NURSE MANAGERS' PERCEPTIONS OF THEIR WORK ENVIRONMENTS AND THEIR PERCEIVED IMPACT ON STAFF NURSES

AND PATIENT OUTCOMES

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

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DENTON, TEXAS

MAY 2019

DEDICATION

I want to dedicate this dissertation, first to the almighty God whose love is unconditional, whose grace is always enough, and who has given me this victory. I also want to dedicate this work to the ever-loving memory of my late parents, Chief and Mrs. Kaine Eneduwe. Both of you instilled in me the value of hard work and perseverance and you taught me to always aim higher and never give up. Your memories live in my heart every day, and I miss you both so much.

ACKNOWLEDGMENTS

I want to thank God almighty for going through this journey with me. He provided me with the strength and faith when I was weary and doubtful. I want to thank my husband and life partner, Dr. Michael Ogashi for his love, encouragement, advice, support, and understanding. He held my hand during the tough moments and always believed in me. I want to thank my lovely children for their support and sacrifices during those long study hours that I was away from them. You all are the loves of my life.

I would like to acknowledge my academic professors without whom this dissertation would not have been possible. I would like to thank my committee chair, Dr. Peggy Landrum for her wealth of knowledge, invaluable feedback, and support. Her flexibility and encouragement will not be forgotten. I would also like to thank my dissertation committee, Dr. Paula Clutter and Dr. Robin Toms, whose invaluable feedback made the product of this dissertation optimal. I am very grateful for their contribution to this journey. I am also very grateful to my academic advisor, Dr. Sandra Cesario, who from the onset has been very supportive, understanding, and encouraging. I appreciated her guidance, great insight, and unbeatable timely feedback.

Finally, I would like to thank all the participants who graciously agreed to participate in this study. Without your willingness to participate, this journey would have been impossible. Thank you.

ABSTRACT

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The purpose of this study was to develop understanding of nurse managers' perceptions of their practice environments, their roles and responsibilities within that environment, and how that environment is perceived to affect staff nurses and patient outcomes in their units.

Nurse managers play a pivotal role in patient care delivery, yet few studies have assessed their work environment. In the last two decades, there has been an expansion in the scope of nurse managers' roles and responsibilities, as well as increased complexity and workload. Recent studies showed that nurse managers intend to leave their positions within five years due to increasing responsibilities, stress, and burnout. With patient safety as top priority for healthcare institutions across the nation, nurse managers as frontline leaders are charged with creating an environment that ensures optimal patient safety. Unhealthy work environments for nurse managers have negative consequences because a stressed and ineffective nurse manager can adversely affect staff nurse functioning and organizational performance. Therefore, ensuring a patient care

environment that supports staff nurses and improves patient outcomes requires a practice environment where nurse managers are equally supported in their role.

This study utilized a qualitative hermeneutic phenomenological research design. Using the snowball sampling method, 17 nurse managers with 24-hour responsibilities for their units, and at least 6 months of managerial experience in an acute care hospital setting were enrolled as participants. With a guide consisting of 10 questions, data were collected using a one-time, in-depth, semi-structured audio-recorded interview. Data were analyzed using the hermeneutic circle. Three major themes and four additional sub-themes emerged from this study. The three major themes were *overwhelming workload*, *inadequate training and resources*, and *team support and collaboration*. The four additional sub-themes were *stress, burnout and turnover, ineffective unit management*, *advocacy and listening, and nurse leader rounding*.

The findings revealed that although nurse managers love their job and nursing teams, they perceived being overworked with less than adequate resources, they are unable to effectively manage employees 24 hours around the clock, and they are not adequately trained prior to assuming the managerial role. Consequently, when managers are stressed and frustrated as a result of an overwhelming workload, lack of training, or lack of resources, it negatively impacts their staff nurses' outcomes. Eventually, staff nurses decide to leave in search for better working conditions that in turn also negatively impacts patients with less than desirable patient outcomes

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INTRODUCTION

Focus of Inquiry

Providing high-quality patient care requires trained and qualified staff nurses who are engaged with and committed to their organizations. Retaining those well-trained staff nurses requires healthcare organizations to keep their highly skilled and efficient nurse managers who are equally involved and invested in their organizations. Unfortunately, recent studies have shown that nurse managers' tenure in office is less than five years (Warshawsky & Havens, 2014). This frequent change and turnover of nurse managers create an environment that is not desirable for a safe patient care environment, which eventually leads to staff nurse turnover and poor patient outcomes. Nurse managers' positions as front-line management place them uniquely between their employees and middle/upper leadership, which requires them to have the ability to understand both perspectives. Such an important role requires more attention and focus on establishing a healthy work environment (HWE) that will ensure success in their position (McLarty & McCartney, 2009; Warshawsky & Havens, 2014).

The responsibilities of nurse managers have evolved and have steadily increased in scope and become more intricate in the current healthcare environment (Miltner, Jukkala, Dawson, & Patrician, 2015; Shirey, 2006a; Warshawsky, Lake, & Brandford, 2013). These expectations include the number of units for which a manager is responsible as well as a higher number of direct reports, increased involvement in hospital-wide

initiatives, and the need to ensure a safer patient care environment (Warshawsky et al., 2013). Nurse managers are faced with increased workloads, affecting their ability to fully implement all required role components; for example, resource and financial management, and providing quality care, systems thinking, and customer service (Zwink et al., 2013). Warshawsky and Havens (2014) determined in their study that 72% of nurse managers planned to leave their positions within five years citing burnout as the most common reason for the intent to go.

The purpose of this study was to develop an understanding of nurse managers' perceptions of their practice environments, their roles and responsibilities within that environment, and how that environment affects staff nurses and patient outcomes in their units. Numerous research studies of the work environments of bedside nurses have shown that nurse managers are responsible and have the primary responsibility of providing an environment where staff nurses can safely perform their duties (Moore, Leahy, Sublett, & Lanig, 2013; Brunges & Foley-Brinza, 2014; Sherman & Pross, 2010). To ensure that nurse managers can meet their role expectation, examination of their perceptions of their work environments and their perceptions of how that work environment affects staff nurses and patient outcomes is essential. Examining their work environment is particularly important because nurse managers need assurance that they too have a practice environment that is supported by their leaders and organizations. Hewko, Brown, Fraser, Wong, and Cummings (2015) found that organizations must retain their nurse managers if they plan to attract their staff nurses into leadership positions, and thus must create and foster an environment that supports nurse managers.

Several descriptions of HWE have emerged over the years. Kramer and Schmalenberg (2008) described HWE as an environment that supports productivity, and in which nurses can give quality care that is satisfying and meets personal needs. These authors also indicated that HWEs had been associated with and empirically-linked to patient satisfaction as well as reduced staff turnover, increased retention, job satisfaction, and a lower degree of job stress and burnout among nurses (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Aiken et al., 2011; Kramer & Schmalenberg, 2008). Shirey (2006b) described HWE as a work setting in which policies, procedures, and systems are developed and implemented to ensure that employees can meet organizational objectives and achieve personal satisfaction in their work. According to the above author, these environments promote trust between nursing leaders and staff. Additionally, the culture within the organization is such that communication and collaboration are encouraged and supported, and one in which all employees feel safe both physically and emotionally. Warshawsky and Havens (2014) described HWE as an environment that is safe and humane where healing can occur while respecting the dignity, rights, needs, and contributions of all involved, including patients, their families, and the healthcare team.

Definition of Key Terms

For this study, the definitions of the following key terms are intended to provide a better conceptual understanding of HWE in nursing leadership.

HWE: As "an environment that encompasses the six original standards of HWE from American Association of Critical Care Nurses (AACN) to include appropriate staffing,

authentic leadership, effective decision-making, meaningful recognition, skilled communication and true collaboration" (Huddleston & Gray, 2016, p. 467).

Nurse leaders: Defined as "nurses in formal leadership positions" (Huddleston, Mancini, & Gray, 2017, p. 141).

Nurse administrators: Defined as "nurses who function in an administrative role" (Huddleston et al., 2017, p. 141).

Nurse executives: Defined as "nurses who are accountable for nursing services such as a chief nursing officer or vice president" (Huddleston et al., 2017, p. 141).

Nurse manager: Defined as "the first-line manager of a patient care unit or units with 24-hour responsibility for the operational, fiscal, and performance accountability" (Warshawsky & Havens, 2014, p. 34).

Staff nurse: Defined as "a nurse who works at least 50% of the time providing direct patient care" (Huddleston et al., 2017, p. 141).

Nurse outcomes: Defined as "the autonomy, self-efficacy, job satisfaction, and commitment to the organization" (Huddleston et al., 2017, p. 141).

Patient outcomes: Defined as "the presence or absence of hospital-acquired infections, patient falls, pressure ulcer occurrence, restraint use, and patient satisfaction with nursing care" (Huddleston et al., 2017, p. 141).

The Problem of Study/Statement of Purpose

This study was concerned with the exploration of nurse managers' perceptions of their work environment. Healthcare organizations must retain their nurse managers if they are to provide high quality and cost-effective patient care. Warshawsky and Havens

(2014) reported that nurse managers' tenure in office is less than five years, while Hewko et al. (2015) reported that 56% of nurse managers intend to stay in their current position for only two years. Manager turnovers create an undesirable patient care environment that can lead to staff nurse turnover and poor patient outcomes (Warshawsky & Havens, 2014). Nurse managers as the bridges between their employees and middle/upper leadership can have their role enhanced through further exploration of their work environments and their perceptions of how that environment affects their staff and patients to ensure optimal functioning (McLarty & McCartney, 2009; Warshawsky & Havens, 2014). Consequently, the purpose of this study was to develop an understanding of nurse managers' perceptions of their practice environments, their roles and responsibilities within that environment, and how that environment affects staff nurses and patient outcomes in their units.

Research Question

This study aimed to answer one primary and two sub-research questions:

1: What are nurse managers' perceptions of their work environments?

2: How do nurse managers perceive their work environments to affect staff nurse outcomes?

3: How do nurse managers perceive their work environments to affect patient outcomes?

Rationale for the Study

For almost two decades, extensive research has been conducted on the concept of HWE as it relates to staff nurses and patient outcomes (Aiken et al., 2002; Kramer & Schmalenberg, 2008; Kupperschmidt, Kientz, Ward, & Reinholz, 2010; Ritter, 2011).

Much of the HWE literature to date has focused on the actions that nurse leaders take to facilitate and provide an environment that supports staff nurses' functioning. Unfortunately, despite nurse managers' tireless efforts to ensure that such an environment exists, many work environments remain unhealthy, and staff nurses continue to leave their institutions and the profession (Kupperschmidt et al., 2010).

One nurse manager role expectation is to create a supportive work environment and to serve as a role model for staff nurses (Shirey, 2006a). However, very little attention has been given to nursing management work environment and its impact on staff nurses and patient outcomes. Gormley (2011) found that nurse managers and staff nurses perceive the work environment differently and the motivational factors for intent to stay in the organization vary. Further study of the nurse manager's work environment will help determine how managers can be supported to be more effective and efficient in managing role expectations. The Institute of Medicine (IOM) charged healthcare organizations with developing a culture of safety through strong leadership by clinicians, executives, and governing bodies to ensure that work processes are focused on the reliability and safety of care for patients. The charge resulted from IOM findings on medical errors (IOM, 1999).

Aiken et al. (2002) identified associations between nurse-patient ratios, patient mortality, nurse burnout, and job dissatisfaction, further demonstrating the need to foster a healthy work environment for nursing leaders who are responsible for the nursing staff. Additionally, a more recent study by Aiken et al. (2011) that looked at the effects of nurse staffing and nurse education on patient mortality in hospitals with different nurse

work environments showed similar findings. The above authors found that higher patient-to-nurse ratios were associated with increased patient deaths and failure-to-rescue, while reduced nurse-to-patient ratios, and a work setting with higher percentages of bachelor-prepared nurses had fewer patient deaths and failure to rescue.

The AACN, in 2005, responded to growing evidence that medical mistakes, unsafe patient care delivery practices, and unmanageable stress among the healthcare team members were associated with unhealthy work environments. AACN then published the original six essential standards necessary to create and ensure HWE (AACN, 2005). Shirey (2006b) found that HWE for nursing practice is crucial for maintaining an adequate nursing workforce. The results of that study indicated that nurse managers play a pivotal role in shaping the healthcare practice environment, which affects the retention of nurses and the provision of quality patient care. However, those expectations are hard to meet because a stressed nurse manager can adversely affect the morale of the nursing unit, which is detrimental to staff nurses, patient outcomes, and organizational performance (Kath, Stichler, & Ehrhart, 2012).

Shirey, McDaniel, Ebright, Fisher, and Doebbeling (2010) found that staffing (human) resources, tasks/work, and expectations of high-performance outcomes were three areas that produced the most stress for nurse managers. Furthermore, 86% of the nurse managers surveyed cited management of people and lack of resources as a significant source of stress. Coping strategies employed by nurse managers to manage their stress depended on the nurse manager's years of experience as a manager, and the availability of co-managers with whom to share ideas and reframe thoughts. Their

findings also suggested that stress affects the physical, psychological, and functional ability of the nurse managers, especially those with multiple units and increased workloads. Warshawsky et al. (2013) conducted a study in which nurse managers were asked to provide an analysis of their practice environments. Warshawsky et al. (2013) described practice environments that limited their role effectiveness and negatively affected organizational performance. For instance, some of the managers were reported to be responsible for managing more than one unit, which significantly increased their workload. Others shared frustrations with being micro-managed by their directors while some did not have immediate director supervision at all. Some of the managers also complained of not having enough time to complete tasks and did not have any other support staff. Warshawsky et al. (2013) concluded that further research was needed to understand the effects of the managers' practice environments on staff nurses and patient outcomes.

According to the AACN, HWEs are essential to ensure patient safety, enhance staff recruitment and retention, and maintain an organization's financial viability. AACN indicated that ignoring those elements poses a serious obstacle to creating and sustaining safe practice environments, and without them, the journey to excellence is impossible (AACN, 2005). Nursing outcomes have been shown to correlate directly with patients' outcomes (Aiken et al., 2002; Aiken et al., 2011). Nurse managers, based on their position and responsibilities, can be the force that stabilizes the unit's workforce, reduce vacancy rates, and increase staff satisfaction to achieve a healthier work environment for their staff and a safer environment for their patients (McKenna et al., 2011). Even though

some studies have investigated the general practice environment of nurse managers, additional study of nurse managers' perceptions of their work environments and of how they perceive that environment to affect staff nurses and patient outcomes is an important phenomenon to be explored (Warshawsky & Havens, 2014; McKenna et al., 2011; Shirey, 2006b).

Philosophical Underpinnings

This study was guided by the philosophy of Martin Heidegger, a German philosopher who studied under Edward Husserl. His work contributed significantly to phenomenology, existentialism, political hermeneutics theory, psychology, and theology. He was interested in the concept of "being," human life or Dasein, language, time, and space. Heidegger was concerned with Dasein, or being-in-the-world, and those elements that shape human existence of being-in-the-world, which requires interpretation to unveil meaning (Wilcke, 2002). According to Svenaeus (2010), in Edmund Husserl's phenomenology, this relation between subject and object was termed *intentionality*; however, Martin Heidegger created the term '*being-in-the-world.'* In a literal sense, to live in an environment means to experience it and assign meaning to it through feelings, thoughts, and actions. However, in the world of Heideggerian phenomenology, being-in-the-world is not identical to physical surroundings; instead, it is a pattern of human understanding (Svenaeus, 2010). Heidegger argued that phenomenology is taking the experience as a theoretical starting point. He suggested that phenomenological analysis should focus on pre-existing conditions that must be present for the phenomenon to exist. Hermeneutic phenomenology attempts to unveil the world as experienced by the

participants through the interpretation of their life world stories (Kafle, 2011). In applying this phenomenological method, investigators are to examine experiences to explore conditions that exist to shape that experience. The goal of this research was to look beyond the face value of the experiences of life and uncover the hidden meanings of the phenomena (Lopez & Willis, 2004).

Theoretical Framework

The theoretical framework for this study integrated concepts from the AACN healthy work environment attributes. To better understand the foundation of this theoretical perspective, Maxfield, Grenny, McMillan, Patterson, and Switzler (2005) conducted a study to increase understanding of organizational structures. Specifically, they explored broken rules, medical mistakes, lack of support, incompetence, poor teamwork, disrespect, and micromanagement. The study results showed that 1) Eighty-four (84%) of physicians and 62% of nurses and other clinical care providers have seen co-workers taking shortcuts that could be dangerous to patients. 2) Eight-eight (88%) of physicians and 48% of nurses and other providers work with people who show poor clinical judgment. 3) Physicians, nurses, and other clinical staff who directly confront their colleagues about their concerns were fewer than 10%, and 1 in 5 physicians said they have seen harm come to patients as a result. 4) The 10% of healthcare workers who raise crucial concerns see better patient outcomes, and those are the ones who work harder, are more satisfied, and are more committed to staying in their jobs.

In 2005, the AACN published six essential standards necessary for establishing and sustaining HWE due to a recognition of the links between quality of the work

environment, excellent nursing practice, and patient care outcomes (Aiken et al., 2002; AACN, 2005; McKenna et al., 2011). The AACN theorized that most medical errors occur because of ineffective interpersonal relationships in healthcare environments (AACN, 2005). The following are the six essential standards included in the AACN HWE framework:

1) *Skilled Communication*: Proficiency in both nursing communication and clinical knowledge.
2) *True Collaboration*: Continuous advocacy for collaboration among healthcare team members.
3) *Effective Decision Making*: Nurses being active participants in decision making within their organizations and actively involved in policy development and implementation.
4) *Appropriate Staffing:* Nurse-patient ratios that supports adequate staffing and safe patient care while considering employee skills.
5) *Meaningful Recognition*: Recognizing nurses for their work, worth, values, and commitment to their organizations.
6) *Authentic Leadership*: HWE must be advocated for, encouraged, promoted, and lived by nursing leaders every day (AACN, 2005).

Ensuring an HWE requires the conscious efforts of nurse leaders who are willing to advocate and lead others in their advancement. This leadership must be available across all shifts. Leaders can help create a culture where everyone has the opportunity to function optimally through staff engagement and development of shared values in their

work. Likewise, problems can occur between nurses and leadership when nurse managers have responsibilities they cannot manage effectively, or that makes it a challenge to supervise/coach their staff or track and monitor patient outcomes (Sherman & Pross, 2010). The organizational culture within a healthy work environment must support communication and collaboration. There should also be a strong sense of trust among all employees from the highest position to the lowest rank within the organization. The organization empowers employees to be active decision-makers and risk-takers and provides personal and professional growth for its employees (Huddleston, 2014).

Studies have shown the relationship between fatigue and patient outcomes (Aiken et al., 2002; AACN, 2005; McKenna et al., 2011). Knowing the correct nurse-patient ratios and how to optimally manage nurse schedules is a goal that all hospitals would like to achieve. Appropriate staffing is essential to keeping patients safe. Staffing standards ensure that structures and processes necessary to provide staffing that matches patient needs with nurse competencies are in place, ultimately leading to HWE (Blake, 2013).

Understanding nurse managers' perceptions of how their work environment affects the staff nurses will help them to respond better to the staff needs. Furthermore, when nurses receive recognition for their abilities, knowledge, skills, and quality care they provide to patients, it motivates and engages them to selflessly do more. The nursing profession's evidence-based understanding of the importance of a formal recognition process in ensuring an environment conducive to patient and staff safety is paramount to staff nurse retention and recruitment (Barnes & Lefton, 2013).

According to Shirey (2006b), the role of leaders is so pivotal that authentic leadership was identified as the main structure that maintains HWE. Authentic leaders have been determined to have five essential characteristics: understanding their leadership purpose, practicing with core values, leading with compassion, establishing long-lasting relationships, and practicing self-control. Authenticity is an expectation that nursing leaders remain true to their own core values. For leaders to be trusted and seen as genuine, they must stay true to their core values by being vulnerable even if it means displaying their weaknesses openly. The conceptual framework from ACCN as shown in figure 1 below demonstrates the interdependence and relationship between the six essential standards in an HWE, clinical excellence, and optimal patient outcomes.

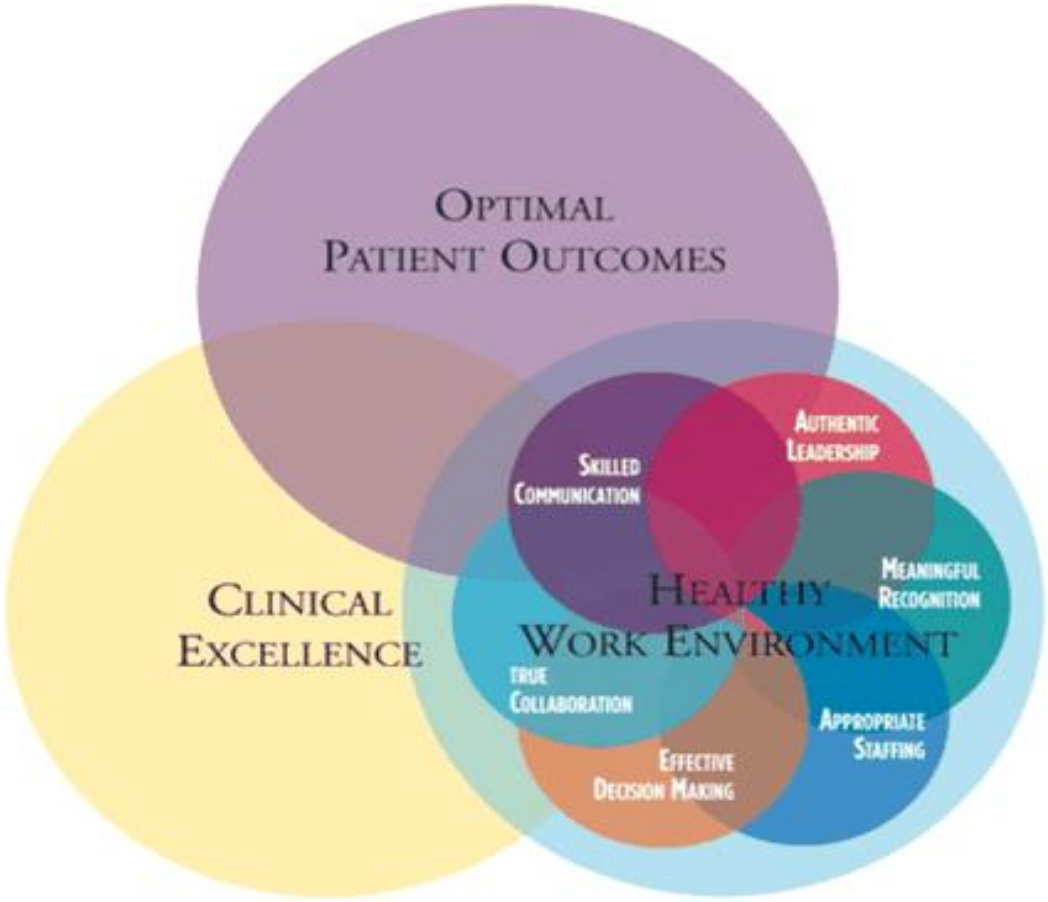

Figure 1. Interdependence of healthy work environment, clinical excellence, and optimal patient outcomes (AACN, 2005).

Summary

Healthcare organizations and hospital administrators were charged with the critical goals of improving the practice environment of staff nurses and improving patients' safety (IOM, 1999; Kramer & Schmalenberg, 2008). Evidence suggests that today's complex healthcare settings necessitate a practice environment that supports workers at all levels to achieve organizational success and produce excellent staff and patient outcomes (Warshawsky et al., 2013).

The findings from this study provide information and knowledge that can lead to opportunities for improving the patient care environment, new evidence on nurse manager's perceptions of a healthy work environment, and nurse manager's perceptions of the impact of their work environment on staff nurses and patient outcomes. That knowledge can be beneficial in recruiting and retaining staff nurses and nurse managers because nurse leaders have established appropriate staffing, meaningful recognition, and skilled communication in the HWE scale as being important (Huddleston et al., 2017). The findings also provide critical knowledge and opportunities that can lead to improving patient safety and patients' quality outcomes. In this chapter, a brief overview of the research study, including the research focus area, problem background, purpose, the significance of the study, and theoretical framework was presented. In Chapter 2, the literature review on nursing management and leadership work environment is presented.

CHAPTER II

LITERATURE REVIEW

Search Strategy

A comprehensive review of the literature was conducted using four electronic databases as well as Google search. The search was conducted on PubMed, CINAHL, Ovid Journals, and ProQuest Nursing and Allied Health databases using a combination of key search terms. The review was restricted to publications from 1999 to present, English language, scholarly journals, full text, and humans. The key words for the search were utilized in combinations to identify the relevant literature on workplace environments of nurse managers. Key terms utilized were nurse administrators, nurse managers, leadership, work place, healthy work environment (HWE), occupational stress, attitude of health personnel, personnel loyalty, burnout, retention, job satisfaction, and patient outcomes.

This time frame was identified to capture the increasing focus on patient safety and the concept of HWE in nursing leadership. The IOM (1999) "to err is human" was very significant to patient safety. Prior to the year 2000, most of the literature on HWEs focused on staff nurses and leadership titles such as charge nurse or head nurse, and it was not until later that the unit leadership titles changed to managers (Shirey, 2006a; Schmalenberg & Kramer, 2009). The AACN's first six standards on establishing HWEs were published around the same period in 2005. This time frame also helped to focus the search on obtaining meaningful and relevant literature related to nurse managers instead

of staff nurses. The inclusion criteria included articles published from 1999 with the main research focus on nurse managers' work environments instead of staff nurses.

In the PubMed database, the search for HWE using the Medical Subject Heading (MeSH) did not yield any results because HWE was not a recognized MeSH term. The search for nurse administrator yielded 12,717 articles. A second search for occupational stress yielded 10,075 articles. Combining these MeSH headings resulted in 207 articles. To obtain information on nurse managers' perceptions, an addition of attitude of health personnel in the MeSH heading yielded 1,455,550 articles. The combination of attitude of health personnel, nurse administrators, and occupational stress resulted in 120 articles. Further addition of the MeSH term leadership and workplace resulted in 98 articles, of which further in-depth analysis of the abstracts produced 23 potentially significant articles.

In a similar search of the OVID database, the term nurse administrator yielded 1,711,300 articles and a different search of manager, administrator, and leader yielded 974,083 articles. The combination of the two searches yielded 36,768 articles. A separate search of attitude and perception yielded 2,118,667 articles, and the combination of this search with the first two searches yielded 98,548 articles. Further combination of environmental stress, workplace, occupational stress, or burnout resulted in 22,903 articles. To limit to the professional nurses' experience, burnout and professional were added, which further reduced the result to 388 articles but false retrieval of staff nurses and management of patients artificially inflated the result. Consequently, limiting the search to only nurse administrators yielded 201 articles. When limits of English language

and full text were applied, 129 articles resulted, which is closer in number to the 98 that resulted from PubMed in terms of number of potentially good articles obtained.

