

2021

Developing Nurse Managers Through an Evidence-Based Education Program

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Walden University

College of Nursing

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Theresa Hannu

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Walden University
2021

Abstract

Developing Nurse Managers Through an Evidence-Based Education Program

by

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MSN, Walden University, 2014

BSN, University of Phoenix, 2001

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2022

Abstract

This study explored the lack of formalized managerial education and training for nurses new to leadership. This quantitative study specifically explored the knowledge gap of beginner nurse managers based on a lack of formalized education, a universal approach is supported by the research. Currently, there is no standard or formal nurse manager education program through the Department of Nursing or the Department of Learning and Development. The focus of the evidence-based project was to evaluate pre- and post-data assessing the impact of instituting a formal education program for beginner level nurse managers in collaboration with the human resources department of learning and development. For this project, Benner's theory of novice to expert stages of clinical competence provided the guiding framework. The program was offered to nurse managers in their role 1 to 2 years. Using a quantitative, correlational design, results indicated that beginner nurse managers did not vary significantly in perceived human resource management knowledge following the nurse manager education $t(10) = 1.544, p = 0.154$. Issues related to the COVID pandemic impacted the study, as did loss of participants, and moving from in-person to online education; only 50% of the post surveys were completed. While there were limitations, this program can help nurse educators identify and address the gaps in the knowledge for new nurse managers and guide the development of managerial programs, which can effect positive social and clinical practice change.

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Dedication

I dedicate this project to all the nurse managers who work tirelessly every day to support the front-line staff and patients but do not take the time to support and develop themselves.

Acknowledgments

This project would not have been possible without the support of my loving family, my husband, Russ, and daughters, Rachel and Jessica. Thank you for your understanding all those weekends and vacations I spent writing or researching. I could not have done it without your love and support. I love you! Gratitude to my parents for being amazing role models and for instilling in me a work ethic to always strive for more and to never give up. All the formal and informal mentors I work with each day who give me insight and strength, without you, I would not have been able to complete this journey.

Last, but not least, Dr. Sipes, thank you for your continued encouragement, inspiration, and support during the months of research, writing and data collection. Without you, I would still be writing.

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Section 1: Nature of the Project

Introduction

Lack of education for nurse managers new to roles in leadership is a struggle for health care organizations nationally (Nghe et al., 2020). In healthcare, there are no standardized educational programs for nurse managers (Dyess et al., 2016). Learning is often informal while on the job (Saifman & Sherman, 2019). Nurse managers make important decisions that influence patient care, quality, organizational finances, and personnel recruitment and retention, most often without formalized training or education (Warshawsky, 2017). For this project, knowledge gaps in nurse managers were identified using an evidence-based questionnaire asking participants to rate their perception of their human resource management skills to implement a nurse manager education program. A nurse manager education program can potentially support social change within the organization by providing nurse managers with the opportunity to transform themselves through the development of knowledge and the application of competencies to be more effective leaders, promote succession planning, and decrease turnover as compared to those who have not had formal education (Van Dyk et al., 2016). A formalized education program provides a nursing system level approach to ensure that beginner level nurse managers have the essential foundational tools that they require to be successful in transitioning into a nursing leadership role by providing fundamental knowledge in business domains of human resource management (Advisory Board, 2017).

Problem Statement

The problem that this Doctor of Nursing Practice (DNP) staff education project addressed is the perception of knowledge related to human resource skills in beginner level nurse managers. In addition to the aging nursing population and today's nursing shortage, it is estimated that 62% of nurse managers plan to leave their positions within the next 5 years (Middaugh & Willis, 2018). Lack of nurse manager preparation leads to lack of interest in nurse manager positions, lack of succession planning, and high turnover rates (Sarver et al., 2019). It has been predicted that there will be an overabundance of unfilled nurse manager positions nationally. It is critical that future nurse leaders are prepared to fill these essential healthcare roles (Tsui & Gerard, 2019). Education is essential to meet the decreased interest in nurse manager positions secondary to the lack of leadership knowledge centered around the business skills and knowledge of human resource management. The organizational expense to replace a nurse manager can cost an organization between 75% and 125% of an annual nurse manager's salary (Loveridge, 2017).

The development of new and future nurse leaders is crucial. This doctoral project holds significance for the field of nursing considering the evidence has shown that succession planning and education have been identified as lacking and formal education to prepare nurse managers has not been standardized (Dyess et al., 2016). Bedside nurses are often appointed or promoted into leadership positions because they are clinically competent and possess strong clinical and critical thinking skills, but they often lack leadership, business, and management proficiency (Warshawsky et al., 2020). As strong

as these managers are clinically, they lack knowledge and the specialized business skills in the human resource components of management (Gunawan & Aunguroch, 2017).

Purpose Statement

The purpose of this DNP project was to address the gap in knowledge due to lack of nurse manager onboarding education by creating a sustainable, formal nurse manager education program for a health care system using Benner's stages of clinical competence: novice to expert theory (Benner, 1982).

The DNP project addressed a perceived gap in knowledge of beginner nurse managers and targeted those with 1 to 2 years of experience focusing on business knowledge related to human resource management. The practice focused question of this DNP nurse manager education project is as follows: In beginner nurse managers with 1 to 2 years of experience, does attending a course focused on human resource management skills improve knowledge and competence of the American College of Health Care Executives (ACHE) competencies? After completion of a nurse manager education program, beginner nurse managers in their roles of 1 to 2 years will demonstrate an increased perception of knowledge and competence in the business skills of human resource management. A survey was conducted to understand the relationship between having a formal evidence-based education program on nurse manager perceived knowledge to not having a formal nurse manager education program.

