

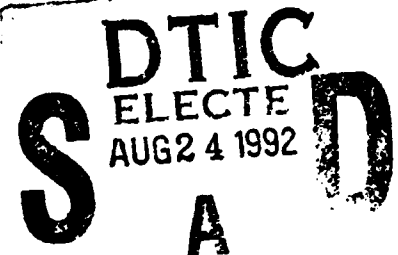

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The Self-Identified Skills and Competencies  
of First-Line Nurse Managers

A PLAN B PROJECT  
SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL  
OF THE UNIVERSITY OF MINNESOTA  
BY

Candy Jean Nistler

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF  
MASTER OF SCIENCE

June, 1992

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## ABSTRACT

The purpose of this study was to identify the self-perceived skills and competencies of selected newly appointed middle managers. The target population was the first time, first-line, nurse manager in the 0-3 year range. The study was conducted in one urban hospital. This was an explorative, descriptive study utilizing a questionnaire instrument. This questionnaire identifies the skills and competencies the new manager feels they can complete independently and the areas in which they feel the need for additional assistance. The results indicated that there are some definite areas where the first time, first-line, manager could benefit from more specific educational preparation. These areas included problem identification, planning and evaluating the care provided; the development of retention strategies and formal orientation programs; and budgeting, specifically, controlling expenses, staffing/scheduling and coordinating/directing.

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## Chapter: I. Introduction

Having had experience as a middle manager for several years the writer identified both for self and peers a difficult transition period from staff nurse to first-line manager. It was generally felt there was little preparation and/or assistance with knowing what the actual responsibilities were, and what and how much authority one had to accomplish the job. There was very little mentoring, which has been known to facilitate the transition into a management position (Boyle & James, 1990; Cooper, 1983). The expectation was very clear that most of the time, due to the shortages and financial constraints of the institution, one also had to function in the dual role of staff nurse as well as manager. According to Zander (1983), nurse managers typically were promoted to their management positions because of proven technical and interpersonal skills (aspects that should take more precedence than seniority). They feel comfortable managing themselves, their patient assignments and their shift. However, they have no preparation for managing a staff group, day after day, and being accountable for the 24-hour practice and development of that group.

Another misconception encountered involved academic preparation. If one had a Bachelor or a Masters' Degree in Nursing, preparation for first-line management was assumed. Leadership and management course work included in

the baccalaureate nursing curriculum is not planned to prepare graduates for unit level nursing management and few health care agencies provide first-line nurse managers with theoretical preparation for management (Gillies and Child, 1990). If this is indeed a true situation for first time nurse managers, then it might be possible to show the need for specific preparation of these individuals to facilitate the transition period into management. According to Darling and McGrath (1983), consultants in leadership, organizational development and human relations, citing Frohman (1973) in a typical organization, it takes three years for professional employees to perform at 75 percent of their capacity. Such a learning curve is repeated every time a job, assignment or supervisor is changed. There are two sets of reasons for this occurrence: factors associated with the work itself and those revolving around how a person is brought into a new position and managed. It is believed if first time managers had appropriate preparation to assume new duties, they will be more quickly able to be fully functioning in their new roles.

## Chapter: II. Resume of Present Knowledge

### LITERATURE REVIEW:

There is abundant literature regarding the expectations of supervisors as to what they feel are the required skills and competencies of first-line and middle

managers. Johnston (1983) found in a study of one institution when upgrading the status of the head nurse that three critical attributes are necessary in that role: clinical credibility, self esteem and self confidence. Clinical credibility is the basis upon which authority and respect are built. Self esteem is a measure of one's attitude about one's self image. Self confidence is the attribute that allows one to take risks, to confront others and to communicate effectively.

However, there has not been very much reported as to what the new managers themselves perceive as necessary to perform in their newly acquired roles. According to Barker and Ganti (1980), "the position of (head nurse) is one who is expected to be all things to all people" sets the tone for the almost unachievable demands placed on first time managers. How can an individual be prepared for a task of this magnitude? Warihay (1986), President of Take Charge Consultants, states

"First-time managers seldom receive the training and information they need to deal with functions for which they are held accountable."

According to Beaman (1986), the American Nurses' Association (ANA) 1973 Standards of Practice for Nursing Services, the primary responsibility of the head nurse was the direction of staff members in the delivery of nursing care. The role was further defined as assuring the availability of support services; acting as a resource to the staff; interpreting philosophy, goals, standards,

policies, and procedures; participating in policy formation; and being responsible for delivery of therapeutic and cost-effective patient care.

The ANA (1978) further clarified the nurse manager role to

"coordinate available resources to efficiently and effectively provide professional nursing care of a quality consistent with nursing standards and at a cost compatible with the fiscal and other resources of the health care organization".