The ProQuest and Nursing and Allied Health database search of attitude of health personnel and nurse administrators yielded 10,276 articles. A search of occasional stress yielded 3,611 articles. A limitation of leadership yielded 2,546 articles. Limiting the search with the term workplace produced 1,740 articles. Final limitation to full text, English language, and peer reviewed articles resulted in 147 articles. Further in-depth analysis of these articles resulted in the selected articles included in the literature review.

In CINAHL database, workplace became work environment and the search yielded 25,163 articles, attitude of health personnel yielded 35,058 articles, nurse administrators yielded 7,526 articles, leadership search yielded 34,456 articles, while occupational stress yielded 14,034 articles. Then a combination of the above searches yielded nothing but when nurse administrators and attitude of health personnel were added, it resulted in one potentially good article. Finally, Google search was performed using search terms such as nurse manager retention, nurse manager orientation and nurse manager stress that yielded few hand-selected articles that were included as part of the final 42 articles included in this literature review.

The purpose of this study was to develop understanding of nurse managers' perceptions of their practice environments, their roles and responsibilities within that environment, and how that environment affects staff nurses and patient outcomes on their units.

This study aimed to answer one primary and two sub-research questions:

1: What are nurse managers' perceptions of their work environments?

2: How do nurse managers perceive their work environments to affect staff nurse outcomes?

3: How do nurse managers perceive their work environments to affect patient outcomes?

Literature Search Results

The abstracts of the articles retrieved from the literature search were briefly read followed by an in-depth reading and analysis of the full text articles The findings from the literature review are arranged according to six major groups as follows: nurse managers' role expectation, managing staff performance, nurse managers' role orientation, stress in nursing management, nurse managers' retention, and nurse managers' role in staff and patient outcomes.

Nurse Managers' Role Expectations

Healthcare organizations experience tremendous pressure to continually identify ways to decrease budgets and to increase the efficiency and effectiveness of healthcare professionals. Nurse managers play a significant role in this change strategy, both nationally and internationally, as they are the front-line leadership professionals in hospitals. They are expected to staff the unit based on a preset grid that does not consider the acuity of the patients, the skill set of the healthcare team, and other factors that play into the daily operations of the unit. Failure to consider these factors affects effectiveness, efficiency, and physical and mental health of staff, as well as the provision of safe and quality healthcare to patients (Gikopoulou, Tsironi, Lazakidou, Moisoglou, & Prezerakos,

2014). Nurse managers are often referred to as middle managers and are expected to effectively build relationships with both their employees and senior executives within their organizations. Nurse managers often experience imbalance and role ambiguity as they attempt to accommodate both employees and executives. They play an important role in leadership succession and act as the portal or bridge to senior nursing leadership positions (Warshawsky & Havens, 2014).

Nurse managers as front-line leaders are recognized for providing patient care services. They are responsible for planning, organizing, conducting, controlling, and evaluating the resources needed to provide safe and high-quality patient care. They are tasked with targeting institutional goals while facing economic, political, and legal limitations. Simultaneously, they must deal with fulfilling goals and expectations required within the clinical service areas they oversee (Kocoglu, Duygulu, Abaan, & Akin, 2016). To fulfill this role expectation, nurse managers must be trained in problem-solving techniques. For instance, a non-randomized quantitative study of 98 nurse managers using a problem-solving intervention showed statistically significant ($p<0.05$) improvements in the frontline nurse managers perceived problem-solving skills, confidence, and approach-avoidance behaviors (Kocoglu et al., 2016).

Nurse managers are expected to be transformational leaders. A transformational leadership style is defined as when leaders enhance the motivation, morale, and performance of their followers or groups (Sherman & Pross, 2010). According to Cummings, MacGregor, Davey, and Stafford's (2010) systematic reviews of 53 articles that included 10 electronic databases, leadership styles that were focused on people and

relationships were associated with higher nurse job satisfaction, while leadership styles that were focused on tasks were associated with lower nurse job satisfaction. Furthermore, organizational leaders believe that workplace culture is one of the most significant factors that increase employee commitment, engagement, and job satisfaction. Literature findings indicate that hospitals perform better over time in every measurable category when transformational leadership is used to keep employees engaged, motivated, and committed (Brunges & Foley-Brinza, 2014; Wais, 2017).

A high level of workforce commitment is linked to improvement in organizational performance metrics such as increased patient safety, and consumer and patient satisfaction. Workplace culture is often difficult to change. Leaders must develop an understanding of their facility's current culture and a vision of what an ideal culture would be. The first steps to improving an existing culture require leaders with insight as well as the appropriate management tools to engage personnel in embracing a positive change for a healthier and more productive workplace. For instance, with a very strategic approach, performance improvement projects were executed over a period of three years by the University of Florida Health Shands Hospital, Gainesville that led to increased staff job satisfaction (Brunges & Foley-Brinza, 2014). Healthcare systems are predicted to become even more complicated as access and demand increase, and resources decrease (Kirby, 2010). Nurse managers are often expected to engage in other duties not directly related to managing employees or patient care areas. These may include committee involvement, meeting attendance, report management, and community initiatives. The responsibilities of nurse managers will evolve as organizations continue to respond to

changes in healthcare policies, regulations, and the current economic environment (Warshawsky & Havens, 2014).

The demand for value within the healthcare system requires consistent attention to both quality and cost. Frontline healthcare professionals are critical to the implementation of the changes needed to improve healthcare delivery and decrease unnecessary expenditures. Nurse managers have a crucial role in creating environments conducive to effect change in their nursing units. Additionally, they must be able to synthesize and disseminate quality indicator information to their direct reports, set strategic goals that justify the importance of the proposed work, and manage the day-to-day activities that support care delivery. For instance, a qualitative focus group study of 20 nurse managers by Miltner et al. (2015) showed that professional development activities focusing on higher-level leadership competencies could assist managers to be more successful in their challenging but critical role.

Amongst all leadership positions in hospitals, frontline nurse managers are the most crucial in managing day-to-day patient care activities. They are the most visible to patients and their families, direct caregivers, physicians, and other allied healthcare providers involved in service delivery. Nurse managers are pivotal to linking their organization's vision and strategic goals with clinical practice at the unit level, and their role will become increasingly more critical as the expectation of delivering high quality, cost effective patient care with fewer resources continues. Therefore, excellent nursing leadership will be vital in managing complex healthcare environments effectively (Kirby, 2010).

Managing Staff Performance

Some of the most challenging conversations that managers have in the course of performing their duties are with their nursing staff. Managers must have the ability to manage their nursing staff to ensure proper patient outcomes. According to Gullatte and Jirasakhiran (2005), the management skills and attributes of the nurse manager enhance engagement, job satisfaction, and retention of their direct reports, which helps to sustain organizational goals and commitment. Managers are critical components in building a healthy workforce. Nurse managers must become fully engaged with the staff because managers play a crucial role in assessing, advocating, and implementing a culture of workplace safety and retention. The most critical aspect of managerial output to an organization is the nursing unit under the supervision and influence of the manager. However, nurse managers often struggle with accomplishing all the goals and expectations set by their organizations because of competing obligations.

Nurse managers have a significant influence on both staff nurse functions and patient care outcomes as well as organizational success. According to the American Organization of Nurse Executives (AONE), the nurse manager is required to have clinical nursing knowledge and knowledge of regulatory policies. Their role involves managing multiple responsibilities that include human resource management and strategic organizational thinking (AONE, 2015). Nurse managers are also expected to lead the performance of a multigenerational and aging workforce. Wieck, Dols, and Landrum (2010) conducted a triangulated/mixed method study of 1,733 nurses for survey responses, and 19 nurses for a focus group to provide a generational analysis of nurse

satisfaction and management priorities with the goal of assessing what staff nurses value in their managers and what they want from their employers. In comparing the four generations of the nursing workforce (18-26 years, 26-40 years, 40-60 years, and >60 years-, Wieck et al. (2010) found the top nurse manager qualities to include supportive, dependable, a team player, trustworthy, and professional. However, Wieck et al. (2010) found that 61% of all nurses surveyed planned to leave their jobs within ten years even with a high job satisfaction score, creating an immense pressure on nurse managers to be strategic in implementing processes that will improve staff nurse retention.

Staff nurse retention is one of the significant responsibilities of nurse managers because they play a crucial role in the implementation and administration of human resource practices, as well as the establishment of an environment that supports team building (Armstrong-Stassen, Cameron, Rajacich, & Freeman, 2014). In a mixed method study of 82 staff nurses conducted to explore the relationships between staff nurses in a patient care area and the impact of those relationships on their work environment, Armstrong-Stassen et al. (2014) determined that many of the participants had considered leaving the profession and some had previously left a nursing unit because of poor nurse-nurse relationships. Participants reported certain features that must be present in work environments to ensure proper personal relationships and the role that nurse leaders play in establishing such an environment (Moore et al., 2013). However, due to a large number of direct reports and other responsibilities, nurse managers struggle to find the time to adequately coach and mentor their staff. To highlight the difficulties of managing this high expectation, Warshawsky et al. (2013) reported nurse managers' frustrations

regarding expectations of a single person to operate a unit, grow and develop employees, be continuously on call, and plan staffing when staffing resources are not adequate. Nurse managers also voiced dissatisfaction with the amount of time spent on what they perceived as non-nursing functions such as meetings, budgeting, and problem-solving, often leaving only minimal time for staff and patient interactions.

The goals of ensuring an HWE are multi-faceted and include those that will allow for the provision of quality patient care, for maintenance of an adequate nursing workforce, and promotion of a professional, civil, and collaborative environment. In Laschinger, Wong, Cummings, and Grau's (2014) quantitative, cross-sectional study of 1,241 staff nurses, incivility among the nursing staff accounted for $23.8 billion in both direct indirect costs. In the above study, the conclusion was that the role of positive and supportive leadership approaches could empower nurses and discourage workplace incivility and burnout in nursing work environments, which is an essential role charged for nursing managers. Another primary task of the nurse manager role is managing people. Miltner et al. (2015) reported that nurse managers experienced challenges with managing employees who were in turn managing patients. Personnel management issues ranged from the implementation of standardized practices such as hourly rounding to more complex tasks such as building effective work teams. Struggles over managing personnel issues were reflected in managers' expressions of distress at both the workload and with subordinates. Only a few managers considered proactive leadership strategies but did not have time to implement them.

Managing staff performance is undoubtedly one of the significant challenges that nurse managers face. Ineffective leadership and management styles on the part of managers can lead to more nurses retiring early or leaving the profession altogether and increasing the nursing shortage. Nurse managers act as conduits for direct communications among patients, their families, hospital staff, physicians, and hospital management, yet many organizations do not focus sufficiently and consistently on ensuring that nurse managers have the skills to navigate the high-pressure business complexities of patient care operations (McLarty & McCartney, 2009). To combat this enormous challenge of retaining frontline staff nurses, Wieck et al. (2010) recommended a long-term plan to grow, train, coach, and keep nurse managers. Nurse managers must possess clinical and leadership competencies. To help nurse managers meet performance expectations and succeed in their roles, it is essential to identify the required knowledge and behavioral skills they need (Natan & Noy, 2016).

Finally, Wei, Sewell, Woody, and Rose (2018) carried out a systematic review of the literature on the current state of the science of nurse work environments in the United States from which five themes emerged. First, Wei et al. found that HWE has a significant impact on nurses' psychological health, emotional strains, job satisfaction, and retention. Second, there is an association between HWEs and nurse interpersonal relationships at work, their performance, and productivity. Third, the work environment affects patient care outcomes. Fourth, there is an association between HWEs and hospital safety. Finally, there are relationships between nurse leadership and healthy work

environments in which the behaviors of nursing leaders are important in creating and sustaining HWEs.

Nurse Managers' Role Orientation

Nurse managers play an important role in the retention of engaged and satisfied employees, yet their education preparation is often very minimal with a little coaching and mentoring to ensure success in their roles (AACN, 2005). Nurse managers typically enter the position with little or no managerial skills because they are often promoted based on their expertise as clinicians. Promotion from staff nurse to management without ensuring adequate preparation and training is risky (McLarty & McCartney, 2009). Such promotion criteria lead to managers who are unprepared for the demands of problem-solving, mentoring new employees, maintaining financial compliance, and performing other related responsibilities required of them by their organizational leaders. Intense demands on time, energy, and personnel resources are significant sources of stress, often resulting in substantial adverse effects on job performance and personal well-being (Judkins, Massey, & Huff, 2006; Zori & Morrison, 2009).

Nurse managers deal with very complex situations daily. Being able to resolve conflicts arising from employee relations and patient care situations is crucial to their success. However, they often lack the leadership skills required for effective financial management, human resources, collective bargaining, essential conversations with their staff, effective communication with multiple departments, and quality management (Zori & Morrison, 2009). The healthcare knowledge that nurse managers must possess has expanded and continues to change dramatically. For instance, in the Li-Min, Jen-Her,

Ing-Chung, Kuo-Hung, and Al (2007) quantitative, correlational study of 382 nurse managers, results showed that nurse managerial activities differ significantly according to the level of nurse management which are top, middle, and supervisory levels. Therefore, a set of critical administrative activities, knowledge, and skill needs for each level of nurse managers is essential in nursing leadership (Li-Min et al., 2007). Many nurse managers lack the education and skills required for success. Nurse managers are expected to manage some of the most massive budgets and the highest number of staff; therefore, senior leadership must ensure they have the necessary education and tools (Kirby, 2010). Such demands and technical changes are constantly requiring nursing leaders to evaluate and upgrade their skills and knowledge sets. Recruiting and retaining nurse managers who have the skills and knowledge necessary to support the hospital's goals and manage nursing staff effectively is critical (Li-Min et al., 2007).

It is challenging to accurately forecast what knowledge, skills, and resources that nurse leaders would need to lead in future healthcare delivery systems. Effectively conflict management can help to create a culture in which staff nurses feel valued; however, new leaders often lack confidence in their ability to manage conflict. Sherman and Pross (2010) suggested that experienced senior nursing leaders could use real-time conflict situations as excellent coaching opportunities with novice leaders because they provide a structured approach to resolving the conflict among team members. Nurse managers must be able to re-evaluate the way care is delivered and how the staff is engaged in a patient care unit to achieve the desired organizational goals (Zori & Morrison, 2009).

One of the problem areas in nurse managers' preparation for their role is the lack of a standardized approach to developing managerial competency. In McCarthy and Fitzpatrick's (2009) mixed method study of 301 nurse managers' competencies, the authors suggested developing generic competencies for nurse managers' orientation. These generic competencies were meant to evaluate the readiness of potential managers and would assist individual nurses who aspire to become nurse managers in future career planning. The eight generic competencies include practitioner competence and professional credibility, communication and influencing skills, building and managing relationships, integrity and ethical stance, sustained personal commitment, resilience and composure, service initiation and innovation, and promoting evidence-based decision-making.

AONE (2015) also proposed three competency domains in which nurse managers must gain expertise. The first is the science of managing the business that incorporates areas such as financial and human resource management, performance improvement, foundational thinking skills, technology, strategic management, and clinical practice knowledge. The second domain is the art of leading people, which includes areas such as human resource, leadership skills, relationship management, ability to influence behaviors, diversity, and shared decision-making skills. The third domain is the ability of leaders to manage themselves. This area includes the ability of managers to create the leader within themselves through goal setting which should include both personal and professional goals and optimizing the leader within. AONE believes that gaining competence in those domains will adequately prepare nurse managers.

Nurse managers play a pivotal role in hospital organizations and have come to be regarded as one of the most essential assets of a hospital. They are increasingly asked to do more with less, and although their managerial responsibilities have increased, they have not received training in management principles. Many nurse managers lack the leadership skills and knowledge needed to handle very complex situations. The role expectations for nurse managers include effective communication skills, human resource management, ability to work collaboratively with other departments within the institution, strategic thinking, and vision to remain competitive within the healthcare environment (Li-Min et al., 2007). Inadequately prepared nurse managers can result in leader inconsistency, which can result in employee frustration and dissatisfaction.

To better orient nurse managers to their roles, Middaugh (2014) suggested that senior leaders invest in standardized training for managers to create consistency in behaviors. Nurse managers need to be consistent with hiring processes and should be skilled in running effective meetings and managing financial resources. Leaders must identify middle managers' skill development and provide training to ensure success. Directors and senior executives must help nurse managers identify and prioritize key goals they need to accomplish. Finally, the above author recommended regular meetings between upper and middle managers, even when things are going well. Leaders should ask middle managers what barriers they are facing and how they can be more involved in planning and development.

AACN has since developed the Essentials of Nurse Manager Orientation (ENMO), a comprehensive online nurse manager training course designed in partnership

with the AONE to promote nursing leadership excellence. ENMO was the first orientation course for nursing leadership, created by experts in nursing management specifically for nurse managers and those aspiring to enter leadership, to develop skills necessary to assume these complex responsibilities. The objectives of this online learning module are to: develop a global perspective and understanding of healthcare; demonstrate knowledge of fundamental business management principles; manage unit budget and resources; utilize human resources management skills; develop and implement processes to improve unit quality indicators; and have an overall strategic plan for effective unit operations (AACN, 2018; AONE, 2015). However, the course is $525 per individual, and many healthcare organizations failed to adopt this approach because of cost and lack of awareness.

Stress in Nursing Management

In earlier studies of work environments, findings of resource availability to nurse managers' work environments were inconsistent. For instance, in Spence Laschinger, Purdy, Cho, and Almost's (2006) quantitative, descriptive, correlational study of 202 nurse managers, nurse managers had moderate levels of perceived organizational support and were adequately rewarded for their work. The nurse managers also reported a high degree of autonomy or control over their work and were respected by their peers. Similarly, Kramer et al. (2007) said measures nurse managers found to be supportive of HWE such as support from direct supervisors and executives, peer support from other managers, management/leadership training, and a hospital culture that is fair as experienced by everyone. Other measures included consistent leadership with shared core

values, secretarial assistance, charge nurses who support the manager, private office centrally located to the unit, and computer classes/seminars. However, the AACN also reported that nurse managers seldom had the support and resources to carry out the essential components of their job duties and often do not have the autonomy for independent decision-making within healthcare organizations (AACN, 2005).

Kirby (2010) also reported that nurse managers' scope of responsibility is comprehensive but with typically narrow support systems. Many nursing units are more extensive than other hospital departments and operate 24 hours a day, yet the managers lack clerical support for staffing and scheduling, payroll reconciliation, quality and budget monitoring, and multiple other management tasks. Many have limited assistance in developing, supervising, and evaluating hundreds of employees. Nurse managers must have the necessary resources to be successful. Both clinical and administrative support is often lacking, leading to stress (Kirby, 2010).

Recent studies have shown that the role expectations of nurse managers have greatly expanded in volume and complexity (Warshawsky et al., 2013), and this increase in workload has led to job-related stress such as burnout, illness, employee turnover, and absenteeism (Nowrouzi et al., 2015). These findings were supported by earlier literature such as the Judkins et al. (2006) study on hardiness in nurse managers, which showed that nurse managers shouldered enormous responsibility for organizational success or failure. The nurse managers perceived themselves to be in the position to influence the use of resources that affected patient outcomes and as a result, would sometimes harden themselves or appear insensitive as a coping mechanism to survive the heavy workload.

Additionally, approximately 58% of managers in another study experienced high levels of burnout, although the managers felt that the quality of nursing care within their organizations was good (Spence Laschinger et al., 2006).

Warshawsky, Havens, and Knafl (2012) found that collaborative work environments were more likely to build work engagement and proactive work behaviors in nurse managers. Interpersonal relationships with nurse administrators were associated with nurse managers' work engagement, while interpersonal relationships with physicians were associated with nurse managers' proactive work behavior. Matlakala, Bezuidenhout, and Botha (2014) conducted a qualitative study to explore the challenges encountered by a large group of intensive care unit (ICU) managers. An average ICU has 12 beds, but these units had between 14 and 23 beds. The study found that the challenge related to stressors on the group resulted from factors such as roles and responsibilities of the unit manager, the workload on the unit, and lack of protocols. The ICU managers believed that their duties were enormous and unhealthy. In other studies, a wide range of environmental and personal factors have been shown to influence nurse stress levels and turnover in general (Ulrich, Lavandero, Woods, & Early, 2014; Kelly, Kutney-Lee, Lake, & Aiken, 2013).

Studies that have investigated the work environments within the acute care settings have reported some environmental factors that were associated with intent to leave. These factors include lack of communication with doctors, poor managerial leadership, little participation in hospital affairs, unsupportive work environment, lack of developmental opportunities, inadequate pay, poor work-life balance, and excessive work

pressure. Personal factors linked with intent to leave include older age, low professional status, burnout, and lack of goals (Roche, Duffield, Dimitrelis, & Frew, 2015; McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). Furthermore, cost factors relative to stress are a chief concern for employers when translated into absenteeism, reduced productivity, lowered job motivation, decreased quality decision-making, and loss of skilled nurses. Another category of stressors for nurse managers was repetitive tasks that require ongoing attention, including scheduling and staffing, payroll, supply management, and attending to organizational mandates. The workflow was frequently interrupted by unplanned meetings or events such as patient safety or personnel issues requiring investigation, which creates unrealistic time demands within an 8-hour workday (Miltner et al., 2015).

Udod, Cummings, Care, and Jenkins (2017) conducted a recent qualitative exploratory research study on the effect of stress on the well-being of nurse managers and found that managers are continuously subjected to tremendous stress originating with the role expectation. Specifically, managers cited the following stressors: working with limited resources, constant organizational changes, the complexity of the organization, and senior management disconnection from realities within the practice environment. Udod et al. (2017) also reported that managers are unable to cope effectively with these job-related stressors that could impact the nurse managers' long-term health.

Finding ways to reduce stress and create a healthy workforce are essential in health care (Judkins et al., 2006) and important to the health and well-being of nurse managers (Udod et al., 2017). Due to excessive work demand, nurse managers often

neglect their own physical and emotional well-being. Kim and Windsor (2015) reported that nurse managers often examine their health or life retrospectively, which leads to a decreased ability to perceive family and health crises. Kim and Windsor (2015) argued that nurse managers underestimate the effect of stress on their health. Warshawsky et al. (2013) also found that none of the nurse managers in their study reported satisfaction with their workload or work-life balance. Instead, they described having 24 hours, seven days a week accountability for their areas, and insufficient support staff to sustain the work of the unit. Warshawsky et al. (2013) reported that being on call continuously does not support work-life balance and receiving calls around the clock often leads to lack of sleep and exhaustion. The study indicated that managers were unable to disengage from their work. Some of the managers also reported covering their units to relieve nursing staff shortages and providing weekend supervisory coverage leading to fewer days off and eventual burnout.

Nurse Managers' Retention

In addition to staff nurse shortages, retention of middle managers is perhaps one of the most significant challenges facing healthcare organizations. In a study by Parsons and Stonestreet (2003), 22 of 28 (79%) nurse managers who participated in their research verbalized plans to remain in their roles. However, they reported that they would leave their job when they could no longer ensure the quality of care resulting from staffing shortages. Also, effective communication, organizational management philosophy, effective administrative systems, work-life-balance, quality of care, and retention were

six categories that nurse managers perceived as supporting factors in their work environment.

For more than a decade, the scope and breadth of the nurse manager's responsibilities have spanned multiple units, and in some cases, numerous hospital networks, with an increased number of culturally diverse employees. Human resources issues and demands from upper-level management to recruit and retain a viable nursing workforce amid mounting national and international nursing shortages have increased. Gullatte and Jirasakhiran (2005) reported that first-line managers are assuming greater work responsibility, often without support or development for the expanded roles. Although nurse managers have reportedly been the reason for staff turnover, they are also the basis for staff retention. Gullatte and Jirasakhiran (2005) mentioned above stated that although nurse managers provide the stability that their nursing units need, it is still unclear who provides the security that the nurse managers need to be more efficient in their roles. The leadership of nurse managers is key to staff satisfaction and retention. Therefore, the retention of nurse managers requires executive level organizational attention toward providing adequate resources, and training and development, as well as a supportive work environment.

Shirey (2006a) predicted an anticipated shortage of at least 67,200 nurse managers by 2020. This conservative estimate, however, did not consider additional nurse manager attrition related to the planned retirement of aging nurse managers. This figure also did not include the demographic trend of nurse managers to transition into areas of less environmental stress and less demanding roles, to achieve more balance in

their professional and personal lives. While assessing nurse manager job satisfaction, Warshawsky and Havens (2014) found in their quantitative, cross-sectional study and secondary analysis of nurse managers' intent to leave that 70% of nurse managers were either satisfied or very satisfied with their jobs. However, 72% of the nurse managers were also planning to leave their positions within five years and the most common factor associated with leaving was reported to be burnout. Additionally, Djukic, Jun, Kovner, Brewer, and Fletcher (2017) found that hospitals are still struggling to recruit and retain nurse managers, which can pose a major threat to hospitals' ability to achieve positive patient and staff outcomes. Almost 70% of over 100 surveyed hospitals in New York reported difficulty in recruiting nurse managers, and 18% reported difficulty in retaining them.

Since the suggestion was made to administrative leaders to mentor and develop staff at all levels because job satisfiers and motivators are often the same regardless of job title (Gullatte & Jirasakhiran, 2005), little progress has been reported. The Kim and Windsor (2015) study revealed that resilience in a nurse manager is a dynamic, reflective process involving managing personal lives and responding to organizational demands. The study showed that resilience is a process of ongoing development, whereby participants can draw on individual and institutional resources to maintain objective views on dealing with issues and conflicts. Nurse managers with more experience exhibited more advanced skills related to resilience; thus, resilience is understood not as an innate talent, but one that is nurtured through career development. Furthermore, the meaning of resilience as perceived by first-line nurse managers included positive

thinking, flexibility, assuming responsibility, and maintaining work-life balance. The study conclusion was that resilient nurses possess self-discipline, self-confidence, resourcefulness, and flexibility.

Lampinen, Viitanen, and Konu (2015) found that the appreciation managers receive from their superiors, the sense of security provided by close relationships at work, and the open interaction in manager community contribute significantly to managers' job satisfaction. The experience of being appreciated by one's superior is connected to job satisfaction of nurse managers working in acute care hospitals. Managers who either had or perceived that they had organizational and social support from their superiors also had higher levels of job satisfaction. Despite the importance of support, the literature indicates that managers lack appropriate support from their superiors (Barnes & Lefton, 2013; Lampinen, Viitanen, & Konu, 2015).

Nurse Managers' Role on Staff and Patient Outcomes

One strategy to assist nurse managers in achieving the desired organizational goals is to leverage the activities needed to meet the outcomes. According to Gullatte and Jirasakhiran (2005), leverage is the measure of the increased power of purposeful action to achieve movement. Leverage can be positive or negative. An example of positive leverage is the manager who delegates with clear direction and effectively communicates expectations, timelines, and outcomes. On the other hand, an example of negative leverage is a manager who pretends to delegate but continues to micromanage the delegated tasks. This negative leverage impedes employee growth potential, which can lead to employee underdevelopment, and dissatisfaction that does not support

organizational goals. Nurse managers' approach to leadership must focus on the needs of the patients and efficiency. Additionally, they must be versatile and able to adapt to changes (Gullatte & Jirasakhiran, 2005).