The meaningful gap in practice that this DNP project addressed is nurse manager's lack of leadership knowledge in topics of human resource management. The purpose of this quantitative DNP education project was to develop an organizational

level, standardized nurse manager education program based on modifications of Benner's stages of clinical competence: novice to expert theory (Benner, 1982). The novice to expert theory was first proposed by Hubert and Stuart Dryfus in 1980 and is based on skill acquisition and development as one moves through the five levels of competence ranging from novice to expert (Benner, 1982). The project provided nurse managers with the baseline knowledge of human resource management skills that they will need as beginner level nurse managers. The nurse manager role is crucial for accomplishing quality outcomes and success within the healthcare organization (Flatekval & Corbo, 2019). Indirectly, success equates to nurse manager retention and succession planning as an outcome. The nurse manager role directly impacts nurse satisfaction, patient satisfaction, and quality of care (Mudallal et al., 2017). The project holds potential significance for social practice change due to the essential need in health care for nursing leadership to be supportive and understanding not only for the clinical elements but also the business components of healthcare systems.

Nature of the Doctoral Project

The sources of evidence that were collected for this DNP project were the descriptive variables: gender, age, years with the organization, years in a leadership role, and years in a leadership role within the organization. The ACHE 2020 Competencies Assessment tool was used to evaluate pre/post survey results using an individualized sample paired *t* test to measure pre- and post-competency. The pre- and post-survey intent was to show improvement of knowledge in human resource management skills of beginner nurse managers by comparing the mean scores pre- and the mean scores post-

education. Using library databases CINAHL, MEDLINE, ProQuest Nursing, and Allied Health Databases to search nursing databases for journals, I performed a journal search using the following terms: *nurse manager, front line nurse leader, nurse leader, training programs, education, burnout, and orientation.*

Nurses comprise most of the workforce members in healthcare organizations; therefore, the nurse manager role has a direct impact on organizational success (Warshawsky et al., 2016). Nurse managers directly influence financial, clinical, and quality outcomes as well as patient satisfaction scores (Warshawsky et al., 2016). Nurse managers in organizations that support a learning environment tend to stay in their positions longer and assume increased responsibility (Loveridge, 2017).

Permission was obtained from the ACHE to use portions of the ACHE 2020 Competencies Assessment Tool to evaluate knowledge gaps in relation to human resource management (see Appendix B). The questionnaire used in this project was based on items from the Healthcare Executive Competencies Assessment Tool, published by the Healthcare Leadership Alliance and the ACHE. Healthcare Leadership Alliance and ACHE, however, have not endorsed or otherwise participated in this project.

A presurvey questionnaire was given to beginner level nurse managers within the healthcare system to obtain a baseline assessment. The education was offered to beginner nurse managers in their roles for 1 to 2 years. The same questionnaire was used for a post-education survey. There were approximately 11 eligible subjects, which included inpatient, ambulatory, and procedural nurse managers in the healthcare system from multiple sites. Quantitative data were obtained anonymously from the pre- and post-

assessment. The questionnaire was sent out via email with a link to the questionnaire. The electronic questionnaire was de-linked and unable to be tracked back to the email address and was further deidentified in the Research Electronic Data Capture (REDCap) system. REDCap is a secure, Health Insurance Portability and Accountability Act (HIPAA) compliant tool used for research and quality improvement studies. The deidentified data were reported as aggregate data only. The DNP project had institutional review board (IRB) approval from Walden University as well as from the organization where the project was conducted. In collaboration with the organization's learning and development team, an evidence-based formal nurse manager education program was implemented using both virtual and online electronic learning modalities. Modules were in the organization's Professional Development Resource Catalog and accessed via the organizations learning management system: Leadership Education Advancement Performance (LEAP).

The purpose of this DNP project was to identify the gaps in perceived knowledge of nurse managers in their roles for 1 to 2 years in the skills of human resource management using the human resource management section of the ACHE 2020 Competencies Assessment Tool questionnaire (see Appendix C). The participants were asked to complete all seven online modules of the education program over 12 weeks (see Appendix D). After completion of the nurse manager education program, nurse managers were asked to complete the same questionnaire as a post assessment to demonstrate an increased perception of knowledge and competence in the areas that encompass human resource management.

Significance

Standardized nurse manager education is essential for nurse managers as they begin their careers in leadership. The key stakeholders for this project included all nurse managers in the system including inpatient, ambulatory, correctional, and procedural areas encompassing all the health care system sites. Assistant nurse managers were considered stakeholders as support to the nurse manager in promoting quality, retention, and mentoring. Other stakeholders included C-suite leadership for nurse manager support, guidance, mentoring, and resource commitment (see Stamps et al., 2019). The organization's nursing staff were direct stakeholders because they are impacted by the skill and knowledge of their nurse managers. Patients are indirect stakeholders; prepared nurse managers lead to happy, engaged nurses, which impacts patient safety and quality (Stamps et al., 2019). The Department of Human Resources Learning and Development team was a stakeholder and partner in collaboration of education, virtual learning, lectures, and modules. The organization was a stakeholder, and retention and continuity of successful nurse managers positively impacts the organization through patient safety and quality outcomes (Stamps et al., 2019).

To overcome knowledge gaps in nurse managers, formalized education is not only needed but desired among nurse managers (Mosier et al., 2019). Nurse managers have requested programs to build their confidence, knowledge, and their skill set for success (Mosier et al., 2019). Investing in leadership development improves career development and retention (Sarver et al., 2019). Nurse managers who are satisfied and

knowledgeable in their roles promote a positive culture, which consequently has a positive impact on quality of care and patient satisfaction (Adriaenssens et al., 2017).