They state that graduate preparation is essential for nurses who plan to become administrators. The reality is first time managers may well have recently graduated from an associate or baccalaureate nurse program. These nurses are still trying to figure out what being a nurse is all about, let alone how to manage the intricacies of an entire unit. According to the Position Statement, American Association of Critical-Care Nurses (1986), the manager of a critical care area requires a baccalaureate degree, clinical experience in the area of administrative responsibility, competence in the application of management principals, to formally participate in institutional planning and decision making in areas that impact the scope of practice and the environment in the critical care environment.

The American Organization of Nurse Executives (AONE) were surveyed to explore the patterns of use of the head nurse in United States hospitals. They found the titles of

these nurses varied; nearly half of the agencies called them head nurses, but a fourth called them unit managers, followed by clinical coordinator or clinical director. The head nurse position was ranked as the most important by over half of the respondents and they perceived the role of the head nurse as critical in achieving the organizational goals (Hodges, Knapp and Cooper, 1987).

Rice (1988) a head nurse, exemplifies the feelings of many new managers.

"Frequently, during my year as a head nurse, I felt unsure of what to do with my time when I did not assign myself to patient care. I had not clearly defined my role and it was very easy to fall back into the staff nurse role. I felt comfortable, confident, and a sense of reward there. The management role was new and unfamiliar, difficult to determine the type of relationship to develop with your staff. Being a manager was lonely."

No one wants to experience these very uncomfortable feelings, but if these new managers are better prepared, know what to expect, have a good mentor and an on-going training program for new managers, they could be much more functional at an earlier stage in the transition process.

O'Neil & Gajdosik (1989) undertook a study to assess the tasks essential to the head nurse's managerial role. The participants were head nurses and nursing supervisors. They found there were seven categories of tasks viewed as essential for nurse managers. These tasks were: planning,

organizing, staffing, leading, communication skills, decision making and controlling.

Identification of these essential tasks will assist head nurses to understand their own managerial roles more thoroughly, and nursing administrators to clarify managerial roles within nursing service departments.

In a federally funded study in the late 1980's, to improve management education for first level nurse managers, Gillies and Child (1990) found that to manage others in providing high quality patient care, the first level nurse manager must be able to perform the following tasks competently and efficiently:

- assess the work to be done,
- diagnose needs of patients and staff,
- plan work procedures and policies,
- staff the unit with appropriate numbers and types of workers,
- organize employees and supplies for maximum productivity,
- lead employees toward desired goals,
- evaluate personnel performance and quality of care, and
- control operations to ensure maximum effectiveness.

The first-line nurse manager is responsible not only for the traditional functions of personnel orientation and supervision, but also for strategic planning, budgeting, hiring and firing, labor relations and quality control.

In a study undertaken by Adams (1991) a needs assessment of the head nurses and supervisors revealed the perceived survival skills for today's middle manager.

These were rank ordered according to their perceived importance: organizational systems, decreasing absenteeism and turnover, dealing with administration, recruiting and interviewing, budget preparation and performance appraisals.

Ibarra (1989) surveyed head nurses and found they perceived three major areas of responsibility: patient care management, operational management and human resources management. Patient care management includes problem identification, planning of care, providing of care and evaluation of results. Operational management includes budget, controlling expenses, providing supplies, communication, coordination and evaluation of performance. Human resource management encompasses teaching and training, and maintaining desired behaviors. Head nurses must have the necessary management knowledge and skills to perform these responsibilities.

In order for managers to be effective and to succeed, del Bueno (1977, 1989), nationally recognized for work in competency based education attempted to clarify what is expected of managers, which was cited by Keller and Bowen, (1984). According to del Bueno,

"Effective managers provide and promote an environment in which professional and nonprofessional staff develop and use their clinical skills to provide quality care. Thus staff become the clinical experts and are empowered by their manager so they do not have to depend on the "boss" to make

decisions or issue directives. The effective manager, like an effective parent, encourages independence, thoughtful risk taking, confidence and pride in personal expertise."

### Chapter: III. General Aims of the Study

#### PROBLEM STATEMENT:

What are self-defined skills and competencies identified by newly appointed middle managers which can be carried out independently and those which require assistance during the transition period?

#### PURPOSE:

To identify the self-perceived professional skills and competencies of newly appointed middle managers.

#### ASSUMPTIONS:

\* The newly appointed middle manager will be able to identify skills and competencies which they can handle independently.

\* The newly appointed middle manager will be able to identify skills and competencies with which they require assistance or instruction.

## DEFINITIONS OF TERMS:

\* middle managers: individuals with the primary responsibility for the direction of staff members in the delivery of nursing care. This encompasses the direct managers of unit operations; responsible for the day to day operations (ANA, 1978).

\* competency: an ability to perform at least adequately in a defined situation (Goodrich, 1982).

\* skill: the ability to use knowledge in performance; if one is able to perform then there is an underlying belief that knowledge is present (Sheridan, et al., 1984).

\* transition period: a first-time manager in the range of 0-3 years (Darling and McGrath, 1983).