Moreover, Ritter (2011) found that 75% of nurse managers are often responsible for more than one unit. The average nurse manager had over 70 staff members for whom they were responsible. Ritter (2011) suggested that this type of work environment is an indicator of managers being overburdened and not being able to meet the needs of the nurses may have a negative impact on patient outcomes. Natan and Noy (2016) reported that nurse managers' leadership styles have an impact on staff nurse job satisfaction. Unclear expectations by managers and staff nurses, as well as differing perceptions of the nurse managers' role, can affect the performance of both managers and staff nurses. Differences in perception between nurse managers' and staff nurses may create conflict between managers and subordinates. Conflicts can also arise if managers experience a lack of support from their team which, may affect patient satisfaction and outcomes.

One of the ways patient outcomes are measured is through survey after discharge. Nurse leaders are expected to perform daily nurse leader rounding as an evidence-based method of improving patient satisfaction through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Morton, Brekhus, Reynolds, and Dykes (2014) conducted a system-wide improvement project to examine the impact of implementing nurse leader rounds on patient perception of care. Data were collected and analyzed from Press Ganey HCAPHs survey results; subsequently, nurse leaders that included nurse managers, assistant managers, supervisors, and charge nurses were

educated on the process of nurse leader rounds. Morton et al. (2014) found that nurse leader rounding, when properly implemented, positively affects patients' perceptions of care in hospitals. Therefore, many organizations now expect nurse managers to perform daily nurse leader rounds on patients on their units.

Effective nurse managers must partner with their front-line staff to achieve quality patient outcomes. Nurse managers reported that budget constraints were mostly responsible for the lack of providing the best and safest patient care (Warshawsky et al., 2013). Lageson (2004) reported that issues around turnover were important because of the role of nurse managers in balancing clinical and business management of their units, which contributes to staff nurse retention. The perceptions of staff nurses were that most of the units delivered high-quality patient care. However, the overall unit functioning was influenced by the nurse manager's vision of quality. Maintaining job satisfaction of nurse managers and reducing their turnover is one of the most critical strategies to achieving positive organizational outcomes and improved patient and staff outcomes (Djukic et al., 2017).

Research Gaps from Literature Review

What is known: This literature review provided evidence that nurse managers play a pivotal role in creating a healthy work environment. The analysis suggests that the healthcare environment will become more complex and nurse managers' scope and responsibilities will continue to expand despite declining resources (Warshawsky & Havens, 2014; Nowrouzi et al., 2015; Gikopoulou et al., 2014, Sherman & Pross, 2010). It revealed that nurse managers are continually struggling to fulfill role expectations due

to increased workload, and they struggle with managing employee performances due to multiple competing obligations (Li-Min et al., 2007; Zori & Morrison, 2009; Nowrouzi et al., 2015; AONE, 2015; Miltner et al., 2015). This review provided evidence that nurse managers are subjected to constant stress and stressors which they are inadequately prepared to handle (Nowrouzi et al., 2015; Udod et al., 2017). It also provided evidence that nurse managers are often not adequately trained or oriented before assuming their roles (AACN, 2005; McCarthy & Fitzpatrick, 2009; McLarty & McCartney, 2009) and that nurse managers are often stressed because of the high expectations to perform, which leads to frequent turnover in their positions (Shirey, 2006a; Warshawsky & Havens, 2014; Djukic et al., 2017). Finally, the literature review also provided insight into the current state of nurse work environment in the United States in which finding ways to retain them lies on the leadership skills and abilities of nurse leaders (Wei et al. 2018).

What is not known: Despite the evidence that this literature review provides on the work environment of nurse managers, there is minimal evidence to date on the impact of the nurse manager's work environment on staff nurses and patient outcomes. Even though some studies like Huddleston and Gray (2016) and Huddleston et al. (2017) have investigated the general practice environment of nurse managers, a great deal remains not known. The above studies have examined the perceptions of both staff nurses and nurse leaders on what constitutes healthy work environment in the acute care setting, yet the impact of nurse managers' perceptions of their work environment on staff nurses and patient outcomes has never been examined. Considering the importance of HWE in

sustaining a healthy workforce and ensuring patient safety, this gap must be explored further and addressed.

Summary

This literature review included 42 articles: nineteen quantitative studies, six qualitative studies, three mixed methods studies, four reviews, and ten non-research study articles. The sample sizes were adequate; however, the significant limitations centered on the generalizability of the studies due to method selection. Some of the studies did not discuss the strengths and weaknesses of the study. The level of evidence assessment criteria applied in this literature review followed the American Association of Critical Care Nurse's A, B, C, D, E, M hierarchy. (refer to Appendix A for Level of Evidence Grid). In the AACN leveling criteria, Level A represents meta-analysis of multiple controlled studies or meta-synthesis of qualitative studies with results that consistently support a specific action, intervention, or treatment. Level B includes well-designed controlled studies, both randomized and nonrandomized, with results that consistently support a specific action, intervention, or treatment. Level C evidence comprises qualitative studies, descriptive or correlational studies, integrative reviews, systematic reviews, or randomized controlled trials with inconsistent results. Level D evidence includes peer-reviewed professional organizational standards, with clinical studies to support recommendations. Level E represents theory-based evidence from expert opinion or multiple case reports while Level M evidence consists of Manufacturers' recommendations only (Armola et al., 2009). Based on the above hierarchy, the research studies included in this literature review were classified as either Level C or Level B

category. The literature review matrices showing the appraisal of both research studies and non-research articles are attached under Appendices B and C, respectively. (refer to Appendices B and C).

As seen from the literature review, the issues within the nurse managers' work environment need to be explored further and improved to ensure a better HWE. New nurse managers as emerging leaders often lack the confidence in their ability to manage conflict and handle complex healthcare problems. This lack of confidence is largely due to the lack of formal training or orientation for their role. This review showed that nurse managers' work environment is stressful and can potentially affect patient outcomes. Most nurse managers reported high levels of stress, which are poorly managed or not addressed by their superiors. The knowledge obtained from this literature review has resulted in a better understanding of research done on the concept of HWEs in nursing management and the existing gaps. Better knowledge of several essential domains of nurse managers' practice environments such as their job responsibilities, clinical and managerial competencies, leadership support, stress management, collaborative working relationships, autonomy, retention, and the impact on quality patient outcomes has been gained.

Sherman and Pross (2010) indicated that succession of leadership positions such as nurse managers requires both planning and action. It is important to ensure that senior nursing leaders develop the support, skills, and competencies that are needed for nurse managers to be successful in their roles. The development of HWEs that will be responsive to the ever-changing healthcare environment will be in the hands of future

nurse leaders. The AACN six characteristics of HWE, which were validated by Huddleston and Gray (2016), included appropriate staffing, authentic leadership, effective decision-making, meaningful recognition, skilled communication, and true collaboration. Understanding nurse managers' perceptions of their work environment and how that environment are perceived to affect staff nurse outcomes and patient outcomes using the above characteristics is an important phenomenon to be studied.

CHAPTER III

METHODOLOGY

In this chapter, the qualitative research, the hermeneutic phenomenological method, the setting of the study, the participant selection process, protection of human subjects, the data collection process, and the data analysis, as well as the scientific rigor employed in this study, are discussed. The purpose of this study was to develop an understanding of nurse managers' perceptions of their practice environments, their roles and responsibilities within that environment, and how that environment affects staff nurses and patient outcomes in their units. This study aimed to answer one primary and two sub-research questions:

1: What are nurse managers' perceptions of their work environments?

2: How do nurse managers perceive their work environments to affect staff nurse outcomes?

3: How do nurse managers perceive their work environments to affect patient outcomes?

Qualitative Research Methods

Qualitative research encompasses many research methods within the naturalistic paradigm that take different approaches to the research design. The philosophical orientation of the plan usually distinguishes one process from another with the most common qualitative designs being phenomenology, ethnography, and grounded theory (Vishnevsky & Beanlands, 2004.). Qualitative research methods aim to provide an understanding of the meaning of human experiences, whether good or bad (Munhall,

2012). Also, qualitative research is associated with the interpretive paradigm, an inductive approach to studying naturally occurring phenomena and understanding multiple realities. It applies different criteria to validity and reliability, as well as an assessment of transferability of the findings to various settings.

Researchers who use this research method attempt to interpret the meaning that people attach to their experiences. They also investigate the complexity, context, and process of lived experiences of the individual (Townsend, Cox, & Li, 2010). Qualitative research involves making sense of individuals' experiences based on flexible data collection techniques. It aims to understand the complexity of social life and uses tools for analysis that pay attention to the detail and context of people's lives. It is particularly useful when little is known about a subject, or when an area is poorly understood (Nelson, 2009). Qualitative research questions are flexible, adaptable, and prone to changes. They seek to determine experiences aimed at understanding a phenomenon or lived experiences that happen in a specific time or context. They usually describe and address 'what' and 'how' questions (Doody & Bailey, 2016).

Stein and Mankowski (2004) described qualitative research as having four different "Acts"; where Act 1 is the Act of asking, identifying, and enlisting the people who will be the focus of qualitative inquiry. This requires reflection about assumptions and goals that motivate the selection of qualitative methods. Act II is the Act of witnessing, listening to, and affirming the experiences of research participants. A witness is an open, totally present, passionate listener, who is affected and responsible for what is heard. Act III is the Act of interpreting, making sense of the collective experience of

participants by transforming the participant stories into research stories based on the skills and knowledge of the researcher. Here, the researcher recognizes his or her interpretive authority in working with qualitative material. Finally, Act IV is the Act of knowing and creating representations of knowledge gained by conducting qualitative research. This embodies the reflections and understandings of the researcher about the social context and lived experiences of the research participants. Here, knowing can be represented through a variety of activities such as writing, teaching, and organizing, depending on the research and action goals.

Qualitative research is not intended to answer every research question. For instance, it is not an appropriate method when the intent is to work with numbers for reduction. Preferably, it is better suited for the collection, analysis, and interpretation of narrative text data (Anderson, 2010). This approach can clarify assumptions on complex social questions and even in clinical situations. Important insights from individual perceptions can be integrated with the best clinical evidence to ensure that the clinician's interventions are most helpful to the individuals who are living through those experiences (Nelson, 2009).

Qualitative studies are usually non-experimental and do not have dependent or independent variables. They are most often done in the field or natural settings and require ongoing data analysis. Data collection and analysis are usually done simultaneously, which allows for modifications throughout the research process. Qualitative researchers gather subjective data that include their thoughts and perceptions, as well as those of the participants (Vishnevsky & Beanlands, 2004). One method of

applying qualitative research is through interviews that can produce rich accounts of the participants' stories, experiences, perceptions, and beliefs. Interviews differ from pre-coded structured questions because they are less formal and are open to issues that participants themselves perceive as important (Nelson, 2009). Other features of qualitative research include being able to examine problems in detail and depth. Interviews are done with flexibility and questions can be adjusted as needed and redirected by the researcher in real time. Qualitative research approach can be revised and updated with new information as they emerge. Due to the ability of the researcher to see the human emotions generated during data collection, data obtained through the qualitative method is robust and sometimes more compelling than quantitative data. Additionally, data are usually collected from a few individuals, so findings cannot be generalized to a larger population; however, results can be transferable to another setting (Anderson, 2010).

Phenomenological Research Process

Phenomenology is a qualitative form of research method that seeks to study phenomena that are perceived or experienced (Flood, 2010). Phenomenology is a philosophical method of inquiry that was developed by the German philosophers Edmund Husserl and Martin Heidegger (Lopez & Willis, 2004), which is based on the premise that phenomena or events are perceived in the human awareness. It is the inquiry into an individual’s experiences, and the meaning of those experiences as well as interaction with others in the environment (Lopez & Willis, 2004). Phenomenological studies examine individuals’ specific life experiences. The phenomenologist believes that individuals’

lived experiences determine their subjective reality and that these experiences significantly affect their understanding of specific events. The underlying philosophy of phenomenology is that humans are integrated with the environment, and therefore truth is a subjective experience, unique to the individual (Vishnevsky & Beanlands, 2004).

The two main approaches to phenomenological studies are descriptive, or eidetic, and interpretive or hermeneutic (Lopez & Willis, 2004). Edmund Husserl, a German philosopher, developed descriptive phenomenology and his philosophical ideas gave rise to this phenomenological approach to inquiry. He asserted that those human actions are motivated by how they feel and what they perceive to be real. Therefore, the best approach to understanding personal human emotion is through qualitative research methods where experiences can be narrated, and feelings made transparent. He further stated that the aim of descriptive phenomenology is to describe the essential structures of a phenomenon in a rigorous way that is free from distortion and bias, and that the phenomenologist should see the phenomenon as freely as possible, so that it can be precisely described and understood (Bradbury-Jones, Irvine, & Sambrook, 2010).

The main assumptions of Husserl are that universal essences or eidetic structures are common to all persons who have lived and experienced, and that the impact of culture, society, and politics on the individual's freedom to choose are not central (Flood, 2010; Lopez & Willis, 2004). Husserl's idea was that the mind is directed toward objects, which he called intentionality. This idea is based on the assumption that one’s conscious awareness was one thing of which one could be satisfied. The building of one’s knowledge of reality, therefore, should start with this conscious awareness (Koch, 1999).

Husserl believed that researchers should set aside their feelings in the descriptive process called *bracketing*. The extent to which setting aside preconceived ideas or understandings is possible or necessary has generated much discussion as philosophers like Heidegger has argued that researcher's knowledge and experiences need to be acknowledged as part of the research process (Pringle, Hendry, & McLafferty, 2011).

The second main approach to phenomenology that guides this study is the interpretive or hermeneutic approach, a school of thought attributed to another German philosopher, Martin Heidegger (Lopez & Willis, 2004). Hermeneutic phenomenology has been suggested to have both the descriptive and interpretive elements, and while phenomenology generally aims to uncover meanings, hermeneutics aims to interpret meanings (Pringle et al., 2011). The hermeneutic phenomenological approach departs from Edmund Husserl's descriptive phenomenology by rejecting the idea of suspending personal opinions and instead requires interpretation of narratives (Bradbury-Jones et al., 2010; Kafle, 2011). This phenomenological approach is concerned with interpreting interview texts (Lindseth & Norberg, 2004). The term hermeneutics was derived from two Greek words: the verb hermeneuein, meaning to understand, and the noun hermeneia, meaning interpretation. Therefore, hermeneutics is the textual interpretation or act of finding meaning in the written word (Byrne, 2001).

Heidegger was concerned with the human experience in what he called Dasein or being-in-the-world as the central phenomenological tenet, thereby rejecting Husserl's emphasis on description and instead arguing that phenomenology is involved with interpreting the text (Heidegger, 1962). Heidegger also argued that the interpretive text is

better analyzed through the hermeneutic circle, which occurs in a cyclical manner between the whole and significant parts of the experiences (Bradbury-Jones et al., 2010; Crist & Tanner, 2003). Another philosophical assumption of Heidegger is that presuppositions or expert knowledge on the part of the researcher are valuable guides to an inquiry. Heidegger emphasized that it is impossible to erase the background knowledge or understandings of the researcher and therefore encouraged the assessment and acknowledgment of the researcher's ideas in the research process (Flood, 2010). Other embedded assumptions of Heidegger are that humans experience the world through language, and that language provides both understanding and knowledge. This method of textual analysis emphasizes the sociocultural and historical influences on a qualitative interpretation that exposes the hidden meanings (Byrne, 2001).

Part of the hermeneutic framework includes ontology and interpretivism in which reality is assumed to be what is useful, practical, and that which works (Creswell, 2013). By using this approach, the researcher seeks to go beyond the ordinary description of concepts and essence and aims to find the meaning embedded in those concepts (Lopez & Willis, 2004). The hermeneutic philosophical approach guided this research study. Using this research design allowed for the description of the participant's lived experiences, and the interpretation of the narratives of nurse managers' work environments and how those environments are perceived to impact staff nurses and patients. Additionally, this approach allowed for uncovering meaning embedded in the emerging concepts.

Setting of Study

The geographical location of this study was Houston, Texas in the United States of America. Houston is the fourth largest city in the United States, and Texas is one of the largest states with the largest medical center in the nation. The setting of this study was acute care hospitals within this region where eligible participants were employed. Health service organizations aim to improve health and to diagnose, treat, and rehabilitate the sick. An acute care hospital is described within the healthcare system as an avenue where treatment for sudden illnesses, urgent care, and emergency care for episodic injuries can be rendered to prevent death or severe disability from occurring. It comprises such areas as medicine, critical care, emergency care, trauma care, acute surgery, and short-term inpatient departments (Hirshon et al., 2013). Participants were selected from acute care settings only, and all others were excluded. Eligible participants were recruited through the snowball method. Snowball sampling involves asking people who have already been interviewed to recommend other participants who fit the selection criteria or the background (Gobo, 2004). The location, date, and time of the interviews were mutually agreed upon by the participants and the investigator to allow for a private and confidential conversation.

Participant Selection Process

In qualitative studies, there is not a gold standard for the number of participants required to determine an adequate sample size (Luborsky & Rubinstein, 1995). In general, qualitative research does not aim to demonstrate an ability to generalize, and so samples may be small. Participants should be selected to reflect the research priorities

adequately, and the sample size should be sufficient to be considered scientifically rigorous (Gelling, 2015). The sample goal is to achieve and go beyond the point of saturation for confirmation. Saturation in qualitative research involves interviewing participants until no new data are obtained. Once data saturation is reached, sampling stops, and study analysis can be completed (Carman, Clark, Wolf, & Moon, 2015).

The sample size in this study was flexible and was guided by the need to cover a certain degree of demographic variation among the eligible participants, and by the need to achieve data saturation. The study population included actively employed nurse managers in an acute inpatient hospital setting. Eligibility criteria included nurse managers licensed in the state of Texas, who were employed in an acute care inpatient hospital environment in the Houston metropolitan area with accountability of an assigned unit or units, and who had been in the nurse manager role for at least six months. This phenomenological study used snowball sampling, a subtype of convenience sampling.

This sampling method involves the referral of additional participants by persons who have previously engaged in the study with the primary purpose of increasing the sample size (Carman et al., 2015; Gobo, 2004). The sample size goal was a minimum of 10 and up to 25 participants, or until saturation was reached. The rationale for this sample size is based on Creswell (2013) sample size recommendation of 3-10 for phenomenological studies and from Mason's (2010) review of doctoral dissertations on qualitative studies, which found that sample sizes of 10, 20, 30, and 40 were reported. In the pilot study for this dissertation, five participants were enrolled and interviewed.

Interview Guide

Data collection begins with choosing the appropriate participants, followed by using interview questions that reflect the overall research goal and questions. Interview questions should be open-ended and not leading, and the interviewer should use probing questions to ensure that rich data is collected and progresses in a logical sequence (Banner, 2010). The structure, content, and form of the qualitative interview guide should be designed to elicit detailed and expansive responses from the study participants, giving them opportunities to discuss their priorities (Townsend et al., 2010). The interview questions for this study were developed based on the AACN (2005) HWE framework and from literature review findings on what constitutes HWE for nursing leaders (Huddleston et al., 2017). To facilitate the interview, each of the questions was further explored using probing techniques (see Appendix D for the Interview Guide).

Protection of Human Subjects and Informed Consent

Institutional Review Board (IRB) approval for human subject research was obtained from the Texas Woman's University Houston IRB in the fall of 2017 prior to the pilot study. The above IRB again extended the approval letter for the study for following proper protocol in the fall of 2018 prior to the start of data collection. Participation in this study was voluntary, and the participants were able to discontinue the interview or request that their interview data be withdrawn from the study at any time. The names of the participants did not appear on the tape or transcriptions. Participants were numbered for analysis and reference purposes. The audio recordings that were transcribed into text by Adept Word Management Inc. were safely secured and kept

under lock and key in the researcher's home and away from public access. The data will be destroyed on or before August 31, 2019, at the end of the research.

Data Collection

Participant recruitment occurred through the snowball method. An email with a recruitment flyer was sent to the investigator's contacts in various acute care hospitals within the Houston geographical area. (see Appendix E for Recruitment Letter). This was followed by a personal phone call to interested participants. A brief overview of the study was provided during the initial phone call. Participants were reminded by a phone call 24 hours prior to the interview date. On the interview day, the ethical considerations for this study were made clear. The potential risks involved in the study were explained to the participants prior to signing the informed consent. The risks included fatigue, fear, loss of confidentiality, and loss of personal time. To compensate for loss of personal time, a $25 cash gift incentive was offered for participation. The participants were informed of their right to stop the interview at any point without any consequences. After providing a detailed explanation of the study, collecting the demographic data (see Appendix F for Participant Demographic Information Form), and obtaining the informed consent (see Appendix G for Informed Consent), a onetime face-to-face in-depth interview lasting up to 60 minutes was conducted using a semi-structured interview method. Interviews were digitally recorded on two recorders with one of the recorders being used as backup, and thereafter transcribed by Adept Word Management Inc. into text. Upon completion of the interviews, the recording, signed consent forms, and completed demographic data forms

were stored in the investigator's home in a locked cabinet that is only accessible to the investigator.

Data Analysis

Data analysis is the most complex part of qualitative studies, requiring inductive reasoning processes to uncover meaning from the data. The transcripts from the interviews were read and the tapes reviewed again to grasp the global content (Pringle et al., 2011). Qualitative researchers typically spend long hours reading and re-reading texts comprising of field notes and interview transcripts to achieve an understanding. The goal is to understand the collective experience of participants and conceptualize the meaning of what they have and have not said (Stein & Mankowski, 2004).

According to the hermeneutic school of thought, the appropriate method to generate the best interpretation of a phenomenon is through the hermeneutic circle (Kafle, 2011; Crist & Tanner, 2003). This research framework does not require researchers to bracket their preconceptions; rather, it allows for the inclusion of the researcher's prior significant knowledge by acknowledging that human beings are part of the world (Crist & Tanner, 2003). In other words, investigators assert their biases, prejudices, and assumptions into the research, which shapes their findings (Wilcke, 2002). Although a hermeneutic approach requires investigators to be aware of their preconceptions, it also calls for reflection on their own lived experiences along with the participants to become aware of the meanings arising from the narratives (Lindseth & Norberg, 2004).

The hermeneutic circle includes reading, reflective writing, and interpretation (Kafle, 2011). It involves a circular movement and ever-expanding understanding of the texts from the whole to the part and back to the whole again with a resultant deeper understanding of the human experience (Wilcke, 2002). Data analysis for this study was ongoing with data collection using the hermeneutic circle method (Kafle, 2011). The five phases of data analysis using the hermeneutic circle as recommended by Crist and Tanner (2003) were applied.

Phase 1: Early Focus and Lines of Inquiry

In this phase, the original transcripts were reviewed for missing and unclear pieces of information. Those pieces of information were tagged and corrected by listening to the interview recording and repeated as needed. In this phase, the investigator's interview techniques were reviewed, and the interpretive team meetings occurred to discuss informant's stories. These initial meetings and discussions guided the further collection of data and interviews to obtain deeper and richer understanding. For this research, the interpretive team members included the investigator, the dissertation chair, and the dissertation committee members.

Phase 2: Central Concerns, Exemplars, and Paradigm Cases

In Phase 2, the central concerns and important themes were identified with excerpts of the informants' stories. The informants' stories and experiences were explored through writing, highlighting, and reviewing to facilitate interpretation. The interpretive notes were written as summaries of the central concerns. Thereafter, the

interpretations of the principal investigator and dissertation chair unfolded, and the emerging themes were noted, revised, and refined by the investigator.

Phase 3: Shared Meanings

The informants' perceptions became clear and distinct. Those perceptions were then grouped into themes and the shared meaning within and across the informants' stories began to emerge as the initial interpretive results.

Phase 4: Final Interpretations

This phase involved in-depth interpretations of the excerpts, central concerns, and summaries as interview and data collection of the last participants continued to occur. In this phase, the final interpretative summaries emerged as interpretive results.

Phase 5: Dissemination of the Interpretation

The findings from this study will be presented at professional meetings and published in research journals, but only aggregate demographic information will be reported in the dissemination of results. Quotations to support study findings were used but did not contain identifying information. Throughout the phases of the study, all suggestions, corrections, and revisions from the interpretive team were incorporated.

Scientific Rigor

Qualitative research methods require that the researcher examine the data for reliability and validity by assessing both the absence of bias and credibility of the research. Validity relates to the honesty and authenticity of the research data, while reliability refers to the duplication and soundness of the data (Anderson, 2010). According to Lincoln and Guba (1985), the issue of establishing trustworthiness in

research is simply being able to convince the audience that the findings of the research are worth consideration. To ensure trustworthiness, four evaluative criteria were suggested and included the demonstration of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Credibility is the confidence in the truth from the findings of the study, which can be achieved in ways such as prolonged engagement, persistent observation, triangulation, peer debriefing, negative case study, or member checking. Transferability is the ability of the research findings to be applied in other settings and one way of demonstrating this is through thick description. Dependability is the ability of the study to be replicated and this can be shown through inquiry audit while conformability is the degree of neutrality of the study such that findings are unbiased and purely based on participants, responses, which can be demonstrated by showing audit trail, triangulation, and reflexivity (Lincoln & Guba, 1985; Barusch, Gringeri, & George, 2011).

Trustworthiness, reliability, and rigor for this study followed Lincoln and Guba's (1985) four evaluative criteria for integrity. Credibility was demonstrated through a debriefing with the dissertation committee chair during which uncovered biases were discovered and acknowledged. Transferability was demonstrated through a thick description of the interview process by making sure that proper steps were taken during participant selection, data collection, and transcription process. Dependability was demonstrated through proper storage and safe-keeping of the research data such that it can be produced upon request for purposes of examining both the process and product of the research study. Confirmability was demonstrated using an audit trail to ensure

transparency at every step of the process. All constructive feedback and corrections were saved and will be reproduced when required to show research evolvement from data collection to findings.

The Researcher's Role

In addition to the above methods to ensure scientific rigor, further credibility was established by providing a brief biography of the researcher and the researcher's role in the context of nursing leadership work environment. The present study's researcher has been a registered nurse for 26 years with the initial years spent being a staff nurse in the medical-surgical units of acute care hospitals. The researcher also gained some experience in the pediatric unit and operating room as a circulating nurse. The majority of the researcher's career was spent in the ICU caring for critically ill patients, with the opportunity to work alongside unit managers and directors. Although their roles were very stressful and challenging, the researcher thought it to be rewarding based on the impact they had on their staff and the patients. At the beginning of the researcher's leadership career, she became a stroke coordinator of a large comprehensive stroke center, which helped with developing the communication skills needed for working across several disciplines. She progressed to becoming an education resource specialist after earning a master's degree. In that role, she was able to work with staff nurses directly to educate, coach, and mentor. Eventually, she became a clinical manager of a critical care unit and then a director of a medical telemetry unit, the leadership role she currently maintains.