Nurse manager vacancy rates are 8.3% nationally and are expected to increase (Stamps et al., 2019). Evidence has revealed that the nurse manager workforce is advancing in age and approaching retirement (Advisory Board, 2017). Impending baby-boomer retirement is projected to impact an estimated 67,000 nursing leadership positions (Titzer et al., 2014; Tsui & Gerard, 2019). In addition to the positive impact at the nurse manager level, this DNP project may potentially contribute to nursing practice through improved patient satisfaction, nurse satisfaction, nurse retention, and patient quality and safety as secondary outcome measure. At the beginning of this project, the organization's nurse manager vacancy rate was 9.4%, and 56.6% of the filled positions were nurse managers who had been in their roles less than 5 years. Vacancies have a significant financial impact as well as a negative effect on nurse satisfaction, patient satisfaction, and quality metrics (Sarver et al., 2019).

This DNP education project has the potential to be implemented in any health care organization regardless of size without added expense of membership or licensing. Additionally, the concepts can be used to create education to any healthcare discipline. This project supports positive social change by providing nurse managers with the opportunity to transform themselves as effective practitioners through knowledge acquisition by creating strategies to promote and disseminate knowledge and competencies. This development will allow nurse managers the ability to positively impact social change within their organization, promote succession planning, decrease

turnover, and increase their knowledge. In addition, healthcare consumers and organizations can see a positive impact in relation to patient satisfaction and quality metrics.

Summary

In this section, I highlighted the importance of a standardized evidence-based nurse manager education program for nurse managers in their roles for 1 to 2 years. The organization's departments of nursing, department of learning and development, and I identified the need for such a program for the growing organization. Through the review of scholarly literature and collaboration with the department of learning and development team, a nurse manager education program was determined to be needed and created for new nurse leaders. The next section highlights background and content.

Section 2: Background and Context

Introduction

Lack of nurse manager preparation leads to lack of interest in managerial positions, lack of succession planning, and high turnover rates, which impacts an organization's quality and safety (Van Dyk et al., 2016). The practice-focused question of this DNP education project is as follows: In beginner nurse managers with 1 to 2 years of experience, does attending a course focused on human resource management skills improve knowledge and competence of ACHE competencies? To meet the prevailing knowledge gaps of nurse managers, there is a need for a formalized education program within the organization. A formalized education program provides a standardized approach to ensure all nurse managers new to leadership roles are provided the tools that they need to be successful in transitioning into a nursing leadership role. A standardized education program provides the fundamental knowledge for new nurse managers in the focused area of human resource management.

This section includes a description of the concepts as well as models and theories used to develop an evidence-based nurse manager education program. The relevance of formal nurse manager education to nursing practice is thoroughly discussed as will my role in the project.

Concepts, Models, and Theories

Nurse managers hold crucial roles in health promotion through nurse retention, quality care, and safety (Kocoglu et al., 2016; Sarver et al., 2019). Benner's stages of clinical competence: novice to expert theory guided the development of this DNP project.

Benner's theory has been used in career development for nursing practice by aligning competence, skill acquisition, experience, and clinical and practical knowledge (McEwen & Wills, 2019). Benner's stages of clinical competence: novice to expert theory applies the Dreyfus model of skill acquisition to nursing and delineates five levels of achievement: novice, advanced beginner, competent, proficient, and expert (McEwen & Wills, 2019). Nurse managers must acquire the fundamental concepts of competence, skill, experience, and clinical and practical knowledge at each level before moving to the next level (McEwen & Wills, 2019).

Benner's (1982) theory defined five levels:

- Level 1 is novice, the starting point; every nurse manager begins as a novice, having knowledge without experience.
- Level 2 is advanced beginner or beginner; nurse managers who are in their role for 1 to 2 years functioning by task with the ability to demonstrate marginal performance.
- Level 3 is competent; nurse managers who are in their role for 2 to 3 years, able to recognize trends, and able to put situations together. At this level, the nurse manager has basic skills and a clear understanding to recall and anticipate responses that can be used in situations.
- Level 4 is proficient; nurse managers who are in their role for 3 to 5 years. A proficient nurse manager has a deeper understanding of their roles and responsibilities.

- Level 5 is expert; nurse managers who are in their role > 5 years. The nurse manager has an enormous amount of experience in their field and thus can make decisions quickly and instinctively. An expert can understand a situation and can project future events based on intuition and experience.

Level 2, the advanced beginner; those in their roles for 1 to 2 years is the beginner nurse manager level that was the focus of this DNP project.

Definition of Terms

The defined terms below are integral to the DNP project:

Advanced beginner: Nurse manager in their position for 1 to 2 years who can demonstrate marginal performance and function by tasks and rules (Benner, 1982)

Competent: Nurse manager who has basic skills and can apply critical thinking to tasks. Usually in their position for 2 to 3 years (Benner, 1982).

Doctor of Nursing Practice (DNP): Doctoral level preparation in nursing with a clinical focus (Zaccagnini & Waud-White, 2017).

Education program: Program written by an institution that determines the learning process of each subject in all stages of education (Wikipedia, 2021).

Expert: Amassed an enormous background of experience in their clinical field and connects understanding to an action. Usually in position > 5 years (Benner, 1982)

Novice: Nurse manager having no experience in the position they are to perform. Needs full observation of skills (Benner, 1982).

Nurse manager: Nursing professional responsible for the planning, organization, delivery, and evaluation of nursing care (Gunawan & Aunguroch, 2017).

Patient Satisfaction: A patient's feedback of their expectations of what they believe should be provided during their care (Berkowitz, 2016).