## TYPE OF STUDY:

This is a descriptive study utilizing the survey technique with a questionnaire instrument.

## CONCEPTUAL FRAMEWORK:

Gleason, Nestor and Riddell (1983) developed a model utilized by Nicholls (Study in progress, 1991) that illustrates a management progression for nursing. This model conceptualizes how a technically trained person

moves through increasing levels of responsibility and the changes that occurs as this happens (See Appendix A).

The initial levels focus on the ability to handle the technical aspects of the position. This is followed by the approach to the threshold of management where the ability to conceptualize, lead people and manage human resources is a required skill. This is the level of the first-line manager. This individual must be able to think and act in terms of the total system of operation. This includes defining and assigning priorities, planning and organizing, programming and coordinating the operating tasks of a department so that the objectives of both the department and the company as a whole are achieved. They must also excel in interpersonal skills.

As the nurse moves up the ladder, there is less emphasis on technical skills and more emphasis on human resource management skills and conceptual ability. The transition and adjustment to management can be eased by the way in which the nurse has been prepared to assume the managerial responsibility.

This is further supported by Katz's (1974) view of effective administration as dependent on three basic skills: technical, human and conceptual. According to Katz, the framework emphasizes the development of these skills in training management personnel about their level of responsibility in the organization.

Technical skills include the methods, processes, procedures or techniques. Human skills include the ability to work effectively in, as well as lead, a group.

Conceptual skills include being able to see the organization as a whole, recognize the interrelationships of functions, and the organizations relationship to the industry, community and nation. This work provided the basis for the development of the Management Development Model (Dunne, Ehrlich, and Mitchell, 1988). This represents the dynamic interplay between individual professional growth and management practice.

#### LIMITATIONS:

\* One urban hospital was utilized, so generalizations to other hospitals will be limited.

\* This is a convenience sample, so the results will not be generalizable to the population as a whole.

#### Chapter: IV. Methods

#### METHODOLOGY:

The literature review supports the problem and demonstrates content validity. The sample will be all first-time nurse managers at the 0-3 year level in one urban hospital. This is a nonprobability, convenience sample with an n=7.

The survey instrument is the Head Nurses as Manager Questionnaire developed by Ibarra (1989, Appendix B), proposed and used by Ebeling and Nicholls (1990). Ibarra's

tool is an extensive tool with 125 items grouped into three categories: Operational Management, Human Resource Development and Patient Care Management. Ibarra (1987) initially established the content validity of the original tool through use of three different competency lists obtained from the nursing literature as the source of items. The tool was then examined and modified by a panel of three doctorally prepared nursing administration educators adding to the content validity. Face validity was established by administering the tool to 10 head nurses at a Midwestern hospital.

Nicholls and Ebeling (1990) are currently conducting a study of nurse managers in the State of Minnesota to guide continuing education activities and state, regional, and national convention offerings for nurse managers. They are utilizing Ibarra's (1987) questionnaire and have added another section with 11 items to assess learning needs related to improving the quality of patient care.

#### ETHICAL CONSIDERATIONS:

Initial permission was obtained from Ibarra to utilize the questionnaire (see Appendix C). Permission was also obtained from the Interim Vice President of Nursing at the test hospital, to administer the questionnaire to the nurses who met outlined criteria (See Appendix D). Additionally, permission was obtained from the University of Minnesota Committee on the Use of Human Subjects (See Appendix E). Nurses in the sample were sent the

questionnaire through the hospital distribution system. A cover letter, explaining the purpose of the study (See Appendix F), consent form (See Appendix G), self addressed stamp envelope and the questionnaire were distributed in this manner. The nurses' participation in answering the questionnaire constituted their consent. It was anticipated the participants would be able to complete the questionnaire in 15-20 minutes and return it in the self addressed stamped envelope provided by the writer. After two weeks from the initial distribution a follow-up telephone message was left by the writer for the individuals who had not returned the questionnaire. After the data have been analyzed and the study complete the writer will return to the hospital where the tool was administered to review the results with the Interim Vice President of Nursing and with the individuals involved in the study.

#### USE OF RESULTS:

The benefits to participation in this study would be the possibility of demonstrating the need to show specific preparation of first time managers which would facilitate their transition period into management.

#### ANALYSIS OF DATA:

This is an explorative, descriptive study. The tool to gather data was the questionnaire previously described.

Data gathered from the tool were analyzed utilizing the the descriptive technique of data analysis. The level of measurement was nominal. The frequency of appearance of answers in each of 4 columns: not applicable in their position; completion of task independently; can do, but needs assistance and/or needs instruction; can not do, needs assistance and/or instruction. In analyzing the data, both can do, but needs assistance and can not do were reported together. The purpose of the study was to identify the self-perceived skills and competencies of newly appointed middle managers.