The researcher's interest in this research topic was born out of personal experiences over the years and seeing first-hand what nurse managers and leaders go through every day in carrying out their responsibilities. Although the researcher has undertaken other leadership roles prior to becoming a manager, none of those roles were as stressful as the manager position. The interest in looking into the nurse managers' practice environments was to assess and hopefully find ways to improve them. The researcher wanted to capture the lived experiences of nurse managers. The interest in choosing hermeneutic phenomenology was to be able to use prior experiences and knowledge of management and leadership principles in the process of data collection and analysis. The hermeneutic method allows for the acknowledgment and inclusion of the researcher's knowledge and ideas without the need for bracketing (Pringle et al., 2011). The researcher's experiences helped to carefully draw out the participants' unique experiences during the interview process. At the same time, this unique position helped to guide the participants during the interview without leading them away from their perceptions and life-world-stories.

Pilot Study

During the fall of 2017, a pilot study using the interview guide consisting of seven questions was conducted on this proposed research topic to determine the feasibility of the full dissertation study. The goal of the pilot study was to test the guiding questions, to determine their appropriateness and likelihood that the research question posed for this study would be answered. Five participants were interviewed for this pilot study. The average age of participants was 37 years, and the average years in a nurse manager role

was three years. All were employed in acute care hospital settings in not-for-profit organizations but were from varied nursing units. Two of the five participants practiced in the intensive care unit, two practiced in medical-surgical units, and one practiced in an acute inpatient rehabilitation unit.

Prior to the interview, an email with a recruitment flyer was sent to the investigator's contacts and followed by personal phone calls to interested participants. A brief overview of the study was provided during the initial phone call. Participants were reminded by phone call 24 hours prior to the interview date. On the interview day, the ethical considerations for this study were made clear. The potential risks involved in the study were explained to participants prior to signing the informed consent. The risks included fatigue, loss of personal time, fear, and loss of confidentiality. The participants were informed of their rights to stop the interview at any point without any consequences. A face-to-face interview was conducted using a semi-structured interview method after providing a detailed explanation of the study, collecting demographic data, and obtaining informed consent.

Interviews were digitally recorded and transcribed by A+ Professional Transcription into a text. Upon completion of the interview, the recording signed consent forms, and completed demographic data forms were stored confidentially under lock and key in the investigator's home. Using Crist and Tanner's (2003) hermeneutic circle data analysis method, preliminary themes emerged from the pilot study, which demonstrated that the guiding questions for this study were appropriate. Minor recommendations were made from the pilot study that included refining the investigator's interview techniques,

recruiting participants from for-profit organizations to have a more diverse representation of the sample, consideration for other transcription companies, and applying for grant funds to help with some of the costs with the study.

Summary

In this chapter, the qualitative research approach, hermeneutic phenomenology, the setting, the participant selection process, and the data management procedures employed in this study such as the data collection and data analysis were presented. Also, the protection of human subjects, confidentiality, rigor for the study, and the research gaps was discussed. The feasibility study provided critical information that lays the foundation for further dissertation research on this topic. In Chapter 4, the data analysis and findings are discussed. In Chapter 5, the summary of findings and the implications of this research study are presented.

CHAPTER IV

ANALYSIS OF DATA

The purpose of this study was to develop understanding of nurse managers' perceptions of their practice environments, their roles and responsibilities within their environments, and how their environments affect staff nurse and patient outcomes in their units. In this chapter, the data analysis and findings of this study are presented. Demographics are described, and key findings or themes identified. The data collection and analysis were ongoing and occurred simultaneously as the search for important themes and concepts began to unfold. The data analysis followed the hermeneutic circle method of analysis as outlined by Crist and Tanner (2003).

Methods

Design

This phenomenological research design followed Martin Heidegger's hermeneutic philosophy, which is focused on subjective experience of individuals and groups. The goal is to unveil the world as experienced by individuals through their life world stories, getting beneath the subjective experience to find the genuine objective nature of things as realized by an individual (Kafle, 2011). Through this philosophical approach, the lived experiences of nurse managers' everyday interactions in their work environments were captured and interpreted from the interview narratives.

Sample and Setting

Nurse managers who work in acute care inpatient settings with at least six months managerial experience and who reside within the Houston metropolitan area were recruited for the study. Snowball sampling was used to recruit participants until data saturation occurred with a final sample size of 17 participants.

Data Collection

Following Texas Woman's University IRB approval, participants meeting the inclusion criteria were consented by the primary investigator prior to data collection. Prior to obtaining the informed consent, the potential risks involved in the study were explained to the participants which included fatigue, fear, loss of confidentiality, and loss of personal time. To compensate for loss of personal time, a $25 cash gift incentive was offered for participation. Of the 17 participants, only one participant accepted the cash incentive. The remaining 16 participants stated it was their contribution to nursing research. Using a 10-question interview guide, one-time, in-depth, semi-structured, audio-recorded interviews were conducted. Interview and probe questions were used to obtain rich data capturing the participants' life-world stories. Data collection occurred over eight weeks between October 2018 to December 2018 while analysis continued.

Data Analysis

Interviews were transcribed, verbatim, using a transcription service by Adept Word Management Inc. and then verified for accuracy by listening to audio recordings. The investigator began with immersion in the data, reading and re-reading the transcribed

texts. Initial transcripts were reviewed for missing and unclear pieces of information, which were tagged and corrected. During this initial phase, the investigator applied probing questioning techniques during interviews with the intent to collect more rich and thick data. These initial actions guided further collection of data and interviews, which led to deeper and richer understanding of informants' stories.

Analysis began immediately after the initial three interviews as the interview transcripts became available. Manual coding was done using open coding, which involves looking microscopically, line-by-line, while focusing on each data bit and asking how they are the same or different (Munhall, 2012). As data collection and analysis continued, additional probing questions were used to obtain robust data. Interviews continued until data saturation occurred and was apparent that no new emerging themes were developing. Once all interviews were completed, the transcripts were read and re-read again to discover other subtle themes that were not identified initially.

The next steps in the hermeneutic circle of analysis were to identify central concerns, important themes, and shared meaning among informants. During this stage, the investigator reviewed the individual excerpts from the individual transcripts and then pulled the common and similar concepts and together those began to form the emerging themes. The interpretive process involved reflection on the investigator's reactions to the data and based on the investigator's experiences and knowledge of the research topic. The interpretive process involved repeated reviews of the individual themes until patterns and categories began to form.

Rigor and Credibility

Trustworthiness was established following Lincoln and Guba's (1985) criteria for ensuring trustworthiness in qualitative research. Credibility was facilitated by triangulation in which data collection occurred at different points over an eight-week period, from different organizational settings and different nursing units, and from participants with different experiences and viewpoints. Transferability was demonstrated in this study through robust description in which the probing technique was applied during the interview process to dig deeper into participant's perceptions. Dependability was demonstrated through proper storage of transcribed interview texts and safe keeping of the research data such that it could be produced upon request in order to examine the research process and final outcome. Confirmability was demonstrated using audit trail and note taking during data analysis, to ensure transparency at every step of the process. All constructive feedback and corrections from dissertation chair and committee members were saved and can be reproduced when required to show research evolvement from data collection to findings.

Description of the Sample

Twenty-two participants were interviewed for this qualitative hermeneutic study. Five of the 22 participants served as the pilot group to determine the interview protocol and question validity. No pilot group responses were included in the results due to changes that were made to the research questions and interview guide. The 17 participants included in the final sample were English-speaking nurse managers currently employed in acute care hospital settings with responsibility over inpatient unit(s) in

Houston, Texas. The participants were recruited using the snowball sampling method from seven different acute care hospitals. Ages ranged between 26-35 years (*n* = 1; 5.88%), 36-45 years (*n* = 5; 29.41%), 46-55 years (*n* = 7; 41.18%), 56-65 years (*n* = 4; 23.53%), and 66-75 (*n* = 1; 0.00%). All participants were female nurse managers (*n* = 17; 100%). The sample (see Table 1) was ethnically diverse and included seven Caucasians (41.18%%), six African Americans (35.29%), three Hispanics (17.65%), and one Asian (5.88%). (see Appendix H for Table 1).

All (100%) of the nurse managers interviewed worked full-time. The participants' years of nursing experience ranged between 6-10 years (*n* = 3; 17.65%), 11-15 years (*n* = 2; 11.76%), 16-20 years (*n* = 5; 29.41%), 21-25 years (*n* = 4; 23.53%), 26-30 years (*n* = 2; 11.76%), and greater than 30 years (*n* = 1; 5.88%). The overall years of experience in nursing varied greatly; however, the majority had 16-25 years of experience. Their tenure or years of experience as a nurse manager ranged between 1-5 years (*n* = 10; 58.82%), 6-10 years (*n* = 4; 23.53%), 11-15 years (*n* = 2; 11.76%), and 16-20 years (*n* = 1; 5.88%). More than half of the participants' experience in the nurse manager role was within 1-5 years, which depicts a relatively young group of nurse managers. The level of highest education attained was bachelor's degree-BS/BSN (*n* = 9; 52.94%), and master's degree-MS/MSN (*n* = 8; 47.06%). There was no participant with a doctorate degree, and one of the participants had a master's in business administration (MBA). Twelve (*n* = 12; 70.58%) participants had varied nursing certifications (Table 2), including certified critical care nurses-CCRN (*n* = 4; 23.53%), certified med-surg nurses-CMSRN (*n* = 4; 23.53%), certified nurse executives-NE-BC (*n* = 2; 11.76%), certified nurse manager and

leader-CNML (*n* = 1; 5.88%), and certified nurse leader-CNL (*n* = 1; 5.88%) (see Appendix I for Table 2).

Unit settings ranged from medical/surgical (*n* = 8; 47.06%), intermediate care unit-IMCU (*n* = 3; 17.65%), intensive care unit-ICU (*n* = 4; 23.53%), and (*n* = 2; 11.76%) represented other units which were the stroke unit and labor and delivery. Twelve participants (70.59%) had responsibility for one unit, while five participants (29.41%) had responsibilities over more than one unit. The number of direct reports for which managers were responsible varied (see Table 3): less than 50 employees (*n* = 4; 23.53%%), 50-75 (*n* = 8; 47.06%), 76-100 (*n* = 2; 11.76%), and more than 100 employees (*n* = 3; 17.65%). (see Appendix J for Table 3).

Three of the seven organizations where participants worked were in the medical center/urban setting, while four were rural/community hospitals. The capacity for beds ranged from 201-300 beds: (*n* = 3; 17.65%), 301-400 beds (*n* = 8; 47.06%), 801-900 beds (*n* = 3; 17.65%), and 901-1000 beds (*n* = 3; 17.65%). Three out of the seven hospitals (42.86%) were magnet designated, while four (57.14%) were non-magnet hospitals. One of the hospitals had gone through all the requirements of magnet designation including site survey and was awaiting decision. Of the seven acute care hospitals, six were not-for-profit and one was for-profit. (see Appendix K for Table 4).

Findings and Results

This study aimed to answer one primary and two sub-research questions:

1: What are nurse managers' perceptions of their work environments?

2: How do nurse managers perceive their work environments to affect staff nurse outcomes?

3: How do nurse managers perceive their work environments to affect patient outcomes?

To answer the above research questions, the investigator conducted a semi-structured interview of 17 participants using a 10-question interview guide.

Themes

The participants' responses to the interview questions provided insight into the perceptions of their work environment. Several themes emerged as the data were analyzed and coded regarding the experiences and perceptions of nurse managers (see Appendix L for Coding Scheme). The themes as they relate to the main research question and sub-questions are presented here. The analysis of the participants' narratives revealed three main themes and four additional sub themes that are related to and affected by the main themes. Verbatim quotations are used to support the themes. The three main themes and four sub themes are:

Theme 1: Overwhelming Workload

Sub-theme: Stress, Burnout, and Turnover

Theme 2: Inadequate Training and Resources

Sub-theme: Ineffective Unit Management

Theme 3: Team Support and Collaboration

Sub-theme: Advocacy and Listening

Sub-theme: Nurse Leader Rounding

Theme 1: Overwhelming Workload

This theme emerged in most participant interviews as a dominant issue in their work environments. As participants discussed job responsibilities, number of tasks they were required to carry out daily, and expectations for their job performance, they generally perceived their workload as too much. They experienced being too busy and often overwhelmed, which then created a stressful work environment. For instance, one of the participants described her role as a juggler because she must juggle many things at once to keep up with her duties. Managers were expected to manage day-to-day responsibilities of their units such as performing staff and patient rounds, handling patient complaints, participating in multidisciplinary rounding, investigating patient care issues, performing audits, overseeing daily staffing needs, and attending multiple meetings throughout the day. Other demands included projecting future staffing needs, scheduling, performing payroll, and participating in multiple hospital-based committees and councils. Managers perceived many of the expectations to be unrealistic, creating multiple issues within their work environments. The following excerpts describe managers' perceptions of their daily responsibilities:

> Actually, I have three units that I manage. My role is to be a support to the teams, somebody that they can come to that they can talk to, collaborate with. A manager is different from a leader, so I try to be both, manage the day-to-day operations, productivity, length of stay, lead the unit, and the different changes that we have to go through. When I took over as the interim of the ICU, it was very stressful because I did take on the three units. (P. #2)

> So, I am a scheduler, I do the schedule, I am a resource person regarding questions on any new equipment, just an expanded version of the charge nurse role. So, I do leadership rounding on the patients, on all of my patients every day. I round on the staff as well making sure they have what they need, any equipment, that they're okay emotionally, physically okay. I also do any disciplinary actions

> that I may need to take care of regarding staff attendance, those kinds of things. Any complaints, I handle complaints as well from the patients while I'm rounding and handle them in real time. As well as any other committees or councils that I'm on, making sure I go to those committees and councils. It is stressful. I would think—I think of it as kind of a juggler and making sure you keep up with everything at one time, so yes, at times, it is stressful, but I would say just busy. That would be the word that comes to mind. Busy. (P. #9)

Managers provided a description of a work environment that created work-life imbalance. This imbalance came from different factors such as the expectation to carry out all the numerous job responsibilities of a manager, and the unspoken expectation that managers stay to work longer hours or take their jobs home. The majority of the managers reported they frequently took work home that they were unable to finish. As a result, managers felt that they did not have work-life balance as they must take either work home or stay longer at work to manage the overwhelming workload. These excerpts support those unspoken expectations and work-life imbalance:

> I was here eighteen hours a day, five days a week, on the weekends doing work. We take call on the weekends, so every six weeks, at that point, I was on call, and I was here—so I started June of last year, by December, I was in the hospital. Stress, not taking care of myself. I gained thirty pounds, my A1C up, cortisol levels up, just very stressed out. I miscarried, just a whole lot that my body was going through, and I had no idea because I was just functioning. (P. #15)

> You never get what you need to get done because you don't ever stay on top of it. You just have to know at the end of the day, you have to call it quits. It'll be there when you get back the next day, and I have to think that's for anything that's in our position. The only thing that's unfortunate for us is that we're twenty-four-seven. (P. #17)

Impact: Stress, Burnout, and Turnover

Stress was a sub-theme that resulted from an overwhelming workload. Managers provided a description of a work environment that was filled with stress. Besides the heavy workload and countless tasks that managers were expected to carry out daily, one

of the major sources of stress was perceived to be staffing challenges. Staffing challenges were described as a huge dissatisfier for both the managers and their nursing teams. They described it as those factors that negatively impacted the nurse manager's work environment and made it less satisfying. Managers shared of instances when they had low energy, morale, and motivation and those periods were perceived to be associated with staffing issues on their units. When staffing was inadequate, staff nurses' morale and energies were also perceived to be low, the unit's atmosphere changed, and sometimes patients would realize the difference in how the staff nurses behaved and responded to patients' needs. Staffing challenges occurred frequently, produced times of high stress, and created feelings of helplessness for the managers because they knew they had to take patient assignments and help cover staffing needs to ensure safe patient care. The excerpts below demonstrate such staffing challenges for managers:

> I think the biggest challenge is when we don't have enough staff to meet the needs of the patient. So, whatever we need to do to get out there and make it work, even if that means I go into staffing. (P. #5)

> I think staffing sometimes can be a challenge and keep you up at night. The hardest part is not having the staff necessary to staff to the grid and trying to explain that. Not getting those experienced nurses here experienced in med surg. I have zero vacancies, but it is constant turnover and people moving to ICU or IMCU and learning and growing different areas. (P. #6)

Managers described a sense of feeling helpless due to the challenges that inadequate staffing created on their units. It was one of the things the nurse managers wished they could change if they had the ability and power to do so. Because of those challenges, managers stated that they are constantly looking for staff nurses to provide safe and adequate patient care. They thought that the staffing challenges resulted from

constant turnover of nursing staff positions due to high nurse-to-patient ratios. Some of the staffing challenges also were perceived to result from failure to fill open vacant positions due to long hiring approval processes. These excerpts demonstrate causes of staffing challenges on the units and the impact on staff nurses:

> They're very stressful to my staff. lots of challenges with violent patients. One-to-six ratio. PCA's can work anywhere between a one-to-twelve to a one-to-eighteen patient ratio. Constant fight and a constant battle, and it causes my turnover to be higher. They go to units where they can have a much better ratio. (P# 1)

> If it's something budget-wise or monetary-wise like a whole 'another FTE [fulltime equivalent],' then I call it petitioning Congress. When you need the person now not a month from now, three months from now, or depending on that, six months because sometimes it'll take you time to post the position, hire the position, train the position, and actually have the person working. (P# 10)

Burnout was another sub-theme that emerged from overwhelming workload. Continual exposure of nurse managers to overwhelming workloads was perceived by managers to result in burnout, absenteeism and reduced accessibility of managers to their unit and staff. This was also perceived by managers to create an undesirable work environment for both staff nurses and patients. When managers are unable to cope with job responsibilities, they may start to exhibit signs of burnout, which affects their ability to be accessible to their staff with the outcome being inadequate care for patients and poor patient outcomes. Here is an excerpt that validates a manager exhibiting symptoms of stress shortly after assuming her manager role:

> So, I started June of last year, by December, I was in the hospital. Stress, not taking care of myself. I gained thirty pounds, my A1C up, cortisol levels up, just very stressed out. I miscarried, just a whole lot that my body was going through, and I had no idea because I was just functioning. (P# 15)

Another role expectation that predisposes the managers to potential burnout is the expectation for managers to manage 24 hours a day, seven days a week. In addition to working longer hours, the managers stated they were expected to be on call for their units during after-hours and on weekends. Most of the managers were expected to manage both the day and night shift staff, which created lack of personal time for themselves and their families. The following excerpts show the expectations that managers be available for 24 hours, seven days a week schedule:

> It's very busy. It's very challenging, spend seventy hours a week working, always have work that I should be taking home and doing, competing priorities. (P# 1)

> Time is very challenging, but I do find myself doing things at night, on the weekend, on your days off. When you're on PTO, you're still working, so I think work-life balance is my biggest challenge. Because it's stuff that needs to be done, and I feel like I need to do it. (P. #6)

As a result of the round-the-clock expectation, managers became creative in the ways to meet the work demands and expectations. Most of the managers became imaginative and flexible with their schedules. In fact, managers described flexibility as a critical ability to ensure success in the nurse manager role. Flexibility was described by the managers as being able to adjust and flex their schedule and time to ensure that they spend more time with both their day and night staff. Below are excerpts that demonstrate creativity and adaptability of managers to ensure role success:

> I make it a point to come in early sometimes, like, sometimes I'm here at 4:00 in the morning so I can spend time with the night shift. I typically come to work every day. Shift changes maybe quarter to 7:00, so I'm here 6:30, 7:00, so I see the night shift. (P. #12)

> My time—I really flex my time. Like, in fact, today, I was a little late. I got here at like 7:10, but I'm usually here by 6:00, 6:30, so I can see the night shift, and I

> choose one night a week every few weeks to stay late to see the night shift. I often pop in on the weekends because I live close by. (P. #13)

Even though the managers utilized flexibility to cope with their high workload, they still perceived that 24-hour access to the unit and staff nurses was not possible. Manager accessibility was described as the ability of the managers to be visible to their unit staff and patient care areas, where they are seen and can observe work processes and answer questions for their staff. This involves having an open-door policy where staff can freely seek their managers when they have concerns or issues to discuss. It was also described as being able to remain accessible after hours. Most of the managers perceived a positive impact on team success when they could be accessible to their units and staff. The following were excerpts that demonstrated managers perceived positive impact of their presence on staff and patient outcomes:

> I think for one, leadership presence and support in turn creates better patient outcome because your nurses are more attentive because not that they're being watched, but they know what the expectation is, and you set a standard, and they know you're going to uphold it when you're out there with the patients. (P.# 15)

> I think the more time you spend, the more positive outcomes you have on staff satisfiers, and just being available for them, even if you're not physically here, get here in the mornings, and we do one on one and check back and forth with them, just always trying to be here for them. (P. #17)

However, most of the managers stated that they were not always accessible to their unit and teams because of time constraints, being pulled to too many meetings and the inability to work 24-hours, seven days a week, which created a feeling of inadequacy. This was perceived to produce negative staff nurse and patient outcomes.

> I will say, honestly, we have tons of meetings. I feel like sometimes we have these unnecessary meetings. That's time that's taken away from us being on the unit to

> support or teams and being there. But then you're dragged to meetings, oh, you're never there. (P# 4)
>
> I'm not as available to the night shift because I'm not here during the night, and that makes it very hard. Nobody wants to pull a hundred-hour work week. So usually for the night shift, I'll either stay late, or I'll come in early. I do that maybe about once, twice a week, and I'll just—right now, it's during the holidays, so it's been once a week. (P# 10)

Another sub-theme that resulted from overwhelming workload was potential turnover of nurse managers. Nurse manager retention is a critical factor that impacts staff nurse and patient outcomes. It is a huge determinant of whether a nursing unit is functioning effectively, and whether the nursing staff is happy, engaged, and producing good patient outcomes. The analysis in this study revealed that nurse managers' retention in their role might be in jeopardy. The retention outlook for nurse managers and how long they perceived staying in the role and factors that could affect those plans varied. The managers provided mixed opinions about their retention outlook in the nurse manager role. While the more tenured managers were optimistically looking forward to retiring in less than five years, the less tenured managers were looking forward to building their skills and advancing their careers in management. While that may sound reasonable, the problem is that majority of the participants in this study were tenured. This study analysis showed that more than 60% of the participants were between the ages of 46-65 years, which could potentially create major nurse manager turnover soon if those managers go into retirement. Here were some of the excerpts showing managers' retention outlook:

> I've been looking for new positions for a while now. I have no intention of staying as a nurse manager. I've been looking at staff positions to go back for now. But definitely not management if this is what management is like. (P. #1)

> I'm thinking probably until my son gets out of school. The biggest factor is paying for college. Probably about three years is where I'll probably end my nurse manager career. Probably nurse education only because I've been an instructor before, and I truly enjoyed it. (P. #5)

> Okay, so my goal is to retire in three years. So as soon as I pay off my house, I will retire from full time. I will take a part-time position somewhere and work maybe two to three days a week, so I can spend more time with my family. (P. #6)

Theme 2: Inadequate Training and Resources

The second major theme that emerged from this study was inadequate nurse manager training and resources. The type and nature of training and orientation the nurse managers received when they assumed the nurse manager role was described as inadequate. The majority of participants were promoted from staff nurse to charge nurse and then to manager, and orientation was on-the-job training. Some experienced little or no training and were asked to manage their units from day one, which created anxiety and fear. The lack of training was evident in the participant descriptions of how they managed their job responsibilities. Lack of guidance under circumstances of inexperience leads to unsafe working environments. One of the participants described how she learned from her failures and mistakes and later made changes to correct some decisions after failing the first time. Initially, the majority of the nurse managers were uncertain about how to perform adequately in the manager role. The following excerpts demonstrate managers' lack of role preparation:

> I got zero training and orientation. My orientation was by a clinical coordinator. It was a day of orientation to the job. I was working for a director that did not know how to do quite a bit of what needed to be done. I learned as I failed to meet deadlines or did not do it properly and had to go back or sought somebody else out. (P. #1)

> The training I got fifteen years ago was awful. It was—I was offered a unit on a Saturday to become a manager interim. I worked in the ICU on Monday, Tuesday midday I got the keys to the office from the previous manager, and Wednesday I was the manager. That was my preparation. (P. #12)

The participants lacked orientation on almost all aspects of their job responsibilities. Except for a few who had mentors or who were assisting in an informal capacity as schedulers or clinical coordinators for their units, almost all the participants had no formal orientation programs. Participants stated they are now aware of what they needed to be successful, but at the beginning of their nurse manager careers, the majority lacked that awareness, training, and orientation. Most of the managers shared that they lacked training on how to do payroll, scheduling, human resource management, budgeting, managing unit quality indicators, and understanding global perspectives and the changing healthcare environment. Although most had obtained bachelor's or master's degrees as the requirement for the role changed, typically they had only the basic diploma or associate degree when their manager journey began. Those who had mentors were only as good as their mentors because they were not trained or mentored in a structured way. Some participants also described directors who were unable to offer help due to lack of knowledge. The lack of training contributed to managers' feelings of inadequacy even though they love the concept of management itself. The newer managers shared that training had improved; however, quality varied according to the size, location, and nature of the organization. These excerpts by the participants show their perceptions of earlier knowledge acquisition:

> I struggled a bit my first year figuring out exactly what I needed to do to stay on task and make sure I kept up with everything I needed to keep up with, and then just constantly going back to the director and saying okay, what else am I

> supposed to be doing. But to have somebody here with me, I didn't have that. It's kind of trial by fire. Day one, here you go. (P. #10)

> I didn't have any formal training other than being a clinical coordinator prior to that. I didn't take any additional classes or anything else, it was more about on-the-job training. (p. #5)

Some managers, particularly those that worked in the community/rural settings perceived that they did not have adequate resources. In addition to inadequate staffing resources or not having enough staff nurses to safely staff the units, managers also perceived that they lacked unit-based educators to help with staff education. Those managers assessed, planned, and implemented the educational needs of their staff themselves, which added to their already high and stressful workload. Managers that had larger units expressed frustration with rounding on all the patients and educating all the nurses with all the evidence-based initiatives that were constantly rolled out and required to be applied into patient care. Here were some excerpts that demonstrated inadequate resources and the frustrations that resulted from it:

> I would like to have more resources. We could use a little—I think a little more education would be very good. Sometimes stress—the expectations that I'm expected to see every patient every day, there's thirty-eight patients on this unit, along with my coaching and my kudos that I'm giving people, recognizing them and trying to help put out fires. Sometimes it gets very stressful. And the meetings they want us to go to. (P# 8)

> I think that's one of the things we struggle with the most is we are constantly educating, things are constantly changing. We get new equipment, we get new policies, new procedures, since we are evidence-based practice, things are always constantly changing to improve for the better, of course, but then sometimes it's very hard to educate eighty-six people on everything that's going on at one time. (P. #10)