Proficient: Nurse manager with a solid understanding of situations and requires less conscious planning. Usually in the position for 3 to 5 years (Benner, 1982).

Quality metrics: Methods associated with the ability to provide high quality health care (Centers for Medicare and Medicaid, 2019).

Retention: Ability to retain valued employees (McDougall, 2018).

Succession planning: Strategy for identifying future leaders (Kenton, 2020).

Relevance to Nursing Practice

Effective nurse managers play the most crucial role in health care organizations in quality patient care delivery while simultaneously managing costs, resources, and people (Van Dyk et al., 2016). The broader problem this DNP project addressed is an impending nursing shortage, which could have negative consequences for the nursing practice environment, leading to adverse patient outcomes and decreased quality of care. This is further complicated by the fact that nurse managers and other formal nurse leaders are often promoted into key leadership positions without the leadership and business skills needed to successfully lead and manage complex change (Warshawsky et al., 2020). It has become apparent that formal nurse manager succession planning is needed and should be a key strategic initiative for healthcare organizations (Ramseur et al., 2018).

Although organizations have developed and implemented methods to develop nurse leaders, making use of internal and external sources, they struggle with

consistency and sustainability. The literature mentions several professional organizations that have developed nurse leader educational courses to include the American Organization of Nurse Leaders, Sigma Theta Tau International, American Nurses Association, Association of Operative Nurses, and American Association of Critical-Care Nurses (Ramseur et al., 2018). The educational courses developed by these professional organizations are evidence based and have proven to be effective. Many health care organizations, especially small organizations, may not have the ability, staffing, or budget to participate in external courses either in person or via webinars due to fees, schedules, or licensing requirements. An organizational level nurse manager program that all new nurse managers consistently attend is needed and desired by the nurse managers.

Local Background and Context

Nurse managers in health care organizations impact patient outcomes, nurse satisfaction, and retention (Glassman & Withall, 2018). According to the literature, nurse managers are not prepared to assume these complex roles (Glassman & Withall). Nurse manager education and development programs have not been sufficient in preparing nurse managers for these complex, expanding, and ever-changing roles (Flatekval & Corbo, 2019). Often nurses assume the nurse manager role without preparation, support, training, or development, thus leading to turnover and poor outcomes (Middaugh & Willis, 2018). With an estimated 62% of nurse managers planning to leave their jobs in the next 5 years and an estimated 67,000 vacant nurse manager positions nationally (Middaugh & Willis, 2017; Titzer et al., 2014; Tsui & Gerard, 2020), there is a need to

fill these vital leadership roles. Front line nurses are not interested in nurse manager roles, as evidenced by the number of vacant nurse manager positions nationally. Millennial nurses tend to pursue positions in organizations that offer growth opportunities, thus the need to leverage this group through formal education (Flatekval & Corbo, 2019). As bedside nurses receive formal, standardized training and education and move through the stages of novice to expert, it is essential that there is formal education to entice and onboard those nurses as future nurse managers.

This DNP education project addressed a perceived gap in knowledge of beginner nurse managers in their roles for 1 to 2 years, focusing on knowledge and skills related to human resource management. Bedside nurses are often appointed or promoted into leadership positions because of their strong clinical proficiency and critical thinking skills, but they often lack leadership and management proficiency (Warshawsky, 2017). As proficient as these managers are clinically, there are gaps in knowledge in the business skills of human resource management (Gunawan & Aunguroch, 2017). A formalized nurse manager education program provides the foundational knowledge to feel confident and comfortable as they move through the stages of novice to expert.

The literature has indicated that there is no standard practice for nurse manager education and onboarding. The literature does point to formal programs through national and professional organizations that have established successful nurse manager educational courses and assessments. These programs use in person and online learning management systems that lack scheduling flexibility, are fee based, and may require the purchase of a license. Research has shown that organizations who have invested in

structured development programs for nurse managers have realized increased skills and competencies in nurse managers (Ramseur et al., 2018). There are professional resources and tools available, but many health care organizations do not have the staffing or ability to pay the cost to use external resources (Stamps et al., 2019).

The registered nurse (RN) turnover rate at the healthcare organization where this DNP project was conducted is 10%, less than the national average of 17.8%, and a vacancy rate of 7%, less than the national average (Nursing Solutions Inc., 2020). On average, it costs an organization between \$40,000 and \$64,000 to replace a nurse (Lockhart, 2020). Effective, knowledgeable nurse managers are an effective retention, recruitment, and succession planning strategy.

Role of the DNP Student

I served as the project leader for this evidence-based nurse manager education DNP project. In collaboration with the organization's department of human resource learning and development education team, modules were chosen out of the human resources Professional Development Resource Catalog. The project was completed in an essential needs Level 1 Trauma center located in the Midwest. There was a current, signed Walden affiliation agreement with this organization on file. Although I oversee inpatient nursing at the organization, the nurse managers report through a director of nursing, so there was no concern for issues related to direct reporting or conflict of interest.

The motivation for this DNP education project was to prepare beginner nurse managers with the ability to positively affect succession planning and retain nurse

managers. Prepared nurse managers positively impact nurse satisfaction scores related to nurse manager ability, leadership, and support as a secondary outcome. The nurse manager turnover rate at the beginning of this project was 9.4%, with 56.6% of nurse managers in their roles < 5 years and 20% in their role for 1 to 2 years. The nurse manager turnover rate was in line with the organizational RN turnover rate.

To eliminate bias, all courses were taught virtually by the human resources learning and development team using Microsoft Teams, webinars, and electronic learning modules. Subject privacy was protected by using an electronic survey for both pre- and post-education. Participation was voluntary, with no bearing on employment, and supervisors were unaware of feedback. Additionally, all responses were deidentified in REDCap, and all results were reported as aggregate data only.