#### Chapter V. Implications of Study

#### FINDINGS:

##### A: Carry Out Independently

Areas self-identified as being able to be "carried out independently" by 100% of first time managers:

##### Patient Care Management:

- 1) the planning of care, with the exception of developing a system for evaluating patient care services;
- 2) provision of care; and
- 3) teaching, with the exception of evaluation of patient education classes and materials.

**Human Resources Development:**

- 1) selection, with the exception of hiring employees;
- 2) teaching/training, with the exception of developing a formal orientation plan for nursing instructors and students.

**Operational Management:**

- 1) communicating;
- 2) evaluating performance; and
- 3) meetings/committees.

**B: Can Not Do or Can Do But Require Assistance**

In these areas, 28.6% (2) of the respondents indicated the need for more information and/or experience, instruction or assistance.

**Patient Care Management:**

- 1) teaching, specifically being able to evaluate patient education classes and materials; and
- 2) evaluating results, by being able to monitor the quality of care provided on all shifts.

**Human Resources Development:**

- 1) maintaining behavior, being able to complete disciplinary and grievance procedures and the handling of conflicts.

**Operational Management:**

- 1) budgeting, included being able to assess the unit needs for the upcoming year and writing a budget based on goals for operating expenses, supplies and staffing;
- 2) controlling expenses, included monitoring of expenditures on the unit and use of equipment and supplies;
- 3) staffing/scheduling, basing scheduling on patient care needs and monitoring employee productivity;
- 4) with providing supplies, the only area cited was to develop a system to monitor equipment and supplies (use and work condition);
- 5) coordinating/directing, included use of information systems to coordinate/direct nursing care and achieve both departmental and organizational goals; and finally,
- 6) planning, indicated by being able to write policies and procedures, set unit policies and practice and set specific standards and objectives for the unit.

Areas identified by 42.9% (3) of first time nurse managers in:

**Human Resources Development:**

- 1) selecting and maintaining behavior, in the hiring and terminating of employees.

**Operational Management:**

- 1) budgeting, included formulating unit goals for each fiscal year, supplying data for budget preparation and being able to determine priorities for the distribution of available monies;
- 2) in controlling expenses, identifying the charge or cost in the provision of nursing services.

Areas identified by 57.1% (4) of the first time nurse managers were:

**Human Resource Development:**

- 1) teaching/training, the development of a formal orientation plan for nursing instructors and students.

**Operational Management:**

- 1) budgeting, the ability to review and analyze monthly unit budget reports and take appropriate action; and
- 2) in controlling expenses, to develop innovative cost-containment strategies.

Areas reported by 71.4% (5) of the first time managers,

**Patient Care Management:**

- 1) problem identification, to develop quality assurance studies on patient problems and write research proposals;
- 2) in planning of care, to develop a system for

evaluating patient care services; and

- 3) evaluation of results, to establish a system to evaluate the quality and adequacy of care given on the unit.

The final area indicated by 85.7% (6 out of 7) respondents,

#### **Human Resources Development:**

- 1) maintaining behavior, to establish retention strategies whereby excellence is recognized.

#### **DISCUSSION:**

The findings in this study very closely correlate the findings of Ibarra (1989). In the category of **Patient Care Management** the area with the greatest number of responses (71.4%, 5) indicating the need for further education is in problem identification, planning and evaluating results of care provided. In the **Human Resource Development** category, 85.7% (6) of the managers identified the following areas as requiring further instruction: the development of retention strategies whereby excellence is recognized and hiring and terminating employees. Additionally, greater than 42% (3) of the first time nurse managers needed assistance in developing formal orientation plans. Not surprising were the findings in **Operational Management**, with such a need for first time managers to learn unit operations. At least 28% of all nurse managers indicated a

need for further educational preparation in areas such as budgeting and if 14 out of 20 items pertaining to controlling expenses, staffing/scheduling and coordinating/ directing.

#### CONCLUSIONS AND RECOMMENDATIONS:

Based on the results of this study, the belief has been borne out that there is a need for more specific preparation and/or assistance in readying these first-line, first time managers for this position. As is well evidenced by the reporting of the first-line, first time, nurse managers there are some definite areas where they could benefit from more specific educational preparation. This is a group whose influence within the organization is pivotal in maintaining a close relationship between administration and the staff nurse. As a first step, ascertaining current first-line managers perceptions about the usefulness of specific skills can establish a highly worthwhile baseline of information locally (Weaver, et al., 1991). With such a database, nursing administrators can:

1. discover how much their own managers agree upon their vision of the work.
2. use this information while coaching individual managers, reconciling this peer group's perspectives, and improving its general performance.

Facilitating the transition into management will enhance the organizations effectiveness to operate as a

whole. These first-time managers need the on-going guidance of their supervisors along with continuing education to ensure they are able to function in this role.

#### SUGGESTIONS FOR FUTURE RESEARCH:

It is very beneficial to have the actual perceptions of the first time managers' needs in relation to the skills and competencies they feel comfortable in performing and those areas in which they feel they could benefit from with additional assistance. If these areas are identified then the first time managers can be better prepared to function in this role at an earlier point in time.