> We are struggling in one area, and this area is transitioning. Basically, it's our education department. We used to have an educator on each unit who worked specifically with our nurses and staff. They have actually pulled them into the

> central education department where they're doing education for the whole hospital, so the person who was educating on my unit is no longer doing that primarily. They're primarily running hospital-wide initiatives, and so we're lacking that support. (P# 11)

Impact: Ineffective Unit Management

Ineffective unit management was perceived by the managers to be a consequence of lack of training and inadequate resources. They often experienced difficulty effectively managing the day-to-day operations of their nursing units, leading to poor staff and patient outcomes. Inadequate training in any job but especially in healthcare can result in problems such as lack of confidence in the employee, unsafe work environment, low productivity, lack of knowledge and skills needed for effective management, unnecessary expenses, and unhappy patients. Expertise in problem-solving techniques is important for nurse managers, but most were not trained in this area. Lack of knowledge can be detrimental because it is hard to correct a problem when there is no insight that there is a problem. Below is an excerpt from one of the managers who had suffered high staff turnover on the unit but stated there was nothing she could have done after losing ten nursing staff in just three months:

> The biggest thing that lately I can say, it has been retention because we've had maybe ten people leave in the last three months, and that's because they have moved to other places. I don't think—there's nothing I could've done to prevent any of the people that left from leaving. (P. #5)

Another area in which managers are not trained is stress management. With the workload the managers experience daily, they are exposed to very stressful conditions and when the stressors are not managed, it can indirectly affect the nursing staff

outcomes. These excerpts show how unmanaged nurse manager stress is perceived to impact staff nurse outcomes:

> When I'm tired and stressed, that it reflects, and they feel it, and then it makes them more stressed out. I can't give them the attention that they're asking for because I have too many other competing priorities. They perceive me as sometimes that I don't want to interact because I'm behind a door. (P. #1)

> I'm sure that they can tell when it's a stressful week for us because they see us and they feel it, and if it's a stressful week for us, it's probably a very stressful week on the floor as well. They look at you, and they say, "Are you okay? (P. #9)

Holding staff accountable for patient outcomes is crucial. Most managers were promoted from charge nurse role to manager and maintaining peer relationship was important to them, making it difficult to hold their former peers accountable. The ability to have crucial conversations with staff members who are not performing well is necessary to ensure effective teams and better patient outcomes. Some of the managers who had gone through training on crucial conversations while on the job were able to set those standards and limitations with their staff and were able to hold them accountable for patient outcomes, and they stated that they saw better results. These excerpts demonstrate how managers perceived accountability to positively impact patient outcomes:

> So, I set expectations and offer assistance if they need more assistance, but I have to hold them accountable for the expectations. If say, we miss a deep vein thrombosis (DVT) prevention, we have a DVT fallout, I can talk to them, but when it goes the second and third time, then we have to dig a little deeper than that. When you hold people—I think when you hold people accountable, it makes it a better place to work because it makes it, again—the outcomes. (P. #8)

> I impact it by making sure my staff is accountable so that they know what is expected of them. For example, with pressure ulcers, we had staff meetings on it, showed them exactly the cost of it, how we impact that, why it's so important to

> turn every two hours, and that's where you actually have the biggest impact. (P. #10)

However, not all the managers were effectively trained and comfortable in holding staff accountable. Some of the newer managers discussed their struggles in holding staff accountable. For instance, one of the newer managers discussed how some employees would ignore her instructions and go straight to the unit director when they did not like the manager's instructions. Some of those employees would even go to the chief nursing officer and bypass the director. Those employee behaviors were described as manipulative and vindictive towards the manager. In those instances, the manager had devised other ways of dealing with employee problems such as avoidance or choosing to perform the needed tasks themselves, which are not effective ways of dealing with staff issues. Another manager discussed her frustration toward younger nurses, whom she referred to as millennials, and their entitlement attitude. The following excerpts show how little some of the managers were prepared to handle management challenges:

> Staff bullying. When they call HR. So, when they don't like something, they'll email the CNO to manipulate the situation. They go above myself and the director. (P. #1)

> I'm going to say the word Millennial. I went there. I did. I'm sorry. I shouldn't say the word. It's an ugly word. Because I'm a little seniored, and there's an entitlement that goes with Millennial. (P# 14)

> What should have happened is that I should have oriented with all the directors and all the different areas; dietary, maintenance, financial, quality, and oriented with all of them at a certain time. I was promoted from within. Like I said, I'd been a charge nurse for a long time. (P# 17)

Theme 3: Team Support and Collaboration

The third main theme that emerged from this study was team support and collaboration. One hundred percent (17/17) of the participants perceived they were fully supported in their role as managers by their staff, superiors (directors and chief nursing officers), and the interdisciplinary healthcare teams. Managers felt they had an overwhelming workload and were highly stressed, and yet they remained resilient. The managers attributed this resiliency to workplace stressors to the support and collaboration they receive from their nurses and healthcare teams. The relationship that exists between managers and their nurses is somewhat symbiotic, in that the managers care, protect, support, and nurture their nurses, and they in turn receive support and appreciation from their staff. Managers are constantly balancing the act of caring, protecting, supporting, and nurturing their staff with that of enforcing rules and regulations, policies, and procedures within their units. By doing so, they are equally ensuring that the patients on their units are achieving better outcomes. These excerpts from participants show how they support their nursing staff to achieve better patient outcomes:

> Being able to support the staff, the nurses, being able to coordinate having a full staff to give quality care, make sure that we're staying on our quality indicators so that everything runs smoothly, and the staff and patients and families are happy. (P. #11)

> I had a nurse that came in and shared a story with me that—because I was positive with her and encouraging to her, that she shared with me that I had made a big difference. She cried in my office talking to her just one on one, and that's when I knew that I was doing what I was supposed to be doing. Yeah, just being there for them. Just like you did for your patients and your patient's family, they're now your patient. Going out and helping them. whenever—keeping your clinical skills up, so if you find out they need help with blood or drawing blood or starting an IV, so even if you can't do it, you try to find somebody else to help them. So just being supportive of them. (P. #17)

Nurse managers also described the love and support of their teams as positive influences in the managers' work environments, making work satisfying and meaningful. These factors keep the nurse managers motivated and engaged in their role. The nurse managers shared that their nursing staff were their motivators and energy fillers, and the reason they stay resilient. They shared that their team of staff motivates them to stay focused even in the most difficult circumstances. Managers derived great satisfaction from their nurses succeeding. Seeing their young nurses grow from novice to expert nurses, seeing them become charge nurses and preceptors, supporting them to go back to school and obtain advanced degrees, knowing that the staff will do the right things for their patients even when they were not being watched, and seeing the nurses happy and engaged gave them the assurance that they were doing a great job as leaders. Here were some excerpts of how the managers stayed connected and motivated:

> I think I have a very good team. It took a while to build it, and it's sad to see how some people grow and leave, but I think that's my job to help people grow. There're some people that have left because they want to become ICU nurses. That's great. There're some people who left because they've become nurse practitioners. That's great. So now you're a charge nurse, or now you're a preceptor, and I think that's what makes the job." (P. #9)

> What keeps me going is the specific team that I have in play. The team has such an affection, number one, for one another. This particular unit, hospital-wide, as long as I have known, is known throughout the hospital for being the best unit in the hospital. This team loves working together. They collaborate, they're warm, they're friendly, and they're welcoming to anybody that steps on this unit. I don't care how busy they can be, they have a way of knowing if one of their team's struggling, and they will simply go to their aid. They don't have to be asked. It's intuitive with my team. It's a beautiful thing. (P. #14)

Other respondents discussed how difficult it was initially to find meaning in the nurse manager role. As a staff nurse at the bedside, they were accustomed to taking care

of patients and receiving compliments from patients for doing a great job. As a manager, they had fewer direct contacts with patients and experienced a sense of loss. The participants discussed their need to find new ways of deriving meaning and satisfaction in the nurse manager role. A major source of satisfaction occurs when they hear positive feedback from patients about the nursing staff. Teams who are very supportive of their managers, who like working together, and who are responsible and accountable in their positions are critical factors contributing to manager motivation and role satisfaction. The following are excerpts from the managers on how they found meaning and derived satisfaction from their jobs, despite real challenges:

> So, when I became a charge nurse and then the manager, I kind of became distant, so it was very hard for me to find meaning to it, but I realized that I can still touch the patient. I can still touch the bedside, not so much personally, but by my people. So now it's a little bit different. Now I love going into the rooms, I love hearing, "Your staff is great. They're the most set of fantastic people I've ever come into contact with. They're doing a great job." That's what's fulfilling to me is hearing that when I go in. (P. #10)

> I believe that if the staff is happy, the patients are happy, and everything around you is happy. It makes your life so much easier. I had not worked in acute care floor. Being an ICU nurse, I've seen that our staff is very, very mature. They would handle things on their own, and they would come and say, "Hey, just to let you know that this was an issue, and this was handled this way just in case you wanted to follow up on or if you hear things. (P. #16)

Impact: Advocacy and Listening

Advocacy and listening were described by the managers' as actions they took that impacted their nursing staff nurses' outcomes. The majority of the managers described themselves as advocates, listeners, and supporters of their staff, which they perceived to have a significant impact on staff outcomes. Their jobs were to advocate for better

resources and ensure that the staff has supplies and equipment necessary to carry out the essential duties of their jobs. Managers shared that the lack of needed supplies and equipment on their units created hardships for the nurses, often leading nurses to improvise or develop workarounds that may pose patient safety concerns. An example provided by one participant was a unit on which computers for administering medication were non-functioning and yet nurses were expected to scan all patient medications before administering. The nurses were bypassing the scanning process and administering medications to patients. The manager had reported the broken computers to superiors, but budget was tight, and replacements were delayed. The nurse manager knew the safety implications of nurses bypassing those safety rules but was handicapped. The staff wanted to provide the best possible care for their patients and having the necessary resources makes that possible. Advocating for staff needs promotes a better working and trusting relationship between the managers and their teams, affirming there is someone they can count on, someone that they can rely on, and someone who cares for them. Even though overall resource availability to nurse managers was variable, participants believed that they had a significant impact on staff happiness and morale by advocating for better resources. Some of the managers stated:

> They ask a lot of the nurses. They ask more than a human being can possibly do in a twelve-hour shift. I support them, and I listen to them. I'm able to talk to them as somebody who's been there not somebody who is above. I think that rapport that I have with them is what makes the environment better for them. (P. #2)

> Those are some of the questions that they ask when they do the employee surveys, and that's one thing that they talk about is having support. Support with having equipment they need and it's working, support with having—even the secretaries

> being able to call for things they need, a charge nurse available, management visible and available when they need things. (P. #11)

The managers listened and supported their staff emotionally and by performing physical tasks as well. This act of listening and support for the nursing staff was perceived by the managers as impactful on overall employee engagement. Employee engagement varied greatly between units and was described by the managers as ranging from Tier 3 to Tier 1. According to the Press Ganey (2016) white paper report, Tier 3 represents teams not fully engaged and not functioning effectively as a cohesive team and more likely to have issues with organizational commitment. Tier 2 are teams that have marginal performance, perform their duties but not to the fullest extent while Tier 1 nursing teams are fully engaged to respond to patient care issues, and are more likely to stay with the organization, thus leading to improved patient outcomes. Managers thought they impacted their teams by paying attention to their feelings, listening to them, understanding their pains, providing them with needed supplies, trusting their charge nurses to make good decisions, involving unit staff in decision making and by creating a clean and an organized work environment. Here were some excerpts on how effective listening from and support from managers can impact staff nurse outcomes:

> Listening to understand where they're coming from. So, I know the environment that I create for them, cleanliness on the unit, having supplies, like I said, supplies, I know that that's a direct effect of me. (P. #3)

> I've always felt that no one is going to do something that I won't do, so we as managers, when we see that the staff is low, we get into the numbers. We go into deliveries; we go and relieve for break. We go in and we serve as that second nurse in triage until it gets to a point where that nurse can be in there by themselves. I think that as a whole, that sometimes make the unit better because they see that the manager will work. (P. #7)

Managers also showed support to their teams through managing staffing needs. Managers freely discussed staffing needs and challenges on their units. They identified inadequate staffing patterns that sometimes impede staff nurse outcomes and cause increased turnover as staff nurses hope to find better staffing ratios on other units. The constant turnover of nursing staff then increases staffing shortages.

Managers perceived that those vacancies were created from multiple factors such as staff nurses seeking units with improved staffing ratios. High acuity patients within the ICU were perceived by managers to lead to staff burnout. Other factors that led to the vacancies were perceived to have resulted from ambitiousness of staff who were seeking advanced nursing practice degrees and migration of nurses both within and outside of the organizations for growth opportunities. Another factor identified by participants that negatively affected nursing staff morale, retention, and engagement within the organization was frequent floating of staff within the hospital from adequately staffed units to help cover areas with dangerous low levels of staffing. Managers also reported difficulty obtaining approval to hire and train nurses to fill vacant positions within reasonable time frames. As a result, the managers were constantly advocating for better staffing ratios for their units. The following excerpts demonstrate how staff nurse outcomes are affected by inadequate staffing and the situations in which managers found themselves acting as advocates:

> They are not adequate for what my staff needs. Very high-acuity unit. Unit should be staffed more like an IMU. I have the neuro patients; I also have the psych patients on my floor. They're very stressful to my staff. Lots of challenges with violent patients. One-to-six ratio. PCA's can work anywhere between a one-to-twelve to a one-to-eighteen patient ratio. Constant fight and a constant battle, and

> it causes my turnover to be higher. They go to units where they can have a much better ratio. (P. #1)
>
> When I first came onto this role, I was fifteen employees down, so I was very short. So, our ratio was one to six all the time for the nurses, and PCAs, I had maybe three PCAs in a thirty-eight-bed unit. I worked on a plan, worked with HR very closely with our recruiter, we got staffed, and we are fully staffed now minus maybe three PCAs. So, my employee opinion survey, one of my things was staffing. One of the concerns because at that time, we were short, so we took care of that, but now I'm pulled. They're still one to six because even though I'm fully staffed, because I give up two to three nurses during the day and up to four nurses at night. (P. #10)

Impact: Nurse Leader Rounding

Nurse leader rounding is another sub-theme that resulted from team support and collaboration. Managers perceived that team support and collaboration have a significant impact on patient outcomes on their units. Nurse leader rounding emerged as the most significant factor influencing patient outcomes. This sub-theme was identified by most respondents (14 of 17) as key to achieving best patient outcomes. The managers expressed that they love to do nurse leader rounds but sometimes did not have the time to perform them diligently. Through nurse leader rounds, managers believed they could see and speak with patients and hear their perspectives about their patient care experiences. During leader rounds, managers stated that they addressed patient concerns in real time and performed service recoveries, which is the process of correcting something that has gone wrong with the patient's experience when needed. Managers stated they were able to take feedback they received from the patients back to staff. If feedback is positive, staff will receive positive reinforcements from the managers and if feedback is negative,

staff will receive coaching and mentoring to support performance improvement. The following were excerpts that demonstrated nurse leader rounding and what it entails:

> It takes me about an hour and a half to round on all the patients. Now the patients that are sleeping or aren't in the room, I will not round on, so then when I'm inputting my leader rounds in my rounding, I'll leave them red, so then the day charge goes back in halfway through the day, she'll see who's red, she'll go in. it's a lot of questions, and we ask things like, "How is your stay going? Do you have any issues or concerns? Are they coming in here and talking about your pan? Are they doing bedside shift report? Is there anything we can do to improve on stay?" those kinds of questions. "Is your room quiet at night? How's the noise level? (P. #10)

> We do leadership rounds, and we check in with the patients and families daily. Right, I do round, on all the patients to make sure they're getting updates on the plan of care, that the nurses are attentive, that they have what they need, their questions answered and have all the medications that they need. (P. #11)

Managers shared that nurse leader rounding is also a way of ensuring that patients are getting the care that they need and are informed of their plan of care. Managers expressed frustration with inadequate time to be on their units and see the patients more, even though they perceive it as the most powerful way to affect patient care. Managers felt they were constantly being pulled to various initiatives throughout the hospital, which requires them to constantly attend meetings, sometimes making it impossible to complete rounds on all patients. Most participants shared that their patient outcomes were not where they needed to be, and they are constantly looking for ways and implementing action plans to improve outcomes. For instance, managers shared that patient falls were still a big problem on many units, and that patient satisfaction scores fluctuate very frequently and often do not meet the national benchmarks, especially in areas where they receive few surveys returns. Most of the managers shared that they were doing better with central line associated blood stream infection (CLABSI)s and catheter-associated

urinary tract infection (CAUTI)s. In some areas, surgical site infection (SSI) and hospital-acquired pressure ulcer (HAPU) were still a big concern. Although managers understood that patient rounding is not the only factor to affect patient outcomes positively, there was a consensus that it has a high impact and is a big determinant of better patient outcomes. The following excerpts demonstrate the significance of nurse manager rounding on patient outcomes:

> My infection rates are actually fairly good. We haven't had a CAUTI or a CLABSI in over a year. HAPUs, I've had one that was attributed to me this fiscal year. Four or five falls a month. We were in the thirty-fifth percentile. My top-box scores were in the sixty-fifth percentile. This year, and we're still sitting in the thirties. They're hit and miss where I'll have a really good month, then I'll have a really poor month. (P# 1)

> CAUTI and CLABSI was a huge issue when I first got here. We had sixteen CLABSI in one year. We've had four. Yeah, we went from sixteen to four so far. In two years, we went from sixteen to six, and then we have four so far this year. So that shows you directly just having a hand on that, making nurses understand why that's important, making the patients understand why we think it's important. (P. #15)

> We'll start with the HCAHPS [Hospital Consumer Assessment of Healthcare Providers and Systems], right now, we're at eighty-one percentile, and we're really pushing for the nurse leader rounding and addressing issues as they come up and not letting them discharge with issues, address them right then. (P. #17)

In addition to performing nurse leader rounding, the managers shared that they must communicate effectively with the patients and staff to ensure that nothing is missed. Managers described effective communication as when leaders communicate with patients, either directly by seeing and reviewing their plan of care or indirectly communicating through their staff those aspects of the patient's care that are vital to their treatment plans and positive outcomes. Managers must be visible and able to support their staff and provide timely feedback when the need arises. One such way is performing

frequent huddles with staff and holding regularly scheduled staff meetings. To ensure visibility, managers shared that leader presence on the unit and being able to support and provide help to the staff was necessary. Managers made time to be physically present on the floor and assist staff with needed tasks including relieving them for breaks. Here were some excerpts that demonstrated how managers practiced effective communication:

> We have huddles, my role is to facilitate those types of communications. We're good because patients don't typically fall in ICU. In IMU, we've had several falls over the last couple of months, about one falls a month (P. #2)

> Transparency. One of the neat things that we created was a nursing dashboard, and it's posted publicly for everybody to see, so they know how they're performing. I do lead a rounding myself. (P# 4)

In addition to ensuring effective communication, managers also discussed the importance of timely feedback. It is important for managers to ensure that their teams understand the importance and implications of providing timely feedback as well as the benefits of keeping their patients informed. Timely feedback must occur at the time nurse leader rounding is performed. For instance, one communication tool used to increase communication between patients and the healthcare team is the communication board, sometimes referred to as the 'white board.' The white board has information such as the healthcare team member names, tests or procedures scheduled for the patient, diet information, pain management information, and any other pertinent information beneficial for each individual patient. Managers shared that when they round, they try to verify if the patient understands what type of procedure they are having, the scheduled time of the procedure, and the necessary preparation that is required. At the same time, the manager is communicating with their staff who was assigned to the patient, verifying

if they are getting the patient prepared through obtaining consent forms, updating the white boards with their names and test information, so that the patients are reminded and kept informed. Here were excerpts that demonstrated how communication and timely feedback could impact patient outcomes:

> Then the manager is making sure that the patient knows the nurse's name, making sure that the nurse's name is on the board, asking them about medication. We're making sure that those things are being explained to the patient. We're asking them if there are any issues that they are having, anything that we can do prior to leaving the room. (P. #7)

> My role is to make sure that the nurses are doing everything they can to prevent those adverse outcomes. So, we have audits. We audit the documentation, we audit the falls. We have huddles, my role is to facilitate those types of communications. (P. #2)

Participants shared that communication and collaboration must also occur between managers and other healthcare team members such as physicians, pharmacists, respiratory therapists, case managers, and social workers to ensure that patients are informed of their progress and to promote optimal patient outcomes. Managers expressed that they love the teams with whom they work, and they described collegial relationships filled with mutual respect. They described environments in which everyone works together with common purpose and goals: to provide an environment of care that supports and yields optimal patient outcomes. This communication and collaboration between managers and the interdisciplinary teams usually occurs during a team meeting often referred to as multidisciplinary rounding (MDR). During MDR, the healthcare team discusses the patients' plan of care, successes, challenges, treatment plans, and discharge plans. This is another way that managers thought they impacted patient's outcomes positively. Managers reported acting as mediators and advocates for patients just as they

mediated and advocated for their staff nurses. The following were excerpts that demonstrated team support and collaboration between managers and other healthcare team members that impacted patient outcomes:

> We do multidisciplinary rounds for discharge readiness. We all get together as a team, and we talk about patients and their discharge readiness. We have a medical director. I have a very strong relationship with him. We have a good relationship with our pharmacist because they're on the floor. Respiratory, they're great because for our new orientation, our nurses spend about four to six hours with them. (P. # 4)

> There is rounding every day with the patient, with the physician, with the nurses. the physicians are going over the plan of care, going over when will they be discharged. Then the manager is making sure that the patient knows the nurse's name, making sure that the nurse's name is on the board, asking them about medication. We're making sure that those things are being explained to the patient. (P. #7)

Summary of the Findings

This chapter provided detailed descriptions of the research findings. Demographic information showed that most participants were between 36-65 years of age. All participants were females with mostly Caucasian and black ethnicity. Participants' years of RN experience ranged between 16-25 years, whereas years in the manager role mostly ranged between 1-5 years. Most of the participants had earned their BS/BSN or MS/MSN, and 12 out of the 17 participants were certified in a nursing specialty.

Three main themes in what constituted the perceptions of nurse managers' work environment and four sub-themes that constituted the impact of perceived work environment on staff nurses and patient outcomes emerged from this study (see Figure 2 below). Perception by managers of an overwhelming workload was often created from too many daily tasks to perform with inadequate time to accomplish them. When this

happens, managers find themselves rearranging their priorities and routine to ensure that the most important things were attended to first. This feeling of being overwhelmed was accompanied by stress, which they try to manage because they know the negative impact that it could have on their teams and patient outcomes. They also found themselves adapting and restructuring their schedules to be more flexible with their time to accommodate their job duties. When adaptation techniques fail, managers progressed to burnout that often led to the expression of intent to leave their positions.

Inadequate training and lack of resources were viewed as a potential contributor to unsafe work environments. Lack of adequate training leads to lack of knowledge of the essential functions of the nurse manager and lack of resources such as equipment or personnel staffing for the unit leads to ineffective unit management often manifested in form of low morale, unhappy employees, and poor patient outcomes. Furthermore, the lack of preparation and training often led to managers utilizing the guessing game and the phrase “fake it till you make it.” The managers found themselves learning their role functions while on the job and seeking out other peers with whom to explore ideas. This lack of knowledge and feeling of inadequacy created even more stress and feelings of frustration. When managers are stressed and frustrated as a result of lack of training or lack of resources, it affected their staff nurses who decided to leave in search of better working conditions, which in turn affected patient outcomes.

Despite the difficult working conditions in which managers found themselves, they were resilient and still derived great satisfaction from their jobs. Managers attributed this resiliency to the support and collaboration they received from their nursing staff and

the multi-disciplinary healthcare team. While managers advocated for better resources and supported their nursing staff through leadership visibility and physically helping with tasks, their staff in turn supported the managers by following policies and procedures and ensuring that the patients' experiences were optimal and outcomes better. Managers also ensured that patient outcomes were better through nurse leader rounds where patient care issues were addressed and resolved timely. Managers love their jobs and their teams but more than 70% of the managers were still planning to leave their positions within five years or less which necessitates a succession planning strategy on the part of senior nursing leaders. In Chapter V, a concise overview of findings is presented, followed by discussion of the findings. Additionally, nursing implications, recommendations for further studies, and summary and conclusions are presented.

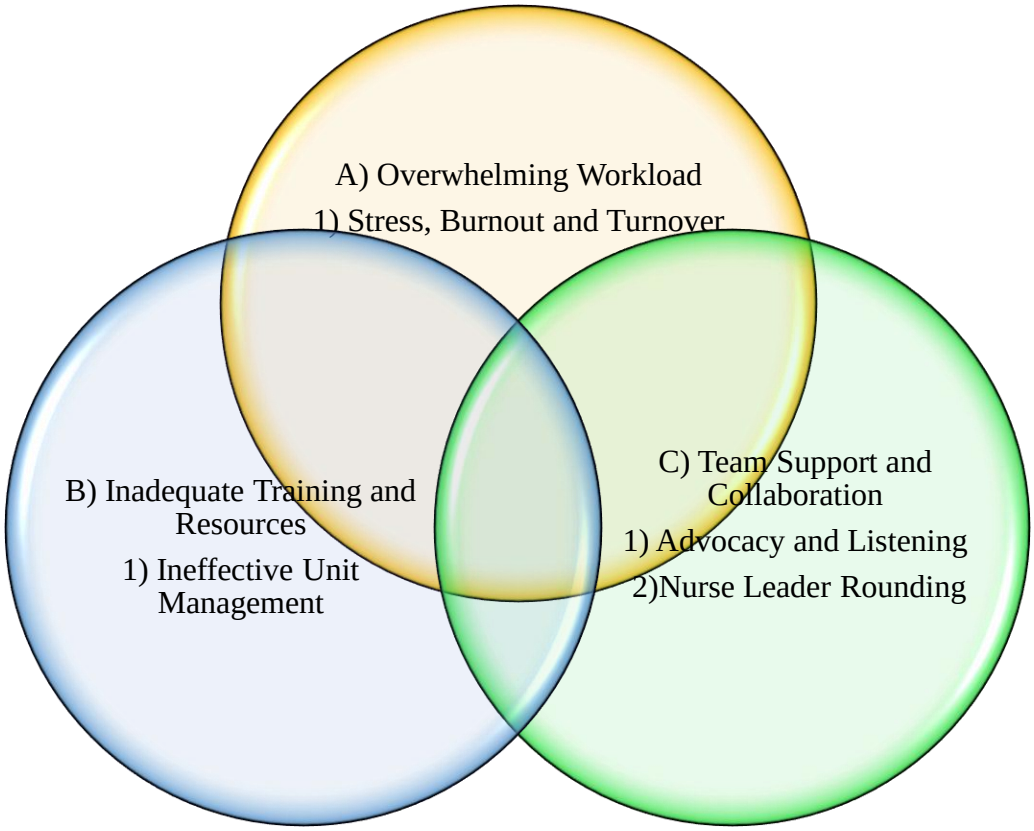

Figure 2. Schematic Diagram of Emerged Themes and Interactions within the Nurse Manager Work Environment.