Role of the Project Team

The project team consisted of the human resource learning and development team and me. The project team collaboratively chose and used electronic modules as well as virtual classroom formats. Both electronic modules and virtual courses were chosen out of the organization's human resources Professional Development Resource Catalog. An email link was sent to the nurse managers to register and access the learning modules and virtual courses. Nurse managers had 12 weeks to complete the modules and courses.

The project team used a virtual classroom platform in Microsoft Teams. The Microsoft Teams virtual platform allowed for interactive learning of team members to share information and to ask questions of each other and the live instructor. Team members reviewed questions and comments of beginner nurse managers and were able to

provide essential feedback. The learning and development team was able to gather information through the sessions to develop and refine future learning and development opportunities.

Summary

In section 2, I highlighted and aligned the use of Benner's stages of clinical competence: novice to expert theory and the relevance of a beginner nurse manager education program to nurse manager retention and quality. The gaps in the literature included many vacant positions and lack of interest to apply for nurse manager positions due to a lack of formal education. Section 3 will focus on further collection and analysis of evidence.

Section 3: Collection and Analysis of Evidence

Introduction

Lack of preparation of nurse managers has led to lack of interest in nurse manager positions, lack of succession planning, and high turnover rates, which impact quality and safety of a healthcare organization. To meet the prevailing knowledge gaps of nurse managers, a formalized education program within the organization was developed. Using Benner's stages of clinical competence - novice to expert theory - a successful nurse manager education program was created to provide beginner nurse managers human resource management skills.

In this section, I clarify the purpose and alignment of the nurse manager education project as well as sources of evidence. Additionally, databases, outcomes, and key terms used to perform a literature search are described.

Practice-Focused Question

The local practice problem that this DNP education project addressed is the knowledge gap of beginner nurse managers in human resource management. The practice-focused question that this DNP education project addressed was as follows: In beginner nurse managers with 1 to 2 years of experience, does attending a course focused on human resource management skills improve knowledge and competence of ACHE competencies?

The organization has not provided ongoing formal education for beginner nurse managers, and nurse managers have expressed a desire for this level of education. The purpose of this DNP project was to address the lack of perceived knowledge of nurse

managers in their role for 1 to 2 years. The goal of the project was to evaluate the relationship between perceived knowledge of having a formal evidence-based managerial education program to no formal nurse manager education program.

Sources of Evidence

The sources of evidence for the nurse manager education project included a synthesis of current literature, 5 years or less, and a review of education programs for nurse managers. The theory used in this education project was Benner's (1980) stages of clinical competence, novice to expert theory. I used library databases CINAHL, MEDLINE, ProQuest Nursing, and Allied Health Databases to search nursing databases for journals applying the following terms: *nurse manager, front line nurse leader, nurse leader, orientation, education, training programs, and burnout*. Evidence was collected from several professional journals to include *The American Journal of Nursing, Nursing Management, Nurse Leader, and Journal of Nursing Administration*.

The research literature indicated that nurse manager development promotes quality of care that leads to patient satisfaction, nurse satisfaction, decreased nurse manager and nurse turnover, and succession planning for leadership roles (Cox, 2019). Authors have also suggested a need and desire for formalized nurse manager education and onboarding. In addition to the literature, professional organizations such as American Organization of Nurse Leaders, American Nurses Association, and AACN have established a need for formalized education to prepare beginner nurse managers. The education programs offered by these professional organizations also incorporate human resource management into their content.

To identify nurse managers in their role of 1 to 2 years, the human resources department provided a list by job title, which is manager, nursing: inpatient and ambulatory. Seniority within the role was drilled down to the number of years within their nurse manager role. Nurse managers in their role of 1 to 2 years were selected. There are currently 57 nurse managers in the organization and 11 who are considered beginner, in their roles for 1 to 2 years.

Procedures

The ACHE 2020 Competencies Assessment tool was used to evaluate nurse managers' perception of knowledge pre- and post-education of human resource management skills (see Appendix C). The literature supports a formal nurse manager education program in addressing the knowledge gap in human resource management. Lack of preparation of nurse managers leads to lack of interest in nurse manager positions, lack of succession planning, and high turnover rates, which impact quality and safety outcomes of an organization. A formalized nurse manager program provides a standardized approach to provide beginner nurse managers with the tools needed to successfully transition into a nurse manager role.

Using the Human Resource Management section under the Business Skills and Knowledge domain of the ACHE 2020 Competencies and Assessment Tool, beginner nurse managers were asked to participate in a questionnaire to rate their perception of their skills in human resource management, using a 1 to 5 scale, novice to expert. The same tool was used post-education. Quantitative data were obtained anonymously from the pre- and post-assessment.

After obtaining a list of nurse managers in their role for 1 to 2 years from the organization's human resource department, the pr survey link was sent out via email. The presurvey addressed 27 human resource management skills and took 5 to 10 minutes to complete. The presurvey was sent to participants who fit the inclusion criteria via the healthcare system email with a link to the questionnaire in the REDCap system. The email notified participants that participation was completely voluntary and that they were able to withdraw at any time. Additionally, the email contained an informed consent and notified participants that there was no direct link to their email and that data from the questionnaire would be further deidentified in REDCap. REDCap is a secure, HIPAA compliant tool used for research and quality improvement studies.

After the presurvey was completed, a link to the education was sent via email to the 11 beginner nurse managers. In collaboration with the organizations' learning and development team, an evidence-based formal nurse manager education program was implemented using two formats. One course was an electronic, online module, and six courses were in a virtual classroom setting that allowed for interaction between the instructor and the participants. Courses were accessed through LEAP, the organization's learning management system. Beginner nurse managers received a link and instructions to access and register for the seven learning modules via the LEAP system. The nurse managers had 12 weeks to complete all seven modules, equaling 12 hours in total (see Appendix D).

