive contribution to

keeping managers in their jobs, increasing their engagement with employees, and enhancing their management skills (Medland & Stern, 2009). Furthermore, the cost of coaching is likely to be far less than the financial burden of poor management. In a UK study involving 22 FLNMs, for example, the researched calculated that if the 10 lowest performing FLNMs were performing at the same level as the highest performing FLNMs, the equivalent of 850,000 US dollars per year would be saved (Hay Group, 2008).

A nursing leadership project carried out in the University College London Hospitals Foundation Trust to develop the management and leadership capacity of FLNMs. The program involved 32 FLNNs over a six- month period. It addressed four competence domains of motivation, making decisions, personal resources and working across boundaries. These competencies required FLNMs become aware of local, as well as national priorities and relate these to their work areas. The program consisted of six workshops that focused on "leadership theories and models, developing the self and others, managing change and conflict, managing quality and performance, political leadership and influencing skills, team building and facilitation" (Mills, 2005, p. 22).   The FLNMs attended monthly learning sessions where they could develop practical solutions to leadership problems that they had identified. Workshops and action learning sessions were assessed individually after they occurred. The program concluded that there is a need to use a formalized and structured approach when developing nurses in this role. It found that the nurses were able to articulate and demonstrate political awareness at local and national level while developing clear directions and aims for themselves and their teams. They were able to transform strategic visions into action by improving the quality of service provided, working collaboratively, influencing strategy and inspiring and motivating others.

Nurses have often been promoted to a FLNM role because of their clinical experience and expertise, rather than for their management/leadership potential. They frequently lack leadership training to cope with this demanding role. The findings in this study have implications for practice. Like the preparation of nursing students to become staff nurses, FLNMS need to be prepared to assist them from staff nurse to the FLNM role. This preparation should be structured and a part of a career development program.

Succession planning should be introduced to identify those nurses who show an interest in pursuing this role. Support is important to the success of the FLNM. This support should be provided through a mentorship program, which should be part of the orientation of new FLNMs and be ongoing. A mentor is defined as "an experienced, professional, nurturing and guiding the novitiate, be they student or established professional." (Butterworth, Faugier, & Burnard, 1998, p. 12).

## Recommendations for Future Research

There is a need for continued future research concerning frontline nurse managers. Most notably in the areas of support, quality, work/life balance, training and succession planning for future leaders. Many nurses enter the role without the leadership skills and competencies necessary to navigate a very demanding role.  Furthermore, future research is needed to investigate the potential efficacy of a program, such as executive coaching and mentoring, to assist new FLNMs. FLNMS experience many challenges in their roles which seem to center on their under-preparation for the managerial aspects of their roles and the findings from this study make a strong case for assisting FLNMs to engage in management education to develop their skills in dealing with these challenges.

## Conclusion

A better understanding of the challenges of FLNMs may be helpful to those who take on these challenging roles or those who aspire to do so. Leadership in nursing is confronting a number of challenges in which we can learn from and build on the past to take to the future. Throughout history, nursing has had remarkable leaders, all of who were shaped by and helped shape the society and healthcare system in which they worked. The challenges of today are opportunities for moving the profession, and the system forward in the future. Leadership development should not be left to chance, but be recognized as an area of study. Although leadership preparation is a stated objective of the majority of nursing education programs, insufficient emphasis is given to the acquisition of knowledge, skills and attitudes associated with leadership. Comparable to the preparation for research or clinical expertise, leadership development must commence at the basic level, be reinforced through continuing education and be honed at the graduate level. At the graduate level, leadership and management should be an area of specialization, while recognizing that all students should acquire some advanced preparation in leadership/management specific to their area of interest, and better prepare them for the challenging role of the FLNM.

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# Appendices

## Appendix A:  IRB Approval

**Protocol Approval (HSRRC Review):** E.NUR0718.205.v5 –  Expedited

**Protocol Title:** *The Challenges of Front Line Nurse Managers: A Quantitative Study*

**Protocol Approval Date:**  16 June 2018

**Protocol Expiration Date:**  15 June 2019

Dear Dr. Valazza,

The Daemen College Human Subjects Research Review Committee (HSRRC) approves your application, noted above. HSRRC approval is valid for one year and will expire on the date noted above. Your protocol may commence immediately.

HSRRC approval is given with the understanding that no changes may be made in the procedures to be followed nor any study materials to be used until such modifications have been submitted to the HSRRC for review and have been given approval. The documents used for this protocol must be replicas of those in the approved document.

Studies cannot be conducted beyond the noted expiration date without re-approval by the HSRRC. If an extension is required beyond the expiration date, please submit a request to the HSRRC.

At the conclusion of the study, a Study Closure Form should be sent to the chair person of the HSRRC at hsrrc.chair@daemen.edu.

For the record, the approved protocol and consent forms are attached to this message.  Should a need arise, please refer to the protocol ID above in any future correspondence to the Committee regarding this study.

On behalf of the HSRRC Committee, best of luck as you move forward with your research!