CHAPTER V

SUMMARY OF THE STUDY

This was a phenomenological hermeneutic study according to the philosophical orientation of Martin Heidegger. The belief in this philosophical orientation provides interpretive narration to the description and emphasizes delving beneath the subjective experience and finding the genuine objective nature of things as experienced by the individual (Kafle, 2011). Based on this premise, this study sought to understand the world as it was experienced by nurse managers through their life world stories. This study applied the AACN HWE theoretical framework to examine the work environment of nurse managers. This framework provided six essential characteristics that must be present in an HWE, and these included skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, 2005).

In Chapter 1, the focus of the study, problem statement, rationale, and the need for the study is provided. The wide expansion in scope and complexity of the role of nurse managers, along with fewer resources and greater expectations for performance is discussed. Furthermore, the effect of this increase in scope and demand for better outcomes on increased nurse manager stress, burnout, and shorter tenure in their roles is explained.

In Chapter 2, an extensive literature review of the issues is provided, including the many problems in the work environment of nurse managers. Prior studies reported that nurse managers were subjected to an overwhelming workload, stress, fewer resources, and lacking adequate training. Several themes arose from the literature review.

For instance, in the literature review findings, nurse manager role expectation was a theme that provided insight into the many responsibilities of nurse managers. Managing for performance elaborated on the high expectations of nurse managers and demand for better patient outcomes. Nurse managers' role orientation provided information on the preparation, skills, and competency of nurse managers. Stress in nursing management provided insight into the stressors that managers faced in the course of their daily duties. Nurse manager retention was a theme that provided one foundational reason for this study as it showed that even though nurse managers liked their role, the majority were planning to leave within five years. The final theme from the literature review was nurse managers' role in unit outcomes, which provided information on nurse managers' leadership styles, experience, and skills, as well as the impact on unit outcomes.

In Chapter 3, the qualitative research method, phenomenological research process, setting, and sample selection process is discussed. A 10-question interview guide developed and used for data collection using a semi-structured face-to-face interview process is also provided. The informed consent, confidentiality, and how credibility was established was further discussed. The hermeneutic process and the hermeneutic circle method of data analysis, and how bracketing was not required, but rather the

investigator's preconceptions were part of the interpretive process are discussed. A description of the pilot study involving five participants was also presented. Finally, the researcher's role as the investigator, including the researcher's experiences and knowledge of the subject matter as part of the analysis and interpretive process, are discussed. In Chapter 4, the organization and synthesis of the data, as well as the identification of themes derived through the hermeneutic circle process of data analysis, are discussed. The emerging themes specific to the main research questions and two sub-research questions are described. Verbatim quotations from the participants that substantiated and provided credibility to the themes are included.

Summary

The purpose of this study was to develop an understanding of nurse managers' perceptions of their practice environments, their roles and responsibilities within that environment, and how that environment affects staff nurse and patient outcomes in their units. This study aimed to answer one primary and two sub-research questions:

1: What are nurse managers' perceptions of their work environments?

2: How do nurse managers perceive their work environments to affect staff nurse outcomes?

3: How do nurse managers perceive their work environments to affect patient outcomes?

The final sample size for this study included 17 participants who are nurse managers with at least six months of nurse manager experience, managing at least one or more inpatient nursing unit(s). Interview recordings were transcribed and analyzed using the hermeneutic circle as proposed by Crist and Tanner (2003). Three main themes in

what constituted the perceptions of nurse managers' work environments, and four sub-themes that constituted the impact of perceived work environment on staff nurse and patient outcomes emerged as follows:

Theme 1: Overwhelming Workload

Sub-theme: Stress, Burnout, and Turnover

Theme 2: Inadequate Training and Resources

Sub-theme: Ineffective Unit Management

Theme 3: Team Support and Collaboration

Sub-theme: Advocacy and Listening

Sub-theme: Nurse Leader Rounding

Discussion of the Findings

Overwhelming workload was one of the main themes identified in this study. Managers provided a description of a work environment that was busy, challenging, stressful, and filled with uncertainty and anxiety. They were responsible for the day-to-day operations of their units. The majority of managers managed more than one unit, but those with smaller units were easier to manage. Most stressors were related to excessive meetings, too many tasks to be completed, and not enough time to complete them. Managing expectations in general such as improving unit-based quality indicators, belonging to hospital-based committees and councils, and handling increases in the unit census or unit expansion were additional sources of stress. Most managers became creative by either relying heavily on the charge nurses, working longer hours or taking

their unfinished work home, which created another problem with maintaining work-life-balance.

Other sources of their stress were managing units with higher acuity patients such as the ICU and struggling with having trained ICU nurses with the set of skills to staff the units adequately. As a result, managers devoted a huge part of their time and focus on hiring and training new employees. This further supports the findings reported by Matlakala et al. (2014), whose qualitative study found that the challenge related to stressors in the ICU resulted from factors such as roles and responsibilities of the unit manager, the workload on the unit, and lack of protocols. In this current study, one of the participants experienced burnout within the first six months of assuming the manager role due to the amount of workload and difficulty completing all required tasks. She became ill and was admitted to the hospital and subsequently lost a pregnancy, which she attributed to the stress that came with the role. This finding also adds to a prior finding that an increase in workload leads to job-related stress such as burnout, illness, employee turnover, and absenteeism (Nowrouzi et al., 2015).

The participants also had mixed views about resource availability for nurse managers. For instance, some of the participants believed they had enough resources. This was predominantly evident for participants who worked in larger organizations within the medical center and those who worked in higher acuity units like the intensive care units where patient to nurse ratios were lower. However, participants that worked in smaller organizations or lesser acuity units provided a description of not having enough staffing resources and unit-based educators that can assist with education initiatives. As a

result, managers were responsible for educating the unit staff. This finding that some managers felt comfortable and satisfied with the resources available to them was a surprise to the present study's investigator.

In a prior study by Shirey et al. (2010), lack of resources was cited as a major source of stress for nurse managers, which is also true for managers in community-type settings. One factor that could have influenced the finding in this current study was the competition existing between organizations within the medical or urban centers. Nurses in those organizations know their worth and are willing to seek organizations with better conditions; consequently, those organizational leaders were more generous with resources to attract and retain nurses.

Managers also provided mixed views about the amount of autonomy that nurse managers had to make important decisions that affected their units. Some participants believed they had great autonomy while others thought they did not have enough. The differences in opinion were attributable again to the type of organization. For instance, those participants that worked in magnet designated organizations provided descriptions of having great autonomy, while those participants who worked in non-magnet designated facilities provided descriptions of being micromanaged with little or no autonomy. The participants in non-magnet designated organizations expressed a sense of frustration of having to verify job activities with their directors in order to stay within the organizational goals. In a recent study of determinants of job satisfaction, nurse manager autonomy was strongly correlated with job satisfaction while magnet designation was

among the structural variables for job satisfaction (Djukic et al., 2017). Without job satisfaction, manager retention will be a future problem for leaders.

For managers to fully support their nursing staff, whom they appreciate, they will also need to be supported in their roles as well. Most nurse managers in this study stated they had direct access to their directors, CNOs, and even vice presidents in some cases. They stated they were well supported in their role, yet managers felt uncertain about how to perform adequately and verbalized lack of training and resources. This inconsistent finding could be attributed to the organizational setting and culture. To address the above inconsistency, senior nursing leaders must ensure that they promote a culture where managers are free to verbalize uncertainties and difficulties without fear of consequences. In addition, it is meaningful for these leaders to recognize the managers and appreciate the significance and value of their roles. One of the managers stated she has been with the same organization since she graduated from nursing school over 25 years ago, and one of the reasons she stayed with the same organization was because of the support that she has received from her senior leaders.

Meaningful recognition is also one of the actions identified by the AACN (2005) as being a characteristic of a healthy work environment. This finding further supports prior findings from Kramer et al. (2007) that the structures and practices that support nurse managers' behaviors included directors and CNOs who are available and approachable, as well as a strong departmental and hospital culture that is lived, consistent, and has shared core values. In that study, the senior leaders were described as available and approachable; they provided information and access to people, helped their

staff develop self-confidence, listened to them, and did not change the decisions they made (Kramer et al., 2007). Spence Laschinger et al. (2006) also reported that nurse managers had moderate levels of perceived organizational support and were adequately rewarded for their work. In this current study, managers spoke very highly of their senior leaders, who are promising, refreshing, and optimistic.

Inadequate training was another theme in this study, one with which most participants agreed. About 11 (65%) of the participants described an initial nurse manager training was less than adequate. Managers provided a description of an environment where there was no training and where managers are inadequately prepared for their role. Most of the managers were promoted from a staff nurse role, and most often did not have any managerial experience before assuming the role. Most of their training occurred by learning on the job and one of the participants described how she learned by making mistakes as she progressed. Such promotion criteria often produce managers who are unprepared for the demands of the job such as problem-solving, mentoring of new employees, proper financial management, and performing other related responsibilities required of them by their organizational leaders (Zori & Morrison, 2009).

This lack of training is one of the major sources of stress according to the managers interviewed in this current study. The scope of their job responsibilities is too vast and broad, which makes it harder for managers to be successful within the first year of assuming the manager role. Most of the managers described the role as being stressful and challenging, and the lack of orientation and training is a major factor in creating those subjective and sometimes objective symptoms of stress in nurse managers. Notably,

only three of the participants in this study were certified in nursing leadership, which impacted their ability to quickly assimilate into the leader role.

One of the consequences of inadequate training especially as it relates to nursing managers is ineffective management (Cummings et al., 2010). An ineffective manager is more likely to experience stress, burnout, and turnover. Managers felt that they were not able to effectively manage their teams due to overwhelming workloads and having to take work home to stay on top of tasks. Due to increased workloads, managers often did not have enough time to develop the kind of meaningful relationships they wanted with their nurses due to competing priorities and obligations. Managers particularly struggled with managing the night shift staff. Some of the managers became creative with their schedules such as working odd hours to enable them to see the night shift staff but also stated it is impossible to work a 24 hours schedule. Work-life-balance is a challenge for some of the respondents who stated that staff members could sometimes feel the stress the managers were experiencing, which adversely affected morale of the nursing teams.

In this study, participants shared that flexibility was necessary for them to be successful in their role as nurse managers. Without a flexible schedule, managers were unable to manage all their responsibilities and nursing teams. Making time for the night shift staff was particularly difficult for all the respondents, and the majority had to devise ways of managing that expectation by either coming in early or staying late to see the night shift staff. In organizations where they had night nurse managers, the respondents were appreciative of that resource, although the vacancy of the night manager position was also stated to be a significant problem. Managers also shared how they had to stay up

late to accept staff calls, and sometimes work on the weekends to accommodate their weekend employees. Respondents shared how the nurse manager job is not a typical Monday through Friday job and would not be a job for someone who wants an 8-5 pm work schedule either. To have a successful and engaged staff, managers must learn to be flexible with their time and schedule. This supports the findings from Dyess, Sherman, Pratt, and Chiang-Hanisko's (2016) study, which reported that nurse managers' flexibility is one of the idealistic expectations of their role.

Inadequate training could also lead to nurse managers' inability to effectively coach and mentor their nurses. According to Vesterinen, Suhonen, Isola, Paasivaara, and Laukkala (2013), new nurse managers need more education that is grounded in the theoretical knowledge, evidence-based principles and stay up to date with their clinical skills to execute those role expectations, and to develop their professional abilities. Participants in this study loved the concepts of coaching and mentoring their employees and thought that it significantly impacted their staff nurse outcomes. With the frequent turnover of employees and staff mobility that currently exists in nursing units, managers are faced with constant hiring and onboarding of new nursing staff. Coaching and mentoring these new hires are an integral part of their adaptative process, and an ingredient for success without which the staff will be exposed to burnout within a short period. In fact, there was a general sense of satisfaction that the respondents derived from coaching their new staff members. The managers loved to see them grow and mature into successful and competent practitioners. They like talking to them, making time for them,

and meeting with them one-on-one. Through coaching and mentoring, the respondents shared that they were able to provide meaningful feedback to staff.

The methods and approach of coaching and mentoring varied by respondents. Some were more comfortable and effective at it than others. For instance, some met with their employees more frequently, while others only had time to do short informal meetings, and again during yearly or mid-year evaluations. One of the respondents shared how her meetings with employees were usually informal unless a mistake happens in which case a formal meeting will be warranted. Another respondent equates being a manager to being like a mother. She stated that as a mother, you want your children to be successful and you treat each one differently and that is what being a manager is like because each of your staff is different with different strengths and needs. Factors that affected the coaching and mentoring sessions included time constraints due to the amount of workload, the number of direct reports that a manager has, the level of training of the manager on how to coach and mentor employees, and the size of the nursing unit. In Warshawsky et al. (2013) study, the researchers found that nurse managers are more satisfied when they have time to coach and mentor their staff, a consistent finding in this current study.

Visibility and presence of nurse managers in the unit were also perceived to be impactful on staff nurses and patient outcomes. When managers are present in the unit, they can perform rounding on their staff and help them with performing certain clinical tasks. Through visibility, managers can validate that their employees are performing hourly rounds on their patients and they can validate that staff is applying AIDET with

every patient encounter. AIDET (acknowledge, introduce, duration, explanation and thank you) is an acronym intended to help nursing staff establish rapport and improve communication with patients. When on their units, managers observe work processes such as hourly rounding and identify any inconsistencies in care. If the staff is not meeting expectations, managers are able to hold staff accountable for patient outcomes. Being supportive to staff means that they can help answer questions, clarify policies and procedures, offer emotional support when difficult situations arise, and help to ensure that the work environment is one that is promoting teamwork among staff members. To ensure that managers can hold their staff accountable, they must be trained on how to do that, especially because the majority of the managers were promoted from staff nurse to charge nurse, and then to the manager role. Lack of training in this regard predisposes the managers to undue stress and potential failure.

Managers must be taught how to carry out effective communication with their nurses. They believed that lack of communication is one of the major reasons for errors and mistakes in healthcare environments. Participants believed that when there is effective communication amongst healthcare team members, patient outcomes are better. Lack of adequate training and orientation of nurse managers can lead to ineffective communication or the lack of communication altogether. Participants believed that communication must occur between staff and patients, staff and physicians, staff and other healthcare team members, managers and staff, and managers and patients. Setting expectations and holding staff accountable for job responsibilities improve patient outcomes.

As managers perform leader rounds on patients, they are observing to see if staff are fully implementing evidenced-based care standard. If inconsistencies in practices are observed, they must have those crucial conversations with their staff, providing coaching and education and reinforcing those expectations. According to Patterson, Grenny, McMillan, and Switzler (2012), crucial conversations, in which there are strong emotions, opposing opinions, and high stakes, too often are avoided by leaders until the situation becomes very serious. Learning to effectively manage these tough conversations is an important nursing leadership skill.

Team support and collaboration was a major theme that emerged as managers reflected on their work environment. A surprising finding from this study was the extent to which managers valued and loved their nursing teams and the collaborative environment they shared with other healthcare team members. They perceived genuine attachment to their work families, with some acting in the capacity of a manager in the work setting as well as a confidant for staff outside of work. One of the managers shared how she engaged her team to rally around one of her staff members during a tragic loss of her home, something completely unrelated to work. Another manager shared how she carries the burdens of her team as if they were hers, and she described how those burdens start to get heavy over time.

Continuing to bear those burdens requires the managers to be motivated from time to time. Motivation is what causes a person to act the way they do, and the reasons vary from one person to another (Manion, 2005). As with staff nurses, managers require motivation from their superiors (directors and chief nursing officers) from time to time.

However, the best motivator for managers, according to this study, is not money or other incentives, but rather seeing their staff happy, engaged, and nurtured. The number one dissatisfier for nurse managers was staffing challenges when nurses had to work with a patient to nurse ratios considered too high. When this happens, the burden weighs heavily on the manager's shoulders, and they often try to improve the situation even if it means taking on patient assignments for the day to help minimize the burden on their teams.

The consequences of unsafe staffing have been studied extensively. Aiken et al. (2002) reported an associated 30-day increase in mortality, staff burnout, and dissatisfaction to hospitals with high patient-to-nurse ratios. When the nursing unit is not adequately staffed, the managers felt it leads to many problems in the unit and adversely affects quality patient care. The challenges that stem from staffing were listed as not having enough trained staff to balance the staffing grid, unplanned staff absences due to call-ins or FMLA, and frequent floating of staff from their primary assigned units to other areas within the hospital due to overall staff shortages. With that knowledge, managers often dread getting the call about someone calling in sick or staff being pulled to cover another area with more critical staffing needs because they know the dynamics of their units and morale of their staff will change. They knew they were more likely to get staff, physician, and even patient complaints.

Managers influenced their staff nurses and patients through advocacy, listening, and support for their teams to have better resources. Managers could see the impact they had on their teams by paying attention to their feelings, listening to them, understanding their pains, providing them with needed supplies, trusting their charge nurses to make

good decisions, involving unit staff in decision making, and by creating a clean and an organized work environment.

Employee engagements varied greatly among units, ranging from Tier 3 to Tier 1. Tier 3 denotes teams not fully engaged and not functioning effectively as a cohesive team; Tier 2 refers to teams who are somewhat ready and able to function but not to the fullest extent; and Tier 1 indicates nursing teams who are fully engaged and ready to tackle issues arising from patient care, and to achieve better patient (Press Ganey, 2016). Managers perceived that when they advocate, listen, and support their nurses, their engagement increases. This supports earlier findings by Brunges and Foley-Brinza (2014) who reported that hospitals perform better over time in virtually every measurable category when employees are engaged with what they are doing and when they are committed to their jobs. A high level of workforce commitment was also linked to improvement in organizational performance metrics such as patient satisfaction (Brunges & Foley-Brinza, 2014).

Nurse managers felt it was very important to have interdisciplinary collaboration within the healthcare team because it led to better outcomes. Participants described a work environment where nurse managers have great partnerships and working relationships with physicians, and all other disciplines within the healthcare environment. It is an environment where patient care issues are brought to the forefront and discussed without any problems or hesitation. Physician relationships have greatly improved due to demands from healthcare leaders and this expectation of physicians from the organizational leaders has improved the working conditions of nurse managers. The

relationship that exists currently between nurses, physicians, pharmacists, and other disciplines is that of mutual respect and teamwork for the benefit of the patient. This finding supports the sense of community and job satisfaction that was described in a prior study by Lampinen et al. (2015). In that study, an increase in individuals' sense of community at work was associated with greater job satisfaction and psychological well-being. The factors that promoted such community and partnership included relationships and an atmosphere of trust and respect, being accepted, a sense of belonging, common set of values, shared fun, and giving and receiving support. The finding from this current study certainly suggests the existence of such a community in the nurse managers' work environments.

Implications and Recommendations for Future Studies

The findings from this study suggest practical implications for nursing leaders in the areas of nursing practice, education, and research. The findings from this study have implications for nurse manager retention, staff nurse retention, and quality patient outcomes, all of which are directly or indirectly tied to increased costs for hospital administrators, less patient satisfaction, and ultimately reduced financial reimbursement. According to Mehta (2015), poor patient survey results could result in hospitals forfeiting some reimbursements. The Centers for Medicare and Medicaid Services now penalizes hospitals by withholding up to 30% of Medicare payments, which are tied to patient poor satisfaction scores. When the work environment of nurse managers is not adequate, they are less likely to effectively manage their unit and teams who may leave, thereby creating staff turnovers and more stress for nurse managers who may, in turn, develop burnout and

decide to leave as well. Frequent staff and nurse manager turnovers lead to a work environment that does not support optimal patient outcomes, eventually leading to lower reimbursements and less satisfied patients. This should be an alarm for senior nursing leaders; the expressed frustrations of nurse managers are too important to be ignored. This is particularly important considering the significant changes in the nature of the nurse manager role and current work environments for nursing practice.

Succession planning in any position is a good strategy for any business, but most importantly in healthcare, where it is necessary to ensure a safe patient care environment. According to Prestia, Dyess, and Sherman (2014), nurse leaders may unknowingly, through their actions, send unintended messages about the negative aspects of their role if not properly handled. Staff nurses who observe their managers may not understand the scope of the role and may be discouraged from seeking management positions all together which then impedes succession planning in leadership positions.

Nurse managers shared their thoughts about their role and plan to stay in their current positions as nurse managers. In this current study, the majority of the managers liked being in the management position and derived great satisfaction from the role, but respondents also had mixed views about staying in the role long term. Some of the respondents wanted to stay and grow in the nurse manager role, but the majority of the respondents shared that they were actively planning for retirement within 3-5 years. In this current study, 23% of the respondents plan to retire within 3 years, 23% plan to retire within 5 years, and 30% plan to seek a nursing director role or something else in nursing quality or informatics within 5 years. Therefore, 76% of the respondents in this current

study plan to leave the nurse manager role within 5 years. This finding further validates the findings from Warshawsky and Havens (2014) where 72% of the respondents in that study planned to leave the nurse manager role within 5 years.

Considerations for nursing practice should include evaluations of current expectations that nurse managers work 24 hours, seven days a week. Managers cannot effectively manage their teams with such expectations and nursing executives should consider adding more personnel resources so that managers can work shifts just like the staff nurses do. Having a day and a night manager will ensure a more manageable workload for managers as each manager will only be responsible for managing a shift, and therefore will have fewer employees and be more effective.

The findings from this study indicate that managers are not adequately trained prior to assuming the nurse manager role. Therefore, considerations for nursing education should include adding clinical components to management courses and the curriculum at the bachelor's level, which will be beneficial since the bachelor's degree is required for most manager positions. In addition, nursing administrators can develop a formal orientation process for managers where individuals entering manager positions are oriented to the role and assigned preceptors just as staff nurses are oriented. Promoting from staff nurse to the manager role is still a great way of ensuring success in the manager role, but there must be plans to adequately transition those nurses to ensure success. This finding supports an earlier finding by McLarty and McCartney (2009), which reported that nurse managers typically enter the managerial role with little or no managerial skills because they are often promoted based on their expertise as clinicians

The findings from this study also indicated huge inconsistencies in the way managers operated depending on unit type, organizational setting, and size, yet the expectation for performance is the same for all nurse managers. For instance, managers that practiced in urban/medical centers hospitals had better resources at their disposals. About 83% of the managers in those settings had co-managers who managed the opposite shift and shared the manager responsibilities in addition to having clinical or unit coordinator support. Those managers were able to manage their units better and achieved better staff nurse and patient outcomes compared to their counterparts who practiced in the community setting.

Implications for nursing research calls for a critical study of the financial implications of nurse manager turnover by evaluating the actual monetary cost of manager turnover along with the associated cost of staff nurse turnover and the additional cost arising from poor patient outcomes. This study highlighted the variations that existed in the number of direct reports a manager had. Some of the managers managed two or sometimes three units, and the number of staff varied significantly with those managers. Therefore, more research is needed to assess and establish a ratio for nurse managers' direct report responsibility, perhaps with a quantitative design. In this study, there were inconsistent findings between managers, perceived senior leadership (director and CNO) support and the ability to effectively manage their teams. Further research is needed to evaluate why managers feel supported yet reported feeling overwhelmed with workload and stress. Furthermore, most nurse managers reported lack of training and lack of appropriate orientation prior to assuming their role. Therefore, it might be necessary to

use a different research methodology such as a quantitative design to assess more critically the obstacles to effective nurse manager training and orientation and how it can be improved.

Study Limitations

This was a single qualitative research study that was limited to a specific geographical area and inpatient acute care practice setting. Therefore, the perspectives of managers in the outpatient settings, clinics, or nursing homes were not represented in this study. Although the sample size was adequate based on recommended sample sizes for qualitative studies, the study could be replicated with a quantitative research design to compare findings. There were only female participants in the study as it was difficult finding male nurse managers. Therefore, the perspectives and perceptions of male nurse managers were not represented in this study. Another limitation was related to the method of data collection and the difficulties imposed by the participant's availability. Some eligible individuals who could have participated in the study declined once they were informed that the interview was to be conducted by face-to-face and recorded. Those individuals had requested a phone interview that was not included in the research protocol. Therefore, adding an option for a telephone interview would be a consideration in future IRB applications. Finally, there were other limitations concerning access to some participants who met the eligibility requirement but were afraid to participate due to restrictions imposed by their organizations.

Summary

This study raises awareness of the important role that nurse managers occupy within healthcare organizations and contributes knowledge in the area of healthy work environment research. The study also highlights several concerns within the work environment that need to be examined by senior nursing leaders to ensure that nurse managers feel valued and satisfied and are thus retained in their roles longer. In the work environment domain, managers felt that they were overworked and overstressed, with too much to do, and inadequate resources. The variability in resources, autonomy, and perceptions that were found in this study was largely due to unit type, organizational size, and location. Although managers felt supported by their senior nursing leaders, they also felt that they were not adequately trained prior to assuming the nurse manager role.

Most importantly, managers love the job they do, and they appreciate the team support and collaboration of their staff nurses and healthcare teams. They derive great satisfaction from working with their staff, but they struggle internally with the challenges of having to manage a unit with less than adequate staffing. Managers will be more productive and more satisfied if they are provided more time to be with their staff on the unit, and by having one-on-one conversations with their staff. Managers often felt torn apart, and sometimes felt they neglected the nursing staff due to multiple obligations. They want to be available and visible, and able to support, nurture, and coach and mentor their nurses. Staffing challenges are a major problem identified in this study and the nurse managers will be less burdened if solutions to the constant floating, mobility, and turnover of the staff are found.

Conclusions and Recommendations

This study highlighted the important roles that nurse managers play in ensuring optimal staff nurse and patient outcomes. Managers expressed that they are overwhelmed with increasing workload, and are not able to manage 24 hours, seven days a week schedule. To make sure that they are successful in their roles, they are constantly making huge accommodations in their personal lives and as a result, they struggle with maintaining work-life-balance. The majority expressed that they were not adequately trained prior to assuming the nurse manager role, nor do they have the resources needed to take care of their patients adequately. The consequences of knowledge deficit and lack of resources can lead to assumption and guessing on the part of the managers while staffing challenges often lead to increased staff nurse turnover, manager burnout, and potentially an unsafe and unproductive work environment.

Despite the working conditions of some of the managers, they find ways to adapt to their environment through flexibility and resiliency. Managers find strength as a result of the love, support, and collaboration they receive from their nursing teams and other inter-disciplinary teams. They love to coach and mentor their staff, but they do not have enough time to do so adequately, due to competing priorities and obligations. Managers also perceived that their role is highly influential on the overall patient outcomes through nurse leader rounds, visibility on their units, transparency, addressing staff and patient care issues timely, effective communication, setting expectations, holding staff accountable, and working collaboratively with the whole healthcare team.