Ethical Protections

To ensure ethical protection of the participants, this DNP project was reviewed and approved by both the organization's IRB and Walden University's IRB. Participants were informed that their participation was voluntary and that they were able to withdraw at any time. All participant responses were de-identified and entered into the secure and HIPAA compliant REDCap system.

Analysis and Synthesis

After the beginner nurse manager completed the learning modules, they were sent a link to complete the postsurvey. The same 27 human resources skills were assessed using the same ACHE 2020 Competencies and Assessment Tool. The postsurvey was also delinked from the participant's email, and the data were deidentified in REDCap. Data were entered into REDCap and were analyzed using Statistical Package for the Social Studies (SPSS) Version 26. In total, the pre- and postsurvey and modules took less than 12 hours over the course of 12 weeks. For those who desired further education after taking the postsurvey, additional learning opportunities were made available through the Professional Development Resource Catalog and accessed via the LEAP system.

Answers to the questions in the pre- and post-survey were de-identified and assigned a continuous variable number to correlate pre- and post-data in line with Benner's novice to expert theory: 1 = *fundamental awareness*, 2 = *novice*, 3 = *intermediate*, 4 = *advanced*, 5 = *expert*. Categorical variables were coded and de-identified and assigned a number, 1 for *yes*, 2 for *no*. To answer the practice-focused question, in beginner nurse managers with 1 to 2 years of experience, an independent samples *t* test

was conducted to determine if attending a course focused on human resource management skills improves knowledge and competence of ACHE competencies. Analyses were conducted to determine the correlation between the pre-education and post education mean survey scores in nurse managers who completed the education. Data were provided from REDCap in an Excel spreadsheet and were analyzed using SPSS Version 26. All data were and continues to be securely stored in an organizational, password protected computer accessible only to me.

Summary

The nurse manager role in health care organizations is crucial for quality outcomes (Van Dyk et al., 2016). The purpose of this quantitative DNP education project was to develop a standardized nurse manager education program based on Benner's stages of clinical competence: novice to expert theory (Benner, 1982). This project provided nurse managers with the baseline foundation of human resource management knowledge and resources they need as nurse managers new in their role. A pre- and post-assessment was conducted using the human resource management domain of the ACHE 2020 Competencies Assessment Tool.

Section 4: Findings and Recommendations

Introduction

Lack of preparation of nurse managers leads to lack of interest in nurse manager positions, lack of succession planning, and high turnover rates, which impact quality and safety of an organization. To meet the prevailing knowledge gaps of nurse managers, there was a need for a formalized education program within the organization. The practice-focused question that the DNP nurse manager education project addressed is as follows: In beginner nurse managers with 1 to 2 years of experience, does attending a course focused on human resource management skills improve knowledge and competence of ACHE competencies? The primary purpose of this DNP evidence-based project was to develop a formalized nurse manager education program.

The sources of evidence collected for this DNP project were the descriptive variables: (a) gender, (b) age, (c) years in organization, (d) years in a leadership role, and (e) years as a leader in the organization. The ACHE 2020 Competencies Assessment tool was used to evaluate pre- and post-survey results using an individual sample *t* test to measure pre- and post-competency. Library databases CINAHL, MEDLINE, ProQuest Nursing, and Allied Health Databases were used to search nursing databases for journals, using the following terms: *nurse manager*, *front line nurse leader*, *nurse leader*, *training programs*, *education*, *burnout*, and *orientation*.

Findings and Implications

There are 57 nurse managers within the health care organization in multiple sites that encompass ambulatory, inpatient, procedural, and corrections areas. Of the 57, 11 or

19.2% had been in their role for 1 to 2 years at the start of the project. The 11 eligible nurse managers received an invitation to participate in the educational offerings; eight took the presurvey, and four took the postsurvey. For analysis of pre- and post-data from the ACHE Competency Assessment, I used data from eight completed presurveys and four completed postsurveys. Group statistics revealed lower postsurvey mean scores, pre $M = 69.5$ and post $M = 47.25$, see Table 1. However, this could be attributed to the fact that only 50% of the post surveys were completed.

Table 1

Pre and Post Data Group Statistics

Pre-Post	<i>N</i>	Mean	Std. deviation	Std. Error Mean
Presurvey	8	69.5	22.46903	7.944
Postsurvey	4	47.25	25.83763	12.91882

The results indicated that beginner nurse managers did not vary significantly in perceived human resource management knowledge following the nurse manager education, $t = (10) = 1.544$, $p = 0.154$, see Table 2.

Table 2

Levene's Test for Equality

Variances	<i>F</i>	Sig	<i>t</i>	<i>df</i>	sig (2 tailed)	Mean Difference	Std. Error Difference	95% Confide nce Lower	95% Confidence upper
Equal variances assumed	0.00 9	0.928	1.544	10	0.154	22.25	14.40931	-9.85594	Upper
Equal variances not assumed			1.467	5.369	0.198	22.25	15.16585	- 15.9433 8	54.35594

Pearson correlations were also examined for all years as leader ($N=11$, $p = .118$) and years as a leader in the organization ($N = 10$, $p = .473$), see Table 3.