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APPENDICES

## Appendix A

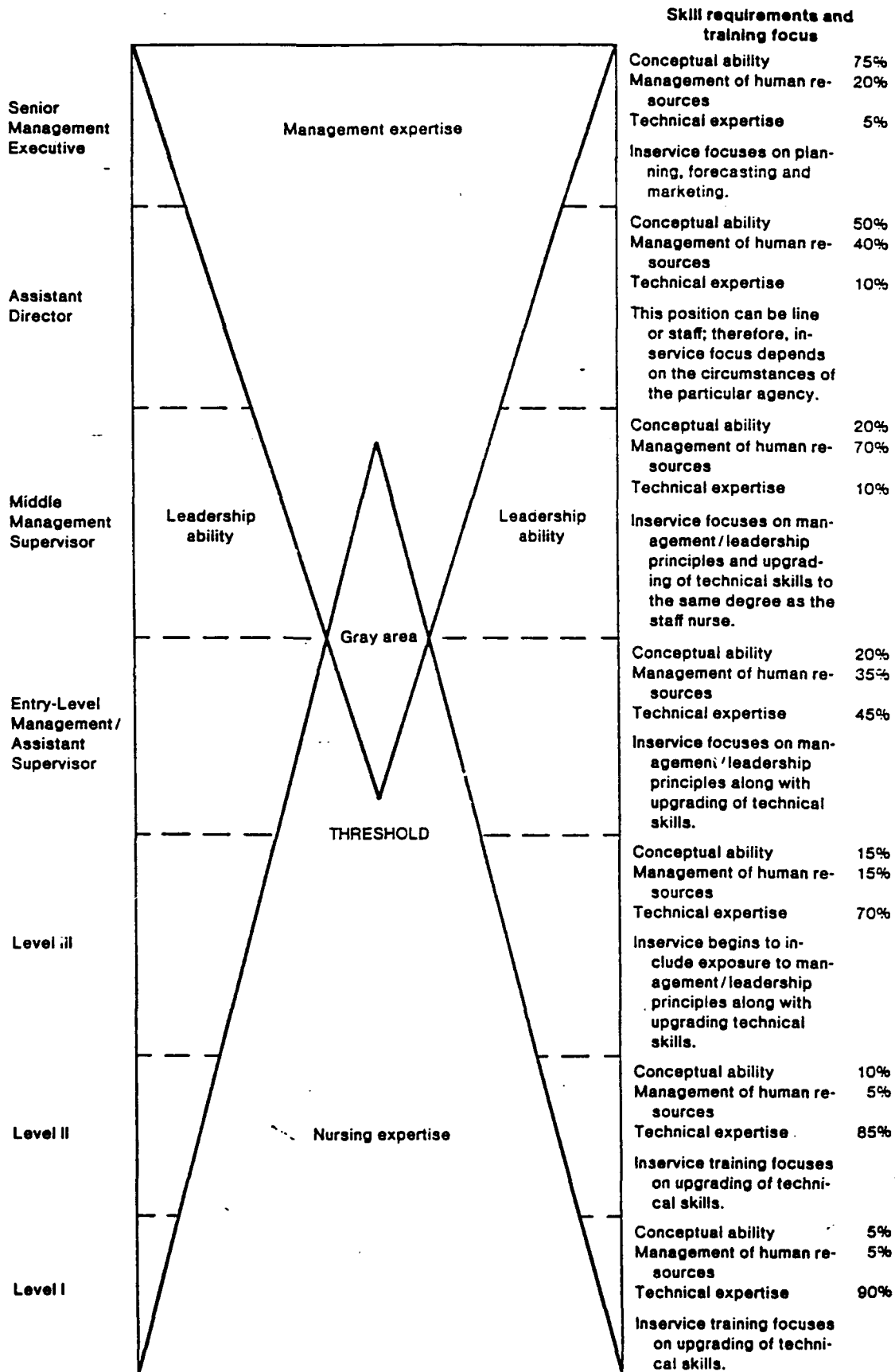


Figure 1. Management progression for nursing.

SOURCE:

Gleeson, S., Nestor, O.W. & Riddel, A.J. (1983). Helping nurses through the management threshold. *Nursing Administration Quarterly*, 7(2), 11-16.

## "Head Nurse as Manager" Questionnaire

Instructions:

This section contains a list of activities that describe possible responsibilities of nurse managers. Using the scale of 1-4 listed below, indicate on the line before each statement the number that best indicates your education needs for the stated responsibility. Responses should indicate the knowledge you have to perform the responsibility.

## Key

- 1 = not required in my position; not needed  
 2 = can do independently  
 3 = can do but would like more information and/or experience  
 4 = cannot do; need instruction and/or assistance

PATIENT CARE MANAGEMENT

## A. Problem identification

- \_\_\_ 1. Identify patient care problems for study.
- \_\_\_ 2. Develop quality assurance studies on patient problems.
- \_\_\_ 3. Write research proposals.
- \_\_\_ 4. Document recommendations for policy and procedure changes.
- \_\_\_ 5. Identify hospital hazards to patients' safety.