Regards,

Jennifer L. Scheid,  Ph.D, CSCS
Chair, Human Subjects Committee
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# Appendix B: Survey Questionnaire

**Appendix Y Challenges Survey**

## 1. Current Position Title

## 2. Gender
○ Male
○ Female

## 3. Age
○ 25-34
○ 35-44
○ 45-54
○ 55-64
○ 65+

## 4. Ethnicity
○ White or Caucasian
○ Black or African American
○ Hispanic or Latino
○ Asian or Asian American
○ American Indian or Alaska Native
○ Native Hawaiian or other Pacific Islander
○ Another race

## 5. About how many years have you been in your current position?
○ Less than 1 year
○ At least 1 year but less than 3 years
○ At least 3 years but less than 5 years
○ At least 5 years but less than 10 years
○ 10 years or more

## 6. Years of Nursing Leadership Experience

## 7. What is the highest level of Nursing education you have completed?
○ ASN/ADN
○ Diploma

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○ BSN

○ MN,MS or MSN

○ Doctorate DNP/PhD, EdD

## 8. Do you have certifications related to your role?

○ Yes

○ No

## 9. Type of facility/Services Provided

○ Acute Care

○ Long term care

○ Home care

○ Other

## 10. Is your facility part of a hospital system?

○ Yes

○ No

## 11. Current Leadership Role Title-Select One

| ▼ |
|---|

Vice President of Nursing
Director of Nursing
Assistant Director of Nursing
Nurse Manager
Other (Please Specify)

## 12. Length of Time at Your Current Facility

☐ 0-1 Year

☐ 1-5 Years

☐ 6-10 Years

☐ 11-20 Years

☐ 21-30 Years

☐ 31 or More Years

## 13. Length of Time in Current Leadership Role

☐ 0-1 years

☐ 2-5 Years

☐ 6-10 Years

☐ 11-20 Years

☐ 21-30 Years

☐ 31 or More Years

☐ I prefer not to answer

## 14. Your Current Span of Control

☐ 1-10 Staff

☐ 11-20 Staff

☐ 21-40 Staff

☐ 41-60 Staff

☐ 61-80 Staff

☐ More than 80 Staff

## 15. In my leadership role, I am also responsible for the following activities: (Check all that Apply)

☐ Infection Control

☐ Quality Management

☐ Risk Management

☐ Staff Education

☐ MDS Coordination

☐ Other

## 16. Membership in Professional Organizations (Check all that Apply)

☐ AACN

☐ PNA

☐ AONE

☐ ENA

☐ Other

## 17. Ownership Status of Your Facility

☐ Non-governmental/Nonprofit

☐ For Profit/Investor Owned

☐ Governmental/Military,VA or State

☐ Other

☐ I prefer not to answer

## 18. Services Provided by Your Facility (Check All that Apply)

- ☐ Acute Care
- ☐ Long Term Care
- ☐ Skilled Nursing Care
- ☐ Home Health Care
- ☐ Assisted Living
- ☐ Independent Living
- ☐ Adult Day Care
- ☐ Other

## 19. Of the following 16-What are your top 3 leadership challenges-RANK ONLY THE TOP THREE

| | 1 | 2 | 3 | |
|---|---|---|---|---|
| Staff Turnover | ○ Staff Turnover 1 | ○ Staff Turnover 2 | ○ Staff Turnover 3 | ○ Staff Tu |
| Patient Safety | ○ Patient Safety 1 | ○ Patient Safety 2 | ○ Patient Safety 3 | ○ Patient S |
| Budget | ○ Budget 1 | ○ Budget 2 | ○ Budget 3 | ○ Budget 4 |
| Recruiting Staff with Right Competencies | ○ Recruiting Staff with Right Competencies 1 | ○ Recruiting Staff with Right Competencies 2 | ○ Recruiting Staff with Right Competencies 3 | ○ Recruiti Right Comp |
| Staffing | ○ Staffing 1 | ○ Staffing 2 | ○ Staffing 3 | ○ Staffing |
| Increasing Patient Acuity | ○ Increasing Patient Acuity 1 | ○ Increasing Patient Acuity 2 | ○ Increasing Patient Acuity 3 | ○ Increasi Acuity 4 |
| Resident/Family Satisfaction | ○ Resident/Family Satisfaction 1 | ○ Resident/Family Satisfaction 2 | ○ Resident/Family Satisfaction 3 | ○ Residen Satisfaction |
| Regulatory Issues | ○ Regulatory Issues 1 | ○ Regulatory Issues 2 | ○ Regulatory Issues 3 | ○ Regulato |
| Implementing Principles of Culture Change | ○ Implementing Principles of Culture Change 1 | ○ Implementing Principles of Culture Change 2 | ○ Implementing Principles of Culture Change 3 | ○ Impleme Principles of Change 4 |
| Educational Development of Staff | ○ Educational Development of Staff 1 | ○ Educational Development of Staff 2 | ○ Educational Development of Staff 3 | ○ Educatic Developmen |
| Managing a Diverse Workforce | ○ Managing a Diverse Workforce 1 | ○ Managing a Diverse Workforce 2 | ○ Managing a Diverse Workforce 3 | ○ Managi Workforce 4 |
| Performance | ○ Performance | ○ Performance | ○ Performance | ○ Perform |