Overall, the nurse managers perceived their work environments to affect their staff nurse and patient outcomes negatively. The staff outcomes most often affected were job satisfaction and commitment to the organization. Due to multiple meetings and other leadership assigned obligations, the managers are unable to be fully present in their units. The managers' lack of visibility to their staff when needed, especially to the night shift, was perceived to create dissatisfaction amongst the staff. The lack of time to provide one-on-one coaching and mentoring by the managers and the lack of unit-based educators were perceived to lead to lack of confidence amongst staff and a lack of trust between managers and their staffs.

The lack of time to coach and mentor was also perceived to lead to staff frustration because of variability in nursing skills and the generational differences and needs amongst the staff. The managers perceived that the lack of consistent educational oversight created dissatisfaction and anxiety especially amongst the newly graduated nursing staff who are still trying to master their critical thinking skills. The managers also perceived that their inability to obtain adequate resources for the nursing staff, especially with providing safer nurse-patient ratios, led to increased staff dissatisfaction, stress, burnout, and subsequent turnover as staff left the units in search for other units and sometimes to other organizations with perceived better staffing ratios.

Furthermore, patient outcomes were also perceived to be negatively impacted by the managers' work environment. The patient outcomes perceived by the managers to be impacted the most included patient fall rates and patient satisfaction. Due to less than adequate staffing ratios, the managers perceived that the nursing staff were stretched too

thin and were unable to effectively round on patients and attend to their needs promptly which led to increased patient falls. The inability of the staff nurses to round and quickly respond to patients' needs due to increased workload was also perceived by managers to lead to patient dissatisfaction and eventually low HCAHPS survey results. According to Mehta (2015), unhappy patients often translate to negative reviews, which may impact admission rates and the organization's bottom line. Therefore, findings from this study did not only provide more insight into the nurse managers' work environment, but it also addressed the research gaps identified in the literature review and provided answers to the research questions intended to be answered in this study.

Based on the analysis, findings, possible implications, and conclusions drawn from this study, the following recommendations are made:

A) Provide an environment with manageable workload
    1) Reduce the number of meetings that managers are required to attend.
    2) Add additional manager fulltime equivalent (FTE) to have two managers, one handling day shift staff and another handling night shift staff.
    3) Limit the number of direct reports for which a manager is responsible to 50 or less.
    4) Provide unit-based education resource specialists to oversee the education needs of the staff instead of the managers.

B) Provide an environment that ensures optimal training and orientation
    1) Develop a structured manager training and orientation process.
    2) Develop and implement manager-mentor programs.

3) Incorporate sound leadership principles into manager training curriculum.
4) Review staffing grids and patient-staff ratios periodically to reduce staff burnout and frequent staff turnover.
5) Recognize stress symptoms in managers and address them quickly.
6) Incorporate stress management training into manager orientation.

C) Promote relationship building and teamwork

1) Provide access and resources for manager and staff retreats
2) Communicate constantly and effectively with managers
3) Recognize manager talents and provide rewards and recognition.
4) Encourage team building and inter-departmental collaborative projects.

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APPENDIX A

Level of Evidence Grid

Level of Evidence

The American Association of Critical Care Nurses (AACN)'s last revised leveling system was published in 2009 and is as follows: **Level A:** Meta-analysis of multiple controlled studies or meta-synthesis of qualitative studies with results that consistently support a specific action, intervention or treatment. **Level B**: Well-designed controlled studies, both randomized and nonrandomized, with results that consistently support a specific action, intervention, or treatment. **Level C**: Qualitative studies, descriptive or correlational studies, integrative reviews, systematic reviews, or randomized controlled trials with inconsistent results. **Level D**: Peer-reviewed professional organizational standards, with clinical studies to support recommendations. **Level E:** Theory-based evidence from expert opinion or multiple case reports. **Level M**: Manufacturers' recommendations only (Armola et al., 2009).

Level A	Meta-analysis of multiple controlled studies or meta-synthesis of qualitative studies with results that consistently support a specific action, intervention or treatment
Level B	Well designed controlled studies, both randomized and nonrandomized, with results that consistently support a specific action, intervention, or treatment
Level C	Qualitative studies, descriptive or correlational studies, integrative reviews, systematic reviews, or randomized controlled trials with inconsistent results
Level D	Peer-reviewed professional organizational standards, with clinical studies to support recommendations
Level E	Theory-based evidence from expert opinion or multiple case reports
Level M	Manufacturers' recommendations only

APPENDIX B

Literature Review Matrix: Research Study Articles

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
Aiken, L. H., Cimiotti, J. P., Sloane, D. M., Smith, H. L., Flynn, L., & Neff, D. F. (2011).	The purpose of the study was to determine the conditions under which the impact of hospital nurse staffing, nurse education, and work environment are associated with patient outcomes.	This was a quantitative research study design. Sample included outcomes data of 665 hospitals in four large states and a mailed in survey of a randomly selected sample of 39,038 hospital staff nurses.	The study found no effect in decreasing patient ratios by one patient in hospitals with a poor work environment but the odds of patient's death and failure to rescue decreases by 4% in hospitals with average environments and at least 9% in hospitals with best environments. Also, the effect of 10% more BSN nurses decreases the odds on both outcomes in all hospitals, regardless of their work environment, by roughly 4%.	This study is relevant because impact on staff and patient outcomes are the secondary questions of the current study. It helps to provide a foundational background from a quantitative perspective.	Strength included very large sample sizes. The authors discussed that their measures were hospital-level averages across all shifts and should not be interpreted as unit-specific patient to nurse ratios.
Armstrong-Stassen, M., Cameron, S., Rajacich, D., & Freeman, M. (2014)	The purpose of this study was to compare the perceptions of seasoned nurse managers and staff nurses on how well the needs of nurses age 45 and old were met within their	This was a quantitative - randomized trial. The independent variable was nurses that did not receive training. The dependent variable was the training provided to nurses 45 years and	Findings of this study showed that seasoned nurses are not currently valued. Only 15% of the nurse managers rated their hospital as doing a good job in meeting the needs of nurses 45 and over. There was a significant difference	This study is relevant to the current study because, the baby boomer generation of nurses are near or in retirement and not addressing	Strength included using a randomized sample. Weaknesses includes the fact that the results may not be generalizable beyond the

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
	hospital, as well as their perceptions of availability of specific human resource practices tailored to the needs of seasoned nurses.	over to learn how to operate new equipment, how to update current job skills, how to acquire new skills, expertise, and opportunities for professional development. Sample included 104 nurse managers and 516 staff nurses. Data was collected through questionnaire packets that were mailed to respondents.	between nurse managers and staff nurses for four of the five HR practices. Nurse managers were more receptive to the needs of the seasoned nurses and accommodations that they needed to carry out their jobs than did the staff nurses. There was no significant difference between the two groups for the compensation practices.	their needs as managers may accelerate their departure which creates more nursing shortage.	Canadian context in which it was conducted.
Cummings, G. G., MacGregor, T., Davey, M., & Stafford, E. (2010)	The purpose of this study was to examine the relationships between various styles of leadership and outcomes for the nursing workforce and their work environments.	This was a multidisciplinary systematic review that included 10 electronic databases. Sample included 53 articles and content analysis was applied for data analysis.	Study found that there is association between manager leadership style to staff and patient outcomes. Specifically, staff satisfaction with work, role and pay, staff relationships with work, staff health and wellbeing, work environment factors, and productivity and	This study is relevant because, other studies have found association between nurse manager's leadership style and staff and patient outcomes	Strengths of the study included a wide spectrum of databases. Weakness included using only quantitative studies that examined leadership behaviors and outcomes for

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
			effectiveness were much better under leaders with relational leadership styles as compared to leaders with resonant to task-focused leadership styles.	which is one tenet that the current study is interested in.	nurses and organizations.
Djukic, M; Jun, J; Kovner, C; Brewer, C; Fletcher, J. (2017)	The purpose of this study was to examine factors associated with job satisfaction of novice frontline nurse managers.	This was a quantitative, cross-sectional, and correlational study design. Sample included 1,392 staff nurses and 209 nurse managers. Data was collected through mailed and emailed survey questionnaires to participants	The study found that negative affectivity (seeing the world in mainly negative ways) and procedural justice (the perceived degree of involvement in organizational decision making) were significantly correlated with job satisfaction. This means that healthcare executives who want to cultivate an effective novice frontline nurse manager workforce can best ensure their satisfaction by creating an organization with strong procedural justice. This could be achieved by	That study provided information about job satisfaction of front-line nurse managers and what factors promote job satisfaction which is very relevant to this current study.	Strength included that the study was a multi-year study that occurred between 2003-2013 with large sample sizes. Weaknesses included that the participants were only novice managers employed in US hospitals. Therefore, findings might not be relevant for more experienced managers in non-hospitals or

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
			involving managers in decision-making processes and ensuring transparency about how decisions that affect nursing are made		international settings. Also, the cross-sectional nature of the study design permits assessment of correlations but not causation among study variables.
Gikopoulou, D., Tsironi, M., Lazakidou, A., Moisoglou, I., & Prezerakos, P. (2014)	The purpose of the study was to assess the nurses' work environment which is vital to Nurses' performance and patients outcomes.	This was a quantitative cross-sectional study conducted with randomly selected sample of nurses and assistants. Sample included 174 staff nurses and data was collected through a self-administered questionnaire using the Practice Environment Scale of Nursing Work Index (PES-NWI)	This study found that nurse staffing was rated the lowest using the practice environment scale. Nurse staffing continues to be a challenge for hospitals across the nation. Managers' leadership abilities were also rated low and unfavorable to ensuring a healthy work environment (HWE). This means that managers are not adequately providing a work environment that support their staff nurses	The current study is concerned with how staff nurse and patient outcomes are affected by manager's work environment.	Strengths of this study were not discussed. However, the weaknesses were related to the relatively small sample size and the fact that the study was from one hospital. Generalization of the findings is to be applied with caution.

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
			which may lead to poor patient outcomes.		
Hewko, S. J., Brown, P., Fraser, K. D., Wong, C. A., & Cummings, G.G. (2015)	The purpose of this study was to identify and report on the relative importance of factors influencing nurse managers' intentions to stay in or leave their current position.	This was a quantitative, descriptive study design. Sample included 95 nurse managers. Data was collected through a survey questionnaire	Study found that for those that intend to leave, workload, inability to ensure quality patient care, insufficient resources, and lack of recognition were significant. Managers intending to leave reported significantly lower job satisfaction, perceptions of their supervisor's resonant leadership and higher burnout levels.	This is relevant to the current study because it provides recent foundational background for current study.	Strengths of the study were not discussed. Weaknesses included an average response rate of 32%. Authors discussed that a low response rate may reflect selection bias, which can limit the generalizability of the study results.
Huddleston, P. & Gray, J. (2016)	The purposes of the two qualitative research studies were to explore the nurse leaders' and direct care nurses' perceptions of the meaning of a HWE, to describe the nurse leaders' and direct care nurses'	This was a qualitative, exploratory descriptive study design. Sample included 72 nurse leaders and 57 staff nurses. Data was collected through focus group, using	This study found in addition to the six standards from the AACN two new themes that emerged as a result of the nurse leaders and direct care nurses defining the characteristics of an HWE, which included	This is relevant to the current study because the AACN framework will guide the current study and although the goal is not	Strengths and limitations of the study were discussed by the authors to include that the study findings will not be

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
	perceptions of a HWE, and to define the characteristics of a HWE in acute care settings.	guided interview questions	appropriate staffing, authentic leadership, effective decision making, meaningful recognition, skilled communication, true collaboration genuine work, and physical and psychological safety.	to validate if those standards are present, it helps to inform managers/staff perspectives.	generalizable because study was conducted in one healthcare system; however, the number of subjects and the themes identified in both samples were similar, which strengthened the findings of the research studies.
Huddleston, P., Mancini, M.E. & Gray, J. (2017)	The purposes of the two quantitative studies were to develop items on the on the HWE Scale for nurse leaders and direct care nurses, to assess the validity and reliability of the new tools, and to describe the nurse leaders' and direct care nurses' perceptions of a healthy work environment (HWE).	This was a non-experimental, quantitative, non-descriptive exploratory study design. Sample included 314 nurse leaders and 986 staff nurses. Data was collected using 48 survey items for the healthy work environment scale for nurse leaders and 51 survey items for	The study found that the tools demonstrated promising psychometric properties to measure a healthy work environment in acute care settings. Nurse leaders established the importance of appropriate staffing, meaningful recognition, and skilled communication as parts of an HWE, while direct care nurses established	Although this current study is following the qualitative design, it helps to inform that quantitative tools are developing measure HWE characteristics among nurses and management.	The authors discussed limitations of the study to include the fact that generalizability of the tools is limited because studies were conducted in only one healthcare system.

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
		the HWE Scale for staff nurses.	the importance of genuine teamwork and physical and psychological safety as parts of an HWE.		
Judkins, S., Massey, C., & Huff, B. (2006)	The purpose of the study was to investigate the relationships between hardiness, stress, and use of ill time among nurse managers.	This was a quantitative correlational study design. Sample included 16 nurse managers. Data was collected through a survey questionnaire that were mailed to participants. Study utilized the Hardiness Scale and the Perceived Stress Scale.	Results indicated that managers who reported high hardiness and low stress used 35% fewer sick hours than their low-hardiness, low stress counterparts. Similarly, managers who reported high hardiness and high stress used 57% fewer sick hours than those reporting low hardiness and low stress. However, managers who reported high hardiness and high stress used 33% fewer sick hours than the high hardiness and low stress group. This means that managers must develop hardiness in order to cope with their jobs.	Other studies have shown that managers are subjected to high stress in their role. This is relevant to this current study because stress and inability to cope with stress will impact the managers work environment.	Strength of study was that fact that the study design was well organized. Weakness Use of convenience sample and small sample size of 16 for a quantitative study.
Kim, M., & Windsor, C.	The purpose of this study was to explore	This was a qualitative,	The study found that participants perceived	This study is relevant	Strength included

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
(2015)	how first-line nurse managers constructed the meaning of resilience and its relationship to work-life balance for nurses in Korea.	Grounded Theory study design. Sample included 20 nurse managers. Data was collected through a two-phase in-depth interview of the participants.	work-life balance and their resiliency to be shaped by their ability to reflect, have positive thoughts, being adaptive to their ever-changing environment and expectations and being to separate work from life. Managers also garnered support from family members as part of their resilience structures.	because it will help to inform how managers dealt with stress in their role. The ability to handle stress is an asset for managers.	conducting a third interview of 5 participants for member checking. Weaknesses are that the participants' average number of years of career experience was 10.2 years with the least being 6.2 years. The results therefore cannot be generalized to new first-line nurse managers.
Kocoglu, D., Duygulu, S., Abaan, E. S., & Akin, B. R. (2016)	The purpose of this study was to evaluate the effects of an interactive problem-solving training program on first-line nurse managers' self-reported problem-solving skills.	This was a quantitative non-randomized interventional study design. The dependent variable was the problem-solving inventory skills, while the independent variable	This study found that statistically significant improvements were observed in the frontline nurse managers perceived problem-solving skills, problem solving confidence, and in the approach-avoidance behaviors	Managers must have problem solving skills since one critical aspect of their role is human resources and building	Strength of this study included the fact that the problem-solving training program which was prepared for nurses with baccalaureate degrees can also

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
		was problem solving training provided. Sample included 98 nurse managers. Data was collected using self-reported tool evaluating personal perceptions of problem- solving approaches. Data were collected at three different points: Before training, at the end of training, and six months after training.	($p<0.05$). Although the personal control behaviors improved, the change was not statistically significant. This means that although some managers may be able to navigate through problem solving successfully, they will be better equipped if trained.	interpersonal relationships. Without that essential skill, managers will not be effective in their positions.	be modified to train nurses with other qualifications. The weakness of the study was related to limitations of the study to only the frontline nurse managers at one hospital and results cannot be generalized.
Kramer, M., Maguire, P., Schmalenberg, C., Brewer, B., Burke, R., Chmielewski, L., Cox, K., Kishner, J., Krugman, M., Meeks-Sjostrom, D., Waldo, M.	The purposes of the study were to clarify the process through which Nurse Managers convey support to staff nurses by ascertaining the role behaviors that staff nurses identify as supportive. Secondly to identify organizational supports and management/leadership practices that promote	This was a non-experimental, descriptive study design with strategic sampling of both quantitative and qualitative methods. Quantitative sample included 3000 staff nurses. Qualitative sample included 246 staff nurses, 109 nurse managers and	Findings showed that supportive role behaviors were identified by 2382 staff nurses who completed the investigator-developed Nurse Manager Support Scale. In addition, the semi-structured interviews showed that the 9 most supportive role behaviors cited were: Is	The relevance of this study to the current study is the need to find out managers' perceptions of their environment and their behaviors within that environment	Strength included the use of mixed methodology and very large samples. The weaknesses and limitations of study were not discussed.

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
(2007)	and sustain these supportive behaviors.	97 physicians. Quantitative data was collected through a survey, using the Essentials of Magnetism (EOM) tool. Qualitative data was collected through a semi-structured interview.	approachable and safe, cares, "walks the talk," motivates development of self-confidence, gives genuine feedback, provides adequate and competent staffing, "watches our back," promotes group cohesion and teamwork, and resolves conflicts constructively.	and how it affects staff. Also, whether managers are supported by their organizations.	
Lageson, C. (2004)	The purpose of this study was to examine the relationship between the quality focus of the first line nurse manager and patient satisfaction, job satisfaction of the nursing personnel, unit effectiveness, staff perceptions of quality, and nursing personnel turnover.	This was a quantitative, descriptive, cross-sectional study design. Sample included 53 nurse managers, 221 staff nurses, 146 other nursing personnel, and 78 physicians. Data was collected from 23 hospitals and 23 units through a survey questionnaire.	The study examined the relationship between the quality focus of the first line nurse manager and patient satisfaction, job satisfaction of the nursing personnel, unit effectiveness, staff perceptions of quality, and nursing personnel turnover. It found that quality focus was a significant predictor for staff nurse job satisfaction. Therefore, nurse Managers should be aware of how their	This is a very relevant study because it examined variables for job satisfaction using a quantitative method which provides perspectives with a different research design.	Strength included data collection form different hospitals and units. Weaknesses included use of a cross-sectional design which affects the generalizability of the results.

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
			vision for quality patient care translates into staff education, selection of quality projects, and recognition of outstanding quality service.		
Lampinen, M., Viitanen, E. A., & Konu, A. I. (2015)	The purpose of this study was to identify how the factors associated with sense of community at work relate to job satisfaction among the front-line managers and middle managers in social and health-care services in Finland.	This was a quantitative, cross-sectional, and correlational study design. Sample included 135 nurse managers. Data was collected through a structured questionnaire created specifically for the study	The study found that the factors explaining sense of community at work are open and effective communication and good flow of information within the organization. Sense of security provided by close relationships at work and appreciation of manager's leadership skills, and support from manager's own superior all have a connection on the job satisfaction experienced by managers. This also means that interaction between managers, and their superiors is essential in improving	Teamwork and inter-professional collaboration are important in healthcare. The relevance to this current study is the need to compare findings and see if that exists among the participants in this study.	The strength according to the authors were that the study added evidence to factors which are connected to the job satisfaction among social and healthcare managers. Weakness included that the instrument used in the study was specifically created for it because they were unable to find an instrument suitable for

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
			managers' job satisfaction.		measuring sense of community among managers.
Laschinger, H. K. S., Wong, C. A., Cummings, G. G., & Grau, A. L. (2014)	The purpose of this study was to test a model linking a positive leadership approach and workplace empowerment to workplace incivility, burnout, and subsequently job satisfaction.	This was a quantitative cross-sectional research design. Sample included 1,241 staff nurses. Data was collected through a survey questionnaire that was mailed to participants.	Findings showed that positive leadership approaches can empower nurses and discourage workplace incivility and burnout in nursing work environments. Also showed that positive and supportive leadership styles can lower patient mortality and improve nurses' health, job satisfaction, organizational commitment, emotional exhaustion, and intent to stay in their position.	Incivility in nursing is costly at any level which could impact staff nurse turnover and eventually patient outcomes. This is relevant to the current study because managers would need to ensure that their work environment supports civility.	Strength of the study is the use of a very large sample and the strong psychometric properties of the study instruments. Weaknesses was the cross-sectional design precludes the ability to attribute strong causal effects and the use of self-report measures raises concerns about common method variance.
Li-Min, Lin; Jen-Her Wu; Ing-Chung, Huang; Kuo-	The two research questions were: 1. What are the portfolios of critical	This was a quantitative – correlational study design. Stratified	Findings indicated that there are different skills needed at the top, middle and supervisory levels.	This is relevant to the current study because,	Strength included a very large sample involving 9

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
Hung, Tseng; et al. (2007)	management activities performed by nurse managers at different managerial levels? 2. What are the critical skills required to perform those management activities effectively at each managerial level?	sample included 382 nurse managers from 55 regional hospitals. Data was collected through survey questionnaire that were mailed to participants. The questionnaire was developed by the authors.	A set of critical managerial activities and skills/knowledge needs for each level of nurse managers was identified in the study. They found that the needs of the managers (supervisory level) were not met and as result impacted how vacant positions of nurse managers were hard to fill with competent applicants. Therefore, organizations needed to include management development training to manager's competencies.	managers need certain skills and competencies to perform their jobs effectively. That knowledge will to inform and build this study.	medical centers 55 regional hospitals and 122 district hospitals in Taiwan were included. Findings can be applicable in North America due to similarities in nurse to patient ratios. The weaknesses and limitations of study were not discussed.
Matlakala, M. C., Bezuidenhout, M. C., & Botha, A. D. H. (2014)	The purpose of this study was of this study was to explore and present the challenges encountered by ICU managers in the management of large ICUs.	This was a qualitative, exploratory and descriptive study design. Sample included 5 nurse managers. Data was collected through a face-to-face interview.	Five themes emerged from the study. Challenges related to the layout and structure of the unit, human resources provision and staffing, provision of material resources, stressors in the unit and visitors in the ICU. Other finding included	Managers are responsible for all unit types including the intensive care areas, therefore getting some perspectives of managers within that	Strengths of the study were not discussed. Weaknesses were based on the views of unit managers working in five large ICUs of selected hospitals in one city. This

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
			not having enough, specialized and efficient nurses; lack of or inadequate equipment that goes along with technology in ICU and supplies; and stressors in the ICU that limit the efficiency to plan, organize, lead and control the daily unit activities.	setting will add value to the current study.	limits the application of the findings to a wider range of ICUs or even other hospitals.
McCarthy, G., & Fitzpatrick, J. (2009)	The purpose of this study was to identify and define the competencies required for effective nursing management in the Irish health and social services, and to differentiate the competencies required at top-level, midlevel, and front-line management.	This was a mixed method (quantitative and qualitative) study design. Sample included 301 nurse managers. This was a three-part study. Quantitative data were collected from 165 managers Qualitative data was collected from 43 managers who participated in a face-to-face interview, while 193 managers	Study identified eight generic competencies as foundation for effective performance at all levels of management. These generic competencies can be used to evaluate the readiness of potential managers. The competencies also were developed to assist individual nurses in future career planning. The competency for the manager includes clinical skills, communication skills,	Although this study was an international study, its relevance lies on the competencies of nurse managers. It will help to inform the global differences in nurse manager competencies.	Strength included the use of mixed methodology and very large samples. Weaknesses and limitations of study were not discussed.

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
		participated in focus groups.	building and managing relationships, integrity, commitment, resilience, service innovation, and promoting evidence-based initiatives.		
McHugh, M. D., Kutney-Lee, A., Cimiotti, J. P., Sloane, D. M., & Aiken, L. H. (2011)	The goal of this study was to compare burnout, overall job satisfaction and satisfaction with specific aspects of the job of nurses in different roles and different settings. Secondly to compare patient satisfaction in those different settings.	This was a quantitative, cross sectional and correlational study design. Sample included 95,499 staff nurses. Data was collected through a survey questionnaire.	The findings from this study showed that nurses' job satisfaction and perceptions of working conditions correlated between organizational performance matrix and patient outcomes. Patient satisfaction was much lower in institutions where many nurses feel burned out and dissatisfied with their work conditions than in other institutions. nurses are particularly dissatisfied with their health benefits.	This study is relevant to the current study because it demonstrated that there is association between burnout and lower patient outcome. Finding out the amount of stress nurses' managers are subjected to if any will be relevant.	Strength included a very large sample. Weaknesses included the fact that this study used a cross-sectional design. Authors indicated that a longitudinal approach would have allowed them to better establish a causal relationship between the variables of interest.
Miltner, R. S., Jukkala, A., Dawson, M. A., &	The purpose of this study was to describe the professional development needs of	This was a qualitative – focused group research design. sample	Three themes emerged as follows: Managing versus leading, gaining a voice, and garnering	This study is relevant to the current study because	Strengths of the study were not discussed. However, the

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
Patrician, P. A. (2015)	unit-based nurse leaders. And to explain the importance of creating formal development programs within the health care organization.	included 20 nurse managers who volunteered to participate in the focus groups. Managers consented to participate in one of three focus groups. The focus groups were conducted using standard scripts that were developed with the assistance of a qualitative research expert.	support. Managers were found to focus more of their energy on daily tasks, such as staffing to patient needs. It found that there were also gaps in foundational management skills, such as understanding organizational behavior, use of data to make decisions, and problem-solving skills. Therefore, authors suggested that professional development activities focusing on higher level leadership competencies could assist managers to be more successful in this challenging role.	organizations will need to invest in training their nurse leaders in all aspects of their role in order for them to be successful.	weaknesses included limitation of study to one community and data were not collected regarding the span of control and its potential effect on nurse managers' performance, satisfaction, and stress level.
Natan, M. B., & Noy, R. H. (2016)	The purpose of the study was to explore staff nurses' perceptions of the competencies required for nurse managers in geriatric care.	This was a quantitative-correlational study design. Sample included 150 staff nurses Data was collected through a survey questionnaire	Results revealed that nurses perceived familiarity with the therapeutic environment as the most important competency, while business management as the least important.	organizations benefit when managers are competent because outcomes are better. That is relevant to the	Strength of the study were not discussed. Weaknesses included that fact that the research employed a convenience

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
		that were mailed to participants.	Nurses functioning as shift supervisors and nurses from the Jewish sector ranked higher leadership competencies.	current study because it impacts how managers perceive their work environment.	sample recruited in a single institution, which limits the generalizability of the results.
Nowrouzi, B. O. T., Lightfoot, N., Larivière, M., Carter, L., Rukholm, E., Schinke, R., & Belanger-Gardner, D. (2015)	The purpose of this literature review was to evaluate workplace interventions, associated with work environments and quality of work life (QWL), targeting nurses' occupational stress and burnout.	This was a literature review of studies done occupational stress management and burnout interventions in nursing and their implications for healthy work environments. Articles were extracted and critiqued from 2 major databases (PUBMED and CINAHL). Search was limited to articles published between 2002 and 2011. Number of articles retrieved were not included.	Review found that nurses are more likely to leave their positions within 12 months as a result of stress. intervention studies included reported on workplace intervention strategies, mainly individual stress management and burnout interventions. Recommendations are provided to improve nurses' QWL in health care organizations through workplace stress management programs so that nurses can be recruited and retained.	An HWE and understanding the nursing workforce are vital to the retention and recruitment of health care professionals and the sustainability of health systems.	Authors reported that many of the studies analyzed in this review had small samples, low retention rates, and short intervention and monitoring durations. They were also focused on nurses in larger urban centers and in one nursing specialty.