## B. Planning of care

- \_\_\_ 1. Identify standards of care for the unit.
- \_\_\_ 2. Write procedures.
- \_\_\_ 3. Develop a system for evaluating patient care services.
- \_\_\_ 4. Make recommendations to immediate supervisor for obtaining resources needed to provide patient care.
- \_\_\_ 5. Organize the work of the unit.
  - \_\_\_ a. Patient care
  - \_\_\_ b. Environmental
- \_\_\_ 6. Conduct patient care conferences.

## C. Providing of care

- \_\_\_ 1. Assist with implementation of standards of care.
- \_\_\_ 2. Assist staff in developing patient care plans.
- \_\_\_ 3. Provide direct patient care.
- \_\_\_ 4. Apply research findings.
- \_\_\_ 5. Maintain a positive environment in the unit.
- \_\_\_ 6. Establish a climate of courteous public relations.

## D. Teaching

- \_\_\_ 1. Document recommendations for patient education materials and classes to be used on the unit.
- \_\_\_ 2. Evaluate patient and family teaching including discharge planning.
- \_\_\_ 3. Evaluate patient education classes and materials.

## E. Evaluating results

- \_\_\_ 1. Establish system to evaluate the quality and adequacy of care given on the unit.
- \_\_\_ 2. Monitor quality of care on all shifts.
- \_\_\_ 3. Audit care plans.

## Key

- 1 = not required in my position; not needed
- 2 = can do independently
- 3 = can do but would like more information and/or experience
- 4 = cannot do; need instruction and/or assistance

## HUMAN RESOURCES DEVELOPMENT

### A. Selecting

- \_\_\_ 1. Inform Human Resource Department of Nursing Employment of staff vacancies.
- \_\_\_ 2. Screen files of applicants.
- \_\_\_ 3. Conduct interviews with applicants.
- \_\_\_ 4. Provide prospective employee with a job description and standards for behavior.
- \_\_\_ 5. Provide positive yet realistic appraisal of work situations to prospective employee.
- \_\_\_ 6. Evaluate the qualifications of prospective applicants.
- \_\_\_ 7. Hire employees.

### B. Teaching/training

- \_\_\_ 1. Review employees' orientation progress periodically.
- \_\_\_ 2. Participate in orientation of new staff.
- \_\_\_ 3. Identify learning needs of staff.
- \_\_\_ 4. Provide inservice education to meet ongoing needs of staff.
- \_\_\_ 5. Assists staff to identify learning needs and develop goals.
- \_\_\_ 6. Provide unit specific simulated emergency practice situations for staff.
- \_\_\_ 7. Motivate staff to attend inservices.
- \_\_\_ 8. Develop a formal orientation plan for nursing instructors and students.
- \_\_\_ 9. Assist staff in developing educational information for presentation.
- \_\_\_ 10. Interpret to staff job expectations and lines of authority.
- \_\_\_ 11. Serve as resource for staff on own unit.
- \_\_\_ 12. Serve as resource for other units and departments.
- \_\_\_ 13. Assist staff in identifying individual areas of expertness.
- \_\_\_ 14. Facilitate nurses serving as resource to one another.

### C. Maintaining

- \_\_\_ 1. Recognize at risk employees.
- \_\_\_ 2. Describe performance discrepancies and identify expectations.
- \_\_\_ 3. Establish plan of follow-up of performance discrepancies.
- \_\_\_ 4. Offer opportunities for individual professional growth and recognition.
- \_\_\_ 5. Establish retention strategies whereby excellence is recognized.
- \_\_\_ 6. Initiate change on the unit.
- \_\_\_ 7. Involve staff in identifying need for change.
- \_\_\_ 8. Involve staff in planning for and implementing change.
- \_\_\_ 9. Involve staff in unit goal identification.
- \_\_\_ 10. Involve staff in determining methods to meet goals.
- \_\_\_ 11. Involve staff in unit problem solving.
- \_\_\_ 12. Assist staff with identification of professional goals.
- \_\_\_ 13. Evaluate and counsel staff.

## Key

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- \_\_\_ 14. Document counselling.
- \_\_\_ 15. Complete disciplinary and grievance procedures.
- \_\_\_ 16. Handle conflicts and grievances.
- \_\_\_ 17. Terminate employees.

## OPERATIONAL MANAGEMENT

### A. Budgeting

- \_\_\_ 1. Assess needs of unit for upcoming year.
- \_\_\_ 2. Formulate unit goals for each fiscal year.
- \_\_\_ 3. Write budget based on goals.
  - \_\_\_ a. For operating expenses.
  - \_\_\_ b. For supplies.
  - \_\_\_ c. For staffing.
- \_\_\_ 4. Supply data for budget preparation.
- \_\_\_ 5. Determine priorities for the money available.
- \_\_\_ 6. Review and analyze monthly unit budget report and take appropriate action.