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is high

|  | 1 | 2 | 3 |  |
|---|---|---|---|---|
| Management | Management 1 | Management 2 | Management 3 | Managemen |
| Increasing Psych-Mental Health Issues | ○ Increasing Psych-Mental Health Issues 1 | ○ Increasing Psych-Mental Health Issues 2 | ○ Increasing Psych-Mental Health Issues 3 | ○ Increasi Mental Heal |
| Ethical Issues Involving End of Life Care | ○ Ethical Issues Involving End of Life Care 1 | ○ Ethical Issues Involving End of Life Care 2 | ○ Ethical Issues Involving End of Life Care 3 | ○ Ethical I Involving Ei Care 4 |
| Age Competencies-Younger | ○ Age Competencies-Younger 1 | ○ Age Competencies-Younger 2 | ○ Age Competencies-Younger 3 | ○ Age Col Younger 4 |
| Reimbursement for Care | ○ Reimbursement for Care 1 | ○ Reimbursement for Care 2 | ○ Reimbursement for Care 3 | ○ Reimbu Care 4 |
| Physicians/Providers | ○ Physicians/Providers 1 | ○ Physicians/Providers 2 | ○ Physicians/Providers 3 | ○ Physicia |
| Developing Critical Thinking Skills in Staff | ○ Developing Critical Thinking Skills in Staff 1 | ○ Developing Critical Thinking Skills in Staff 2 | ○ Developing Critical Thinking Skills in Staff 3 | ○ Develop Thinking Sk |
| Other | ○ Other 1 | ○ Other 2 | ○ Other 3 | ○ Other 4 |

## 20. Rate Your Agreement with the following statement:

## I have difficulties recruiting staff.

○ Strongly Agree

○ Agree

○ Neither Agree nor Disagree

○ Disagree

○ Strongly Disagree

## 21. Rate your agreement with the following statement:

## I have difficulties Recruiting LPN staff:

○ Strongly agree

○ Agree

○ Neither agree nor disagree

○ Disagree

○ Strongly disagree

## 22. Rate your agreement with the following statement:

## I have difficulties retaining RN staff

- ○ Strongly agree
- ○ Agree
- ○ Neither agree nor disagree
- ○ Disagree
- ○ Strongly disagree

## 23. Rate your agreement with the following statement:

## I have difficulties retaining LPN staff.

- ○ Strongly agree
- ○ Agree
- ○ Neither agree nor disagree
- ○ Disagree
- ○ Strongly disagree

## 24. What KEY leadership skills are needed for nurses in Nursing Leadership roles today ? CHECK ALL THAT APPLY

- ☐ Budget and Financial Management
- ☐ Coaching and Mentoring of Staff
- ☐ Performance Management
- ☐ Quality Management
- ☐ Knowledge of the Regulatory Environment
- ☐ Customer Service
- ☐ Evidence-based practice
- ☐ Technology Savvy
- ☐ Negotiating Contracts
- ☐ Conflict Resolution
- ☐ Interdisciplinary Collaboration
- ☐ Other

## 25. What leadership competencies will future nurse leaders need that are different from what is expected today? WRITE IN

[                                        ]

## 26. What could or should be changed to make nursing leadership positions more attractive to future nurse leaders? WRITE IN

[                                        ]

## 27. What are your plans for retirement?

○ 1-3 Years
○ 4-6 Years
○ 7-10 Years
○ No Plans to Retire

## 28. Does your organization have a succession plan to replace nurse leaders?

☐ Yes
☐ No
☐ Other
☐ I prefer not to answer

## 29. RN Turnover during 2017 (CHOOSE ONE)

[                              ▼] Less than 5%
5-10%
11-20%
21-30%
31-40%
More than 40%
I don't know

## 30. LPN turnover during 2017

[                              ▼] Less than 5%
5-10%
11-20%
21-30%
31-40%
More than 40%
I don't know

## 31. CNA/ITA Turnover during 2017

[ ▼ ] Less than 5%
        5-10%
        11-20%
        21-30%
        31-40%
        More than 40%
        I don't know

## 32. Do you hire new RN graduates?

○ Yes
○ No

## 33. If Yes- Do you have a new graduate orientation?

○ Yes
○ No

## 34. Model for Staff Development in Your Facility

○ Dedicated Educator
○ Regional Consultant
○ Use Outside Vendor
○ Computer-Based Programs
○ Provided by Nurse Manager
○ Other

## 35. What educational resources/format would be most helpful in improving the leadership skills of your RN staff? CHECK ALL THAT APPLY

☐ Onsite Workshops
☐ Conferences
☐ Online Programs
☐ Other

**DONE**

# Appendix C:  Permission to Use Survey