Table 3

Pearson Correlation

		Total score	Years org leader
Total score	Pearson Correlation	1	0.257
	Sig. (2-tailed)		0.473
	N	12	10
Years Org Leader	Pearson Correlation	0.257	1
	Sig. (2-tailed)	0.473	
	N	10	10

		Years Leader All	
Total Score	Pearson Correlation	1	0.499
	Sig. (2-tailed)		0.118
	N	12	11
Years Leader All	Pearson Correlation	0.499	1
	Sig. (2-tailed)	0.118	
	N	11	11

Mean scores of combined pre- and post-survey results were calculated for descriptors, total years as a leader ($M = 5.409$, $SD = 5.2001$) to years as a leader within the organization ($M = 1.075$, $SD = 0.442$), see Table 4.

Table 3

Combined Scores

	Mean	Std. Deviation
Total score	62.0833	24.9671
Years org. leader	1.075	0.44175
Years leader all	5.409	5.2001

Due to a small sample size (pre- $N = 8$, post $N = 4$) and nonpaired pre- and post-tests, study findings were not significant for improving nurse manager development. Although no significance was found in the study, nurse managers indicated a desire for ongoing professional development, which is also supported by the literature. This education project supports positive social change through flexibility. This DNP education project can be implemented in any health care organization regardless of size without added expense of membership or licensing. Additionally, the concepts can be used to create education for any healthcare discipline. This project supports positive social change by providing nurse managers with the opportunity to transform themselves as effective practitioners through knowledge acquisition. It supports them creating strategies to promote and disseminate knowledge and competencies. Through professional development, nurse managers can positively impact social change within their organization by promoting succession planning, decreasing turnover, and increasing their knowledge. Patient satisfaction and quality metrics are vital components of health care

organizations (McNicholas, 2017). Through preparedness and education, nurse managers can promote working conditions that fulfil essential needs, thereby cultivating a positive impact on patient satisfaction and quality metrics (Perry et al., 2018).

Recommendations

Areas for future projects and education could include in-person learning for increased participation and discussion and opening education up to all nurse managers. Future nurse manager education planning includes expanding educational offerings to incorporate broader manager topics to include the current courses of this project plus leading people, leading change, emotional intelligence, authentic conversations, and career development. Educational offerings will be built into nurse manager orientation, and participation will be mandatory during the first 2 years as a nurse manager. Additionally, it is recommended that the new nurse manager has a preceptor for day-to-day learning and an experienced mentor for ongoing support and guidance.

Contribution of the Doctoral Project Team

The project team consisted of the human resource learning and development team and me. The project team worked in collaboration to provide the context for the learning courses. Due to the pandemic, the human resource and learning and development team transitioned all organizational in-person learning to the virtual format. Beginner nurse managers contributed by taking the educational offerings and completing the pre- and post-surveys.

Strengths and Limitations of the Project

Senior leadership support of nurse manager professional development is a strength of the project. The ACHE 2020 Competencies Assessment Tool is an established measurement tool designed to identify strengths and opportunities for improvement in relation to the ACHE's competencies. Using it was a strength of this project. The human resource leadership and development team's ongoing support and willingness to flex learning methods and add courses to the Professional Development Resource Catalog based on nurse manager feedback was also a strength of this project.

In addition to the small sample size, limitations of the project included the timing of the project, as the project was launched in the middle of the COVID-19 pandemic, resulting in course offerings being changed from in-person to online modules and virtual formats, cancellation of the Inclusion and Diversity and Labor Relations courses, and rescheduling courses without notice, lengthening the project timeline. From initial project planning to project launch, several nurse managers moved from the beginner category of 1 to 2 years into the competent 2- to 3-year category, decreasing the study size from an expected 20 to 11. During the study, four of the project participants separated from the organization due to health and personal reasons. Additionally, the pandemic brought about compassion fatigue and burnout in nurse managers, resulting in them not being able to complete additional tasks. The surveys and education were anonymous, which prevented pairing of survey data to education resulting in an individual *t* test instead of an individual paired *t* test. It is unknown how many managers completed the courses and how many courses each completed. The data were limited, making it difficult to evaluate.

The project sample was nurse managers in their roles for 1 to 2 years at this organization, not considering nurse managers who may have had prior leadership experience. Thus, the beginner nurse manager sample of this project had nurse managers with 1 to 14 years' experience but who had been in their current leadership role for 1 to 2 years. Nurse manager education typically leads to succession planning and retention; however, four of the eight participating nurse managers separated from the organization for health and personal reasons, contributing to the small postsurvey sample.

While there were several limitations, the project did provide foundational knowledge, and beginner nurse managers indicated that they desired more learning opportunities. They also recommended that learning opportunities need to be scheduled and planned for consistency. This program can help nurse educators identify the factors that may address the gaps in knowledge for new nurse managers and guide the development of managerial programs, which can effect positive social change.

Additionally, the human resources learning and development team was overwhelmed with virtual course conversions, which prevented open dialogue between me and the team. The nurse managers had to juggle their schedules as courses were canceled and rescheduled, often on short notice. Even in the virtual format, the human resource learning and development team received feedback from the attendees on current and future courses. This adds value for future course offerings and methods of teaching.

Communication is vital; this project was set up anonymously, not allowing for collaboration, communication, or feedback between participants and me. Anonymity did not allow for me to monitor registration or participation in courses. To remind

participants, I sent out blanket reminders to all 11 of the original eligible participants before each upcoming scheduled course.

Section 5: Dissemination Plan

The objective is to disseminate the data and feedback of this project to nursing leadership and to the human resource learning and development team. Presentations of the project data will be disseminated to all nurse managers in the monthly nurse manager council, to senior nursing leadership at Chief Nursing Officer Council, and to current and future DNPs through DNP council.