### B. Controlling expenses

- \_\_\_ 1. Monitor expenditure on the unit.
- \_\_\_ 2. Monitor use of equipment and supplies.
- \_\_\_ 3. Make requests for equipment purchase based on documented needs of patient population.
- \_\_\_ 4. Identify areas of nursing care for which charges may be made.
- \_\_\_ 5. Identify the charge or cost of the nursing service.
- \_\_\_ 6. Develop innovative cost-containment strategies.
- \_\_\_ 7. Eliminate waste.

### C. Staffing/scheduling

- \_\_\_ 1. Base scheduling on patient care needs.
- \_\_\_ 2. Forecast needs for scheduling revisions based on trends.
- \_\_\_ 3. Arrange staffing as necessary.
- \_\_\_ 4. Anticipate and develop alternate plans in advance to provide for coverage.
- \_\_\_ 5. Monitor employee productivity.
- \_\_\_ 6. Develop staffing patterns and assignment schedules.
- \_\_\_ 7. Provide work schedules on a regular and timely basis.

### D. Providing supplies

- \_\_\_ 1. Develop system to monitor equipment and supplies (use and working condition).
- \_\_\_ 2. Assist with and assure repairs of equipment.
- \_\_\_ 3. Assure purchases of needed equipment.

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### E. Communicating

- 1. Provide for informal communication with staff.
- 2. Provide for formal communication with staff.
- 3. Use conflict resolution skills.
- 4. Solicit feedback for mutual problem solving.
- 5. Collaborate with other supervisory personnel to insure quality patient care.
- 6. Choose appropriate method to communicate with immediate supervisory.
- 7. Recognize potentials for conflict.
- 8. Share information with staff regarding policy and procedure changes.
- 9. Assist staff in understanding why specific policies and procedures are followed.
- 10. Provide feedback from staff to nursing administration.
- 11. Promote effective communication between staff on all tours of duty.
- 12. Oversee accuracy and adequacy of unit records and reports.
- 13. Collaborate effectively with:
  - a. Physicians
  - b. Peers
  - c. Staff Nurses
  - d. Other department personnel

### F. Coordinating/Directing

- 1. Use information systems to coordinate/direct nursing care.
- 2. Achieve both departmental and organizational goals.
- 3. Be aware of overall goals of the hospital.
- 4. Interpret and facilitate the application and implementation of the nursing department's mission, philosophy, objectives, and standards.
- 5. Receive and interpret administrative directives.
- 6. Coordinate/direct nursing care with other professionals and departments.

### G. Planning

- 1. Write policies and procedures.
- 2. Set unit policies and unit practice.
- 3. Independently problem solve.
- 4. Work with other departments as necessary in problem solving.
- 5. Set specific standards and objectives for the unit.
- 6. Delegate management responsibility when necessary.
- 7. Keep up with issues in nursing and health care.

## Key

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### H. Evaluating performance

- \_\_\_ 1. Use the departmental behavioral criteria when evaluating staff nurses.
- \_\_\_ 2. Discuss evaluations with staff.
- \_\_\_ 3. Write objectives for performance that are behavioral, realistic and measurable with each staff nurse.
- \_\_\_ 4. Review with staff how to write behavioral, realistic, and measurable performance objectives.
- \_\_\_ 5. Discuss with staff strategies for achieving performance objectives.

### I. Meetings/Committees

- \_\_\_ 1. Conduct staff meetings.
- \_\_\_ 2. Develop and involve staff in developing agenda.
- \_\_\_ 3. Provide agenda for staff meetings.
- \_\_\_ 4. Solicit staff responses, input, and participation at staff meetings.
- \_\_\_ 5. Involve staff in discussion of problems and solutions at staff meetings.
- \_\_\_ 6. Provide staff with minutes of staff meetings.
- \_\_\_ 7. Select and send representatives to committees.
- \_\_\_ 8. Participate on committees.
- \_\_\_ 9. Participate in events of the organization (other than committees) that affect one's role as manager.

**The University of Iowa**

Iowa City, Iowa 52242

Appendix C

The University of Iowa Hospitals and Clinics  
Department of Nursing

319/356-2267



1847

Candy J. Nistler  
416 Burr Street  
Paynesville, MN 56362

Dear Ms. Nistler,

Enclosed is a copy of my questionnaire "Head Nurse as Manager". You have my permission to use the questionnaire should you choose to do so. Thank you for offering to share a copy of the completed study. I would like to take you up on that offer and wait with interest for a copy of the study.