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
Roche, M., Duffield, C., Dimitrelis, S., Frew, B. (2015)	The purpose of this study was to examine specific elements of nursing leadership linked to intention to leave, in public acute care hospitals.	This was a quantitative study design. Sample included a total of 1,673 nurses from 62 medical surgical and mixed units. Data was collected through a survey with a scale that included measures of intent to leave and leadership aspects of the practice environment	This study found that the role of nurse managers was confirmed to be a major factor in nurses' intention to remain or leave their current workplace. Nurses valued human relationship skills more than other leadership characteristics, including their manager's connection with nurses' concerns, clarity, participation in decisions, and encouragement.	This is relevant because the current study is trying to find out how managers perceive their work to impact staff nurse outcomes.	Strength included the use of a large sample size. Weaknesses included the fact that participation was voluntary, so there was no opportunity to compare perceptions of those who did not participate which does limit the generalizability of the findings.
Shirey, M. (2006a)	The purpose of this integrative review was to answer the research question: What is the state of the science as it relates to stress and coping in nurse managers practicing in today's heath care work environment?	This was an integrative literature review of all studies done on stress and coping in nurse managers. Sample included 17 articles extracted and critiqued from 3 major databases (MEDLINE, CINAHL and Psyc	The review found that first, nurse manager stress and coping studies have been done mostly outside the United States. Second, that there is deterioration in the coping strategies of nurse managers that warrants further exploration. Third, limited research has been	Understanding stress and coping among nurse managers has been studied with the purpose of retaining them, but also as a vehicle for retaining staff	The author suggested there were serious theoretical, methodological, and measurement flaws. Sample sizes were small and convenient.

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
		INFO). Search was limited to articles published between 1980 and 2003.	conducted on nurse manager health outcomes related to occupational stress. Fourth, emphasis on a long-term solution for stress in the nurse manager role is not apparent in the literature and fifth, the studies suggest opportunities to improve nursing scholarship in stress and coping.	nurses given the direct role that managers play in retaining staff.	
Spence Laschinger, H. K., Purdy, N., Cho, J., & Almost, J. (2006)	The purpose of this study was to test a model derived from the theory of Perceived Organizational Support among frontline nurse managers.	This was a quantitative, descriptive, correlational study design. Sample included 202 nurse managers. Data was collected through a survey questionnaire that were mailed to participants.	Results indicated that nurse managers reported adequate rewards and respect as well as high levels of autonomy. Despite these positive findings, 58% of managers reported high levels of burnout suggesting perhaps, that a high level of Perceived Organizational Support (POS) increases resistance to job strain. Organizational	This is relevant to this study because a work healthy environment for nurse managers must be one that has good organizational support. This is one of the goals of the current study which is to	Strength was discussed to include positive perceptions of organizational support are important recruitment and retention factors for first-line nurse managers. Weaknesses included that fact that the results of this study must

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
			characteristics most strongly related to POS were, in rank order, rewards for effort, respect, job security, autonomy, and, lastly, monetary gratification.	find out if that exists.	be viewed with caution, given the cross-sectional nature of the design and the exploratory approach to determining the replicability.
Udod, S. A., Cummings, G., Care, W. D., & Jenkins, M. (2017).	The purpose of the study was to understand nurse managers' perceptions of their role stressors, coping strategies, and self-health related outcomes as a result of frequent exposure to stressful situations in their role.	This was a qualitative research study design. Sample included 23 nurse managers. Data was collected using Semi structured interviews with and 1 focus group interview.	The study found that managers are continuously subjected to tremendous stress with stressors originating from the role expectation. Specifically, managers cited stressors to include working with limited resources, constant organizational changes, complexity of the organization, and senior management disconnection from realities within the practice environment. Managers are unable to cope effectively with these job-related	This is a recent study on role stress and stressors for nurse managers. Therefore, it updates on earlier studies on this aspect of the managers work environment.	The strengths and limitations of this study were not discussed. However, sample size seem generous for a qualitative study

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
			stressors which could impact the nurse managers' health overtime.		
Ulrich, B. T., Lavandero, R., Woods, D., & Early, S. (2014)	The purpose of this study was to evaluate the current state of critical care nurse work environments.	This was a quantitative, descriptive study design. Sample included a total of 8,444 AACN staff nurses. Data was collected through an online survey.	Finding indicates that the overall health of critical care nurses' work environments has declined since 2008, as have nurses' perceptions of the quality of care. Respondents rated their overall work environment and factors associated with healthy work environments including quality of patient care, staffing, communication and collaboration, respect, physical and mental safety, moral distress, nursing leadership, support for certification and continuing education, meaningful recognition, job satisfaction, and career plans.	Again, the relevance is to get ICU managers' perspectives of their work environment which is adds value to this current study.	Strength included the very large sample. Weaknesses included a convenience sample of RNs associated with AACN, therefore, the generalizability of the findings is limited.

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
Warshawsky, N.E & Havens, D. S. (2014)	The purpose of this study was to describe nurse managers' job satisfaction and intent to leave.	This was a quantitative cross-sectional study design and secondary analysis. Sample included 291 nurse managers and data was collected using a self-administered electronic survey consisting of five items which were developed by the authors to measure nurse managers' job satisfaction and anticipated turnover.	Study found that although about 70% of nurse managers were satisfied with their jobs, 72% percent of these nurse managers were also planning to leave their positions within five years. The four most common reasons reported for intent to leave included burnout, career change, retirement, and promotion. This finding does not show a good outlook for leadership succession planning if that trend continues.	This study is relevant to the current study because retention of nurse managers in their role is essential to sustaining HWE	Strengths of this study were not discussed. However, the weaknesses were related to the use of a cross-sectional design and convenience sampling strategy. The sample was limited to acute care nurse managers only. So, the sample may not be representative of the nurse manager population at large and may affect the generalizability of the findings.
Warshawsky, N. E., Havens,	The purpose of this study was to test the effects of interpersonal	This was a quantitative, cross sectional study	Results indicated that interpersonal relationships with nurse	Collaborative work environments	Strengths of the study were not discussed.

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
D. S., & Knafl, G. (2012)	relationships on nurse managers' work engagement and proactive work behavior.	design. Sample included 323 nurse managers. Data was collected through a self-administered electronic survey	administrators were most predictive of nurse managers' work engagement. Interpersonal relationships with physicians were most predictive of nurse managers' proactive work behavior. Therefore, nurse leaders should intentionally create organizational cultures that support more collaboration, inter-personal relations and teamwork	are important and needed to have engaged teams. This is a component of a healthy work environment model, therefore very relevant to this current study.	Weaknesses included a convenience sample which may not be representative of the general nurse manager population; thus, generalizability of findings may be limited.
Warshawsky, N. E., Lake, S. W., & Brandford, A. (2013)	The purpose of the study was to assess the nurse manager practice environment.	This was a secondary analysis of 2 cross-sectional qualitative studies. Sample included 127 nurse managers. Data was collected though a survey questionnaire that were mailed to participants.	This study found that the nurse managers reported characteristics of their practice environments that limit their role effectiveness and may negatively impact organizational performance. They love spending time with their staff but also reported being pulled away from	This study provides a foundation upon which this current study embarks. Current study is interested in looking at nurse managers practice	Strengths of the study were not discussed. Limitations included that the findings represent the nurse managers' perceptions, which may not provide a complete picture

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
			staff due to other obligations. They also reported hostile relationship between nurses and physicians which impacted patient outcomes. Managers reported being overwhelmed by increased workload and lacked enough time to focus on patient care issues.	environment and its impact on staff and patient outcomes.	of the complex organizational dynamics.
Wei, H., Sewell, K. A., Woody, G., & Rose, M. A. (2018).	The purpose of this article was to identify, evaluate, and summarize the major foci of studies about nurse work environment and to provide strategies to improve nurse work environments.	This was a systematic review. Data was collected in the United States hospitals from articles published between January 2005 and December 2017.	This review showed that frontline nurses are important in the delivery of safe patient care. Promoting nurse empowerment, engagement, and interpersonal relationships at work is essential to achieving a healthy work environment and quality patient care. Healthier work environments lead to more happy nurses which leads to better	This review provides broad perspective on studies done on nurse managers' work environment over 12 years. Therefore, it is relevant due to relevant information provided.	Strengths included extensive data from multiple databases including Cochrane databases. Authors discussed limitations to include that articles were focused on the studies conducted in the

Author(s) and Year	Purpose of Study or Questions	Research Design	Findings	Relevance to Study	Strengths and Weaknesses
			performance and better patient outcomes. Which is the direct effect of nurse leaders; actions.		United States and the review did not give a global view of nurse work environments.
Wieck, K. L., Dols, J., & Landrum, P. (2010)	The purpose of this study was to provide general analysis of nurse satisfaction and management priorities and to assess what nurses value in their managers and what they want from their employers.	This was a triangulated/mixed study design. Sample included 1,733 nurses. Data was collected through an electronic survey including 19 nurses that participated in a focus-group.	Study found that one third of Millennial nurse's plan to leave their job within the next 2 years. Over two thirds plan to be gone within the next 5 years. Especially alarming is the fact that 61% of the nurse group stated they plan to leave their current jobs within 10 years. This means that managers must have a succession plan for staff nurses to address the turnover that will be created.	The relevancy of this study to the current is that good patient outcomes are associated with good staff outcomes, so looking at the managers lead a multi-generational nursing staff is important.	Strength of this study was the use of mixed methodology. Study limitations were not discussed.

APPENDIX C

Literature Review Matrix: Non-Research Articles

Paper Author, Year & Title	Summary of Findings	Why are these findings important to the field?	Why are these findings important to your work?
Barnes, B., & Lefton, C. (2013) Title: The power of meaningful recognition in a healthy work environment.	This article described meaningful recognition in form of the DAISY award. The authors stated that for years, upon receiving acknowledgment for their amazing contributions, nurses often reply, "I was just doing my job but that nurses should be given meaningful recognition for what they do. Meaningful recognition acknowledges individual's contribution with feedback that is relevant to what he or she accomplished.	The DAISY Foundation in partnering with healthcare organizations provides better understanding of the cultural impact of meaningful recognition on health care organizations and individual nurses.	Meaningful recognition such as the Daisy award provides opportunities for nurse managers not only to reinforce those behaviors valued by patients, their family members, but also to demonstrate to nurses the difference they make in the lives of those they serve.
Brunges, M., & Foley-Brinza, C. (2014). Title: Projects for increasing job satisfaction and creating a healthy work environment.	By creating and implementing multiple projects during a three-year period, a team at the University of Florida Health Shands Hospital, Gainesville, increased job satisfaction.	Workplace culture is one of the most significant factors driving employee engagement, commitment and retention.	Job satisfaction of staff nurses who are direct reports of nurse managers are important background information.
Gullatte, M. M., & Jirasakhiran, E. Q. (2005).	There is high cost for nursing staff turnover. Adopting a healthy work environment	Staffing shortage is a national nursing problem and is affecting all facets of the	Nurse managers find themselves facing

Paper Author, Year & Title	Summary of Findings	Why are these findings important to the field?	Why are these findings important to your work?
Title: Retention and recruitment: Reversing the order.	culture is key to organizations maintaining adequate staffing levels to meet the complex care needs of patient.	nursing workforce. Understanding this topic helps nursing leaders plan better.	an ever-challenging global nursing shortage.
Kirby, K. (2010). Title: Are your nurse managers ready for health care reform? Consider the 8 'es'.	Nurse leaders must evaluate, educate, embrace, enable, empower, espouse, engage, and excite frontline nurse managers to expand health care services efficiently and effectively.	The most significant investment that a nursing executive can make in an organization and to the delivery of quality patient care is the development of current and future front-line nurse managers	The frontline manager is in a critical position to make it all work and deliver what the public wants – better access, improved quality, and less cost.
McLarty, J., & McCartney, D. (2009) Title: The nurse manager: The neglected middle	Hospitals can improve operational and financial effectiveness by providing nurse managers with data-driven, evidence-based management tools and training.	Improving organizational effectiveness is important because hospitals are already facing financial pressures that will only increase in the future.	Nurse middle managers control many labor costs daily. They are also involved in decisions that have an impact on the cost of patient care.
Middaugh, D. (2014) Title: Monkey in the middle!	This article discussed retention issues in middle managers and how organizational leaders can help them become more effective. Two main suggestions included 1) Helping nurse managers acquire and build knowledge and competencies that are	Middle managers in nursing are essential to their organizations. Frequently, they receive inadequate support from those above them and are unloved by those they supervise. Succession planning for the anticipated turnover is essential for middle managers.	Nurse managers' workload and growing expectations of the role should be evaluated. Workload evaluations should consider committee involvement, report requirements, and the complexity of the patient care they manage.

Paper Author, Year & Title	Summary of Findings	Why are these findings important to the field?	Why are these findings important to your work?
	valuable and secondly, for nurse mangers to invest in developing new areas of proficiency throughout your career.		
Ritter, D. (2011). Title: The relationship between healthy work environments and retention of nurses in a hospital setting	The literature review provided evidence of the link between healthy work environments and the retention of nurses in a hospital setting. It confirmed the disadvantages and dangers of unhealthy work environments and it illustrated the benefits of healthy work environments to the patient, nurse and the hospital. Best practices related to healthy work environments were also discussed.	The significance of the nursing shortage is the impact it has on hospitals at the operations level and on patients at the patient care level. Hospital operational costs increase as the demand for nurses increases due to overtime and travel nurse agencies to staff patients safely.	The responsibility to create a healthy work environment within an organization rests on the shoulders of nurse managers. The ongoing nursing shortage will bring about challenges for all healthcare organizations.
Sherman, R., & Pross, E. (2010) Title: Growing future nurse leaders to build and sustain healthy work environments at the unit level	This article provided key evidence of factors that affect a healthy work environment (HWE). These include: The development of leadership skills should be viewed as a journey; leadership skills begin with understanding one's self, Emerging leaders must be taught that relationships live	An HWE cannot occur without nurse leaders are willing to model it and engage others in promoting and achieving it. A failure to take steps to build cultures of engagement can lead staff to feel that they are not supported in their work. Although, healthcare is built around relationships, it is also	Emerging leaders need to understand how nursing care outcomes impact the financial bottom line of their institutions. Nurse managers can help create a satisfying organizational culture at the unit level by engaging staff in the development of shared values in their work

Paper Author, Year & Title	Summary of Findings	Why are these findings important to the field?	Why are these findings important to your work?
	within the context of conversations that individuals have, or don't have, with one another; developing the trust that is needed on teams begins with communication; and acknowledging the work and contributions of other staff members is a key leadership responsibility.	a business that needs to be managed.	
Wais, M. Q. (2017). Title: Transformational leadership: A strategy towards staff motivation	The four dimensions of transformational leadership are interconnected with each other and they are considered a strategy for staff motivation and a better outcome.	Nursing engagement and retention has been associated with transformational leadership styles.	Provides opportunities for development and learning; hence, motivating nursing staff to feel responsible and retain within the profession.
Zori, S., & Morrison, B. (2009) Title: Critical thinking in nurse managers	Formal education and support are needed for nurse managers to effectively function in their role. Many nurse managers assume their positions based on expertise in a clinical role with little expertise in managerial and leadership skills. Managers requires ongoing development of critical thinking skills for effective decision making and	Health care organizations face a growing challenge from a shortage of health care workers including nurse managers.	Nurse managers need to be competent in management and skilled in leadership to effectively deal with daily challenges of managing a unit. The nurse manager must be able to redesign the way care is delivered and staff are engaged to achieve the organizational goals.

Paper Author, Year & Title	Summary of Findings	Why are these findings important to the field?	Why are these findings important to your work?
	problem solving that nurse managers are faced with daily.		

APPENDIX D

Interview Guide

Nurse Managers' Perceptions of Their Work Environments and The Perceived Impact on Staff Nurses and Patient Outcomes

Interview Guide

1) How would you describe your work environment as a nurse manager?

2) How would you describe the type of training and orientation you received when you started as a nurse manager?

3) Please describe the relationship structure that exists between you and other healthcare team members on your unit?

4) What decision-making capacity do you have on budgetary and resource allocation that impacts your unit?

5) Please tell me your thoughts about the staffing patterns on your unit?

6) What work place factors positively influences your work and makes it meaningful and satisfying as a nurse manager?

7) What work place factors negatively influences your work and makes it less meaningful and less satisfying as a nurse manager?

8) In what ways do you think your work environment affects your staff nurses?

9) In what ways do you think your work environment affects patients on your unit?

10) Tell me about your plans to stay in the nurse manager role and what is affecting those plans?

APPENDIX E

Recruitment Letter

Recruitment Letter

Study Title

Nurse Managers' Perceptions of their Work Environments and their Perceived Impact on Staff Nurses and Patient Outcomes

Hello colleagues and fellow nurse managers, my name is Caroline Ogashi and I am a graduate student at Texas Woman's University seeking participants for my dissertation research study. I am looking at the "nurse managers' work environments and the perceived impact on staff nurses and patient outcomes". To participate, you must be a registered nurse in the state of Texas, be in the nurse manager role for at least six months and must be managing an inpatient unit in an acute care hospital setting. This will be a onetime face-to-face interview that may last up to one hour. Participants will receive a $25 cash gift incentive for their time if desired. Additional information is included in the attached flyer. I fully appreciate your consideration. Please contact me via email at cogashi@twu.edu or call me at 832-414-4821 if you are interested in participating. Please also expect my follow up phone call within the next 24-48 hours.

Thank you!

Caroline Ogashi MSN, BSN, RN, CCRN, CNRN

Doctoral Candidate

Texas Woman's University

APPENDIX F

Participant Demographic Information Form

Participant Demographic Information Form

Age Range:

_____ (18-25) _____ (26-35) _____ (36-45) _____ (46-55) _____ (56-65) _____ (66-75)

Sex: _____Male _____ Female _____ Other

Race: _____ White _____Black _____Hispanic _____Asian

_____ American Indian _____Pacific Islander _____ __Other

Work Status: _____ Full time _____Part time _____Other

Years of RN Experience _____ Years and _____Months

Tenure in Manager Role: _____Years and _____Months

Highest Nursing Degree _____ADN _____BS/BSN _____MS/MSN _____DNP _____ PhD

Highest Non-Nursing Degree _____MBA _____PhD _____Other

Nursing Certification: 1) _____ 2) _____ 3) _____

Acute Care In-Patient Work Setting: _____Med/Surg. _____IMCU _____ ICU _____ Other

Number of Units Responsible For: _____ 1 Unit _____ 2 Units _____ More Than 2 Units

Number of direct Reports: _____ Less than 50 _____50-75 _____76-100 _____More than 100

Organizational Setting: _____ Urban/Medical Center _____Rural/Community Hospital

Size of Organization: _____ Less than 100 beds _____ 100-200 _____ 201-300 _____ 301-400 _____ 401-500 _____ 501-600 _____ 601-700 _____ 701-800 _____ 801-900 _____ 901-1000 _____ More than 1000

Magnet Designation Status: Magnet Designated _____ Non-Magnet Designated_____

APPENDIX G

Informed Consent

TEXAS WOMAN'S UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Title: Nurse managers' perceptions of their work environments and the perceived impact on staff nurses and patient outcomes.

Investigator: Caroline Ogashi, MSN, RN……. COgashi@twu.edu 832-414-4821 Advisor: Dr. Peggy Landrum, Ph.D., RN……... Plandrum@twu.edu 713-582-8172

Explanation and Purpose of the Research

You are being asked to participate in this research study because you are currently employed in a clinical nurse manager role in the Houston metropolitan area. Also, you have been a clinical nurse manager for at least six months, and you have accountability for one or more acute care inpatient units. The decision to participate is entirely up to you. The purpose of the study is to increase knowledge about nurse managers' perceptions of their work environment and of how that environment impacts the staff nurses and patient outcomes.

Description of Procedures

Up to 25 clinical nurse managers are expected to take part in this study. If you decide to be a participant, you will participate in a face-to-face interview to provide answers to describe your perceptions of your work environment and its impact on staff nurses and patient outcomes.

The interview location, date, and time will be decided by you and mutually agreed upon by you and the investigator. The location will provide auditory privacy. The interview may last up to 60 minutes including questions and clarifications. Therefore, your maximum time commitment may be up to 60 minutes. You have the right to stop the interview at any time without any consequences.

The interview will be audio-recorded. The purpose of the audio-recording is to ensure an accurate record of your perceptions. A transcript will be made of the recording. The transcript will be checked for content accuracy. The investigator may contact you with questions or requests for clarification if there is content where your meaning is not clear or the audio-recording is inaudible.

Potential Risks

Fatigue: There is potential that you may be fatigued during the interview session. Please note that you can ask to stop and take breaks at any point during the interview. In addition, you are free to stop the interview or participation in the study at any time without any consequences.

Loss of time: You will incur loss of personal time as a result of participating in the interview. A $25 cash will be given to you as compensation for your lost time.

Fear and loss of confidentiality: Confidentiality will be protected to the extent that is allowed by law, although you will be reminded that the interviewer is a nurse with a duty to report according to the Texas Board of Nursing Practice Act and Nursing Peer Review Act Section 301.402(c). Such duty mandates the interviewer to "report through a written report to the licensing board, a health care practitioner, agency, or facility that the interviewer has reasonable cause to believe has exposed a patient to substantial risk of

harm as a result of failing to provide patient care that conforms to the minimum standards of acceptable and prevailing professional practice".

The interview will be in person and at a time, and private location that is agreed upon by you and the investigator. The audio recording signed consent form, and the completed demographic data forms will be kept inside a locked box, in the study room's locked file cabinet at the investigator's home to which only the investigator has access. Transcripts of the interview will not include your name. The findings from this study will likely be presented at professional meetings and published in research journals but only aggregate

demographic information will be reported in the dissemination of findings. Quotations to support study findings may be used. Such quotations will not contain identifying information.

If you wish, results of the study will be sent to you. The audio recordings and other identifying information will be destroyed no later than five years after the study ends. The investigator will try to prevent any problem that could happen because of this research. You should let the investigator know at once if there is a problem and she will help you. However, Texas Woman's University does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time without penalty. You will get $25 cash for participating in the interview. This study may provide insight into the nurse manager's work environment and hopefully provide useful information to nurse executives who can impact policy.

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the investigator, her phone number is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research at 713-794-2480 or via e-mail at IRB@twu.edu.

_____ _____ Signature of Participant Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____

Or Address:

_____

_____

Approved

APPENDIX H

Table 1

Table 1
Frequency Distribution of Nurse Managers by Age, Gender and Ethnicity

Categories	**Sample (*n*)**	**Frequency (%)**
Age		
18-25	0	0.00%
26-35	1	5.88%
36-45	5	29.41%
46-55	7	41.18%
56-65	4	23.53%
66-75	0	0.00%
Total	17	100.00%
Gender		
Male	0	0.00%
Female	17	100%
Other	0	0.00%
Total	17	100%
Ethnicity		
White	7	41.18%
Black	6	35.29%
Hispanic	3	17.65%
Asian	1	5.88%
American Indian	0	0.00%
Pacific Islander	0	0.00%
Total	**17**	**100%**

APPENDIX I

Table 2

Table 2
Frequency Distribution of Nurse Managers by Work Status, Years of RN Experience, Years of Managerial Experience, Highest Level of Education, and Nursing Certifications

Categories	**Sample (*n*)**	**Frequency (%)**
Work Status		
Full time	17	100%
Part time	0	0.00%
Other	0	0.00%
Total	**17**	**100.00%**
Years of RN Experience		
<1 year	0	0.00%
1-5 years	0	0.00%
6-10 years	3	17.65%
11-15 years	2	11.76%
16-20 years	5	29.41%
21-25 years	4	23.53%
26-30 years	2	11.76%
31+ years	1	5.88%
Total	**17**	**100%**
Tenure in Manager Role		
<1 year	0	0.00%
1-5 years	10	58.82%
6-10 years	4	23.53%
11-15 years	2	11.76%
16-20 years	1	5.88%
21-25 years	0	0%
26-30 years	0	0.00%
Total	**17**	**100.00%**
Education		
ADN	0	0.00%
BS/BSN	9	52.94%
MS/MSN	8	47.06%
DNP	0	0.00%
PhD	0	0.00%

Categories	**Sample (*n*)**	**Frequency (%)**
MBA	1	5.88%
Other	0	0.00%
Total	**17**	**100%**
Certifications		
CCRN	4	23.53%
CMSRN	4	23.53%
NE-BC	2	11.76%
CNML	1	5.88%
CNL	1	5.88%

APPENDIX J

Table 3

Table 3
Frequency Distribution of Nurse Managers by Inpatient Work Setting, Number of Units, and Number of Direct Reports.

Categories	**Sample (*n*)**	**Frequency (%)**
Inpatient Work Setting		
Med/Surg	8	47.06%
IMCU	3	17.65%
ICU	4	23.53%
Other	2	11.76%
Total	**17**	**100%**
Number of Units		
One	12	70.59%
Two	5	29.41%
Total	**17**	**100%**
Number of Direct Reports		
<50	4	23.53%
50-75	8	47.06%
76-100	2	11.76%
>100	3	17.65%
Total	**17**	**100%**

APPENDIX K

Table 4

Table 4
Frequency Distribution of Nurse Managers by Organizational Setting, Organizational Size, and Magnet Designation.

Categories	**Sample (*n*)**	**Frequency (%)**
Organizational setting		
Urban/Medical Center	3	42.86%
Rural/Community	4	57.14%
Total	**7**	**100%**
Size of Hospital		
<100 beds	0	0.00%
100-200 beds	0	0.00%
201-300	3	17.65%
301-400	8	47.06%
401-500	0	0.00%
501-600	0	0.00%
601-700	0	0.00%
701-800	0	0.00%
801-900	3	17.65%
901-1000	3	17.65%
>1000	0	0.00%
Total	**17**	**100%**
Magnet Designation		
Magnet	3	42.86%
Non-Magnet	4	57.14%
Total	**7**	**100%**

APPENDIX L

Coding Scheme

Codes	Categories	Themes
Task	Stress	Overwhelming workload
Time	Burnout	
Meetings	Turnover	
Schedules		
Planning		
Prioritization		
Flexibility		
Adaptability		
Job duties	Knowledge deficit	Inadequate training and resources
Payroll	Lack of resources	
Scheduling	Staffing challenges	
Budget		
Quality audits		
Coaching		
Mentoring		
Patient ratios		
Frustration		
Love	Advocacy	Team support and collaboration
Staff	Listening	
Patients	Leader rounding	
Teams		
Resiliency		
Visibility		
Outcomes		