Analysis of Self

Role as a Practitioner and Leader

Completing the rigors of a DNP project during a pandemic added another layer of pressure to an already challenging journey. The DNP journey has challenged me to be more resilient and to balance the requirements of a family, a full-time career, and everyday life. Nurse leader development is a passion of mine. Through this project, I wanted to highlight the need for evidence-based education through professional development of nurse managers. Due to a small sample size and the pandemic, the project did not have the results I had anticipated, but there is still considerable value in the project.

As a transformational leader and practitioner, I saw improvement in my listening skills. Verbal, written, and listening skills are essential components of communication and fundamental skills in leadership and project management. This project prepared me to experience a higher level of intellectual thinking and become more abreast of evidence-based practices. The DNP process has provided me the opportunity to look at nursing and nurse managers in a different light, focusing on the strengths of each

individually to help them grow and advance their practice through evidence-based methods. This is beneficial to me as I continue to advocate, support, and expand the knowledge and decisions of nurse managers.

Role as a Scholar

As a scholar, this project has opened my eyes and provided me the opportunity to become more familiar with surveys tools, competencies, and spreadsheets. Prior to the project, I had limited experience using REDCap and SPSS, both powerful tools for information management and analysis. These experiences were appreciated for project completion and will be invaluable as a DNP prepared nurse leader. Coordinating and evaluating this project from inception to completion has elevated my project management skills through strategic and effective communication. Completing a project during a pandemic prompted me to be more strategic through added layers of communication, collaboration, and follow through.

Summary

The goal of this DNP project was to identify the knowledge gaps associated with lack of formal nurse manager education in a healthcare system. The practice-focused question of this DNP nurse manager education project is as follows: In beginner nurse managers with 1 to 2 years of experience, does attending a course focused on human resource management skills improve knowledge and competence of ACHE competencies? Due to several limitations, the postsurvey revealed a reduction in perceived knowledge. Although the project outcomes were different than expected, there

is value in nurse manager education, and future education will be required over the course of a longer orientation period utilizing preceptors and mentors.

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Appendix A: American College of Healthcare Executives Permission

Mon, Sep 14, 12:49 PM

Ms. Hannu,

Thank you for asking for permission to use the ACHE Competencies Assessment tool for your project. Yes, please do! It has open access to the field of healthcare management, with hopes that not only individuals, but also organizations and educational programs will use it as a reference to help support the development of healthcare leaders – no matter their career background.

We hope that ACHE will be a supportive professional society for not only you, but the future nursing leaders you are involved with in your future. Please let me know if there are any questions, I can ever answer for you.

Best to you, and thank you for what you are doing for our field of healthcare management,

Anita

Anita Halvorsen, FACHE

Senior Vice President, Executive Engagement

American College of Healthcare Executives Division Assistant: Shayla Hitchcock

Appendix B: American Healthcare Executive 2020 Competency Assessment Tool

Human Resource Management	COMPETENCY LEVEL				
	Novice		Competent		Expert
Human resources laws and regulations	1	2	3	4	5
Performance management systems	1	2	3	4	5
Recruitment and retention techniques	1	2	3	4	5
Staffing methodologies and productivity management	1	2	3	4	5
Employee satisfaction measurement and improvement techniques	1	2	3	4	5
Employee motivational techniques	1	2	3	4	5
Compensation and benefits practices	1	2	3	4	5
Worker safety, security, and employee health issues	1	2	3	4	5
Conflict resolution and procedures and their functions	1	2	3	4	5
Organizational policies and procedures and their functions	1	2	3	4	5
The need for and/or desirability of outsourcing	1	2	3	4	5
The varying work environments in which staff work	1	2	3	4	5
Define staff roles, responsibilities, and job descriptions	1	2	3	4	5
Manage departmental personnel processes, including performance appraisals; incentives, staff recruitment, selection, and retention; training and education; coaching and mentoring	1	2	3	4	5
Job classification systems	1	2	3	4	5

Develop and implement policies and procedures with physicians to address physician behavioral and burnout issues	1	2	3	4	5
Develop and manage employee performance management systems	1	2	3	4	5
Develop effective physician recruitment and retention programs	1	2	3	4	5
Develop employee benefit and assistance plans	1	2	3	4	5
Engage in workforce planning	1	2	3	4	5
Evaluate and manage employee efficiency and productivity	1	2	3	4	5
Potential impacts and consequences of human resources	1	2	3	4	5
Decision making on operations, finances, healthcare, and quality of care	1	2	3	4	5
Selection techniques, including commonly available assessments and relative benefits	1	2	3	4	5
Labor relations practices and strategies	1	2	3	4	5
Job design processes	1	2	3	4	5
Succession planning models	1	2	3	4	5

Appendix C: Education Modules

New Manager Boot Camp: 3-hour session designed for new managers with a focus on financial planning and budgeting and an introduction to the organization's management reports and SharePoint Site. Recorded session.

Managing High Performing Teams: Designed for managers, six topics presented in a webinar format.

- **The Role of the Manager:** Two 1-hour sessions that provides an overview of the manager role within the organization. Includes business drivers and competencies that provide context for the role.
- **Performance Management:** Two 1-hour sessions that explores resources available to support strong performance and growth, development, and engagement of your team.
- **Inclusion and Diversity:** 1 hour course creating an inclusive workplace and encouraging diverse perspectives. **Cancelled**
- **Interviewing Skills:** Two 1-hour sessions exploring the dos and do nots in interviewing, identifying key characteristics, and resume assessment.
- **Compliance:** 1 hour session reviewing compliance topics such as HIPAA, policies, and cybersecurity.
- **Labor Relations:** 1-hour session reviewing topics such as bargaining vs non bargaining, action plans, corrective action, family medical leave act (FMLA), and for cause testing. **Cancelled**