Sincerely,

Vicki Ibarra  
Clinical Nursing Specialist I  
Gynecology  
University of Iowa Hospitals and  
Clinics  
Iowa City, Iowa 52242



A REGIONAL MEDICAL CENTER

1406 SIXTH AVENUE NORTH  
ST. CLOUD, MINNESOTA 56303  
(612) 251-2700

January 23, 1992

Mary Jo Kreitzer, Ph.D.  
Assistant Professor  
University of Minnesota  
School of Nursing  
Minneapolis, MN

I have reviewed Candy Nistler's proposal for administering a research survey at Saint Cloud Hospital. This proposal will not include any patient contact or records review. Saint Cloud Hospital is very pleased to assist Candy in her completion of the survey.

Sincerely,

Linda Chmielewski  
Interim Vice President  
Nursing and Patient Care Services

LC/bia

Appendix E  
UNIVERSITY OF MINNESOTA

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*Committee on the Use of  
Human Subjects in Research  
Office of Research and  
Technology Transfer*

*Suite 201  
1100 Washington Avenue South  
Minneapolis, MN 55415-1226  
612-624-9829  
Fax: 612-624-4843*

March 25, 1992

Candy J. Nistler  
416 Burr Street  
Paynesville MN 56362

RE: "What Are the Skills and Competencies of First-Line Nurse Managers?"

HUMAN SUBJECT CODE NUMBER: 9203E5090

Dear Candy J. Nistler:

The University of Minnesota Committee on the Use of Human Subjects in Research has determined that the referenced study is exempt from review under federal guidelines 45 CFR Part 46.101(b) category #2 SURVEYS/INTERVIEWS; STANDARDIZED EDUCATIONAL TESTS; OBSERVATION OF PUBLIC BEHAVIOR.

The above code number is assigned to your research. That number, along with the title of your study, must be used in all communication with the Committee office.

Upon receipt of this letter, you may begin your research. If you have questions, please call me at (612)624-9829.

The Committee wishes you every success with this research.

Sincerely,



Ellen Stewart  
Executive Assistant

EHS/cd1

ADVISOR CC: Ellen T Fahy

Appendix F

Candy J. Nistler, BSN, RN  
416 Burr Street  
Paynesville, MN 56362

7 April 1992

Dear Assistant Nurse Manager,

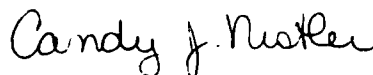
I am a graduate student in Nursing Administration at the University of Minnesota, School of Nursing. I have been working on various projects at St. Cloud Hospital since last Fall. In partial fulfillment of the graduate degree requirements I am interested in completing a survey entitled "The Skills and Competencies Required of First-Time Nurse Managers".

You have been identified by Linda Chmielewski, Interim Vice President of Nursing, as being eligible to participate in a survey. This survey is to determine the self-perceived skills and competencies required of an individual in your position. The purpose of this survey is to ascertain the areas where you feel it is important for you to have a better understanding, in order to fully function as an assistant nurse manager. This information will be made available to you and the nurse managers to hopefully guide your education needs.

The questionnaire takes approximately 15 minutes to complete. Your participation in this study is voluntary. You can be assured of complete confidentiality and anonymity. The questionnaire has an identification number for record keeping purposes and follow-up only. Your name will never be placed on the questionnaire or associated with your answers at any time.

Thank you for your participation and assistance. Please complete the enclosed questionnaire and return in the self-addressed stamped envelope as soon as possible.

Respectfully,



Candy J. Nistler

Appendix 3

CONSENT FORM

THE SKILLS AND COMPETENCIES REQUIRED  
OF FIRST-TIME NURSE MANAGERS

You are invited to participate in a study to identify the self perceived skills and competencies of first-line managers. We ask that you read this form and ask any questions you may have before agreeing to be in this study.

This study is being conducted by: Candy J. Nistler, a Graduate Student at the University of Minnesota, School of Nursing. Approval has been granted for the conduct of the study by the Committee on the Use of Human Subjects in Research, University of Minnesota.

**Background Information:**

The purpose of this study is: to identify the self-perceived skills and competencies of new first-line managers.

**Procedures:**

If you agree to be in this study, we would ask for your time to complete the questionnaire. The approximate time to complete the questionnaire is 15 minutes.

**Risks and Benefits of Being in the Study:**

There are no risks to participating in this study. The benefits to participating in this study would be the likelihood of showing the areas first-line managers need assistance in to perform their duties facilitating their transition into management.

**Confidentiality:**

The records of this study will be kept confidential. In any sort of report which might published will not include any information that will make it possible to identify a subject. Records will be kept in a locked file; only the investigator will have access to the records.

**Voluntary Nature of the Study:**

Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or St. Cloud Hospital. If you should decide to participate, you are free to withdraw at any time without affecting those relationships.

**Contacts and Questions:**

The researcher conducting this study is Candy J. Nistler, BSN, RN. If you have any questions you may contact me at 612-243-3759 or my advisor Professor Ellen T. Fahy at 612-626-1133.

You may keep a copy of this form for your records.

**Statement of Consent:**

I have read the above information. I consent to participate in this study.