

## Original Article

# Required Competencies for Nurse Managers in Geriatric Care: The Viewpoint of Staff Nurses

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### Abstract

**Background:** The research suggests that various parties' perceptions regarding the competencies required for nurse managers may differ. Little is known about staff nurses' perceptions of the nurse manager role in geriatric care.

**Objective:** This study explored staff nurses' perceptions of nurse manager role in geriatric care.

**Methodology:** In this correlational quantitative study, a convenience sample of 150 staff nurses employed at a large geriatric facility in Israel completed a questionnaire based on the Chase Nurse Manager Competency Instrument.

**Results:** Results revealed that nurses perceived familiarity with the therapeutic environment as the most important competency, while business management as the least important. Nurses functioning as shift supervisors and nurses from the Jewish sector ranked higher leadership competencies.

**Conclusions:** The results indicate inconsistency of perception of nurse manager role in geriatric care among staff nurses. Recommendations for practice include creating coordinated expectations between nurse managers and staff nurses.

**Key Words:** nurse manager, competencies, staff nurses, geriatric care

### Introduction

Nurse managers have a critical influence on both patient care and staff outcomes as well as on organizational success (Ten Haaf, 2008; Van der Heever, 2009; Chase, 2010).

The complex nurse manager role encompasses multiple responsibilities, including managing clinical practice, human and supply resources, finances, and regulatory compliance standards, along with personnel and strategic planning. To accomplish this, nurse managers must possess necessary clinical and leadership competencies. To help nurse managers meet performance expectations and succeed in their role, it is important to identify the required knowledge and behavioral competencies (Chase, 2010).

There have been several attempts in the literature to identify the competencies required for being a

successful nurse manager. Chase (2010) explored the point of view of nurse managers themselves and surveyed 81 hospital nurse managers. The results of this study found that nurse managers themselves have identified a variety of necessary technical, human, conceptual, leadership, and financial management competencies.

The highest rated self-reported nurse manager competencies included effective communication, retention strategies, effective discipline, and decision making. In contrast, the lowest rated self-reported nurse manager competencies included nursing theory, case management, and the research process. In this study, tenure in management had a significant influence on competency ratings in all competency categories.

The research suggests that various parties' perceptions regarding the competencies required

for nurse managers may differ. Kleinman (2003) compared the perceptions of 35 nurse managers (clinical coordinators, shift supervisors, program managers, and nurse managers) and 93 nurse executives (directors, vice presidents, and chief executives). The data revealed that nurse managers and nurse executives had similarities as well as differences in their perceptions of competencies for nursing management positions.

To the best of our knowledge, the research examining the viewpoint of subordinates is limited. Little has been determined regarding staff nurses' perceptions of the competencies required to perform the role of nurse manager, despite the importance of this issue. Nurses' perception of their managers' competencies has been shown to be one of the many factors associated with their job satisfaction (Coomber & Barriball, 2007).

Other studies have identified nurse manager leadership style as having an effect on nurse job satisfaction (Failla & Stichler, 2008; Van der Heever, 2009).

Unclear expectations, as well as different perceptions of nurse managers' role, are likely to affect both managers' and staff nurses' performance. Differences in perception concerning the nurse manager role between nurse managers and staff nurses may create a potential for conflict between managers and subordinates. Conflicts can also arise if managers experience a lack of support from their staff (Carlin & Duffy, 2013).

The nursing profession both in Israel and globally, faces both an aging of the population and a severe shortage of geriatric care nurses (Haron et al., 2013).

Given this growing imbalance, it is extremely important to create a favorable work environment in order to attract and retain nurses in this field.

Therefore, the purpose of the present study is to explore staff nurses' perceptions of the competencies required for nurse managers in geriatric care.

### **Research question**

What are staff nurses' perceptions of the competencies required for nurse managers in geriatric care?

## **Methodology**

### **Study design**

The study employed a correlational quantitative design. The study used the Chase Nurse Manager Competency Instrument developed by Chase (1994). The questionnaire was translated into Hebrew and externally validated, in addition to being examined by three content experts from the fields of geriatrics and management. The Chase Nurse Manager Competency Instrument has been established as a reliable and valid tool that can be used to assess nurse manager competency (Chase, 2010).

The instrument consists of two parts. The first part is composed of sociodemographic questions, such as gender, age, education, years of RN practice, etc. The second part consists of a competency rating scale that refers to 5 competencies: familiarity with the therapeutic environment, communication and human relations, leadership, principles of the profession, and business management. Respondents were required to rate each competency statement based on their opinion. A Likert scale was used to indicate the level of competency rating on a 1-4 scale for the importance of both knowledge and ability (4=essential for nurse managers, 3=contributes significantly, 2=contributes moderately, 1=contributes minimally).

The questionnaire was administered in a pilot study to 20 nurses from different departments at the geriatric facility for examination of reliability.

### **Participants**

The questionnaire was administered to a convenience sample that included 170 staff nurses who worked at the geriatric facility. One hundred and fifty fully completed questionnaires were returned, for a response rate of 88%. Inclusion criterion was staff nurses who are not nurse managers.

### **Data collection**

The study was approved by the Ethics Committee of the geriatric facility. The questionnaires were distributed by the researcher, who is not employed at the facility. During distribution of the questionnaires, respondents' privacy was maintained. The researcher explained the purpose of the research to each respondent and ensured respondents of their

anonymity. Data collection took place between December 2015 and February 2016.

### Statistical analysis

Descriptive statistics were utilized to describe and summarize the data. Additionally, in order to determine differences between groups, the data was analyzed with chi-square tests and t-tests. All the statistical analyses were carried out with SPSS software (version 19 for Windows). The level of significance was set at  $p < 0.05$ .

### Results

The majority of the respondents were women (74.7%,  $n=112$ ), with a mean age of 39.2 (SD=10.9, range = 22-62). Fifty percent were Jewish and 50% were from the Arab sector. Eighty percent of the respondents ( $n=121$ ) were native born and 19.3% ( $n=29$ ) were born in the former USSR. Fifty percent of registered nurses held a bachelor's degree, and 50% did not, while only 6.7% ( $n=10$ ) of the respondents held a Master's degree, most of whom were from the Arab sector.

Of all the respondents, 25.3% ( $n=38$ ) had completed an advanced course in a specialized nursing area (such as intensive care or geriatric care). The mean tenure at the facility was 10 years (SD=10.8, range = 0.1-3.7). Seventy percent ( $n=105$ ) were staff nurses and 30% ( $n=45$ ) were nurses with a specific field of responsibility (clinical instructor or in charge of a certain area). Sixty four percent ( $n=96$ ) of the respondents functioned as shift supervisors.

Table 1 presents the staff nurses' perception of the importance of competencies required for nurse manager role in geriatric care, both knowledge of the competencies and their application. Findings reveal that familiarity with the therapeutic environment was perceived as the most important competency, both with regard to knowledge and with regard to application ability.

Second ranked with regard to knowledge were the competencies of leadership and of communication and human relations. Unlike knowledge, the second-ranked ability-related competency was communication and human relations, followed by leadership. Principles of the profession and business management skills were ranked last, both with regard to knowledge and with regard to application ability.

A significant difference ( $t=-2.2$  ( $df=148$ ),  $p<0.01$ ) was found between nurses who functioned as shift supervisors and nurses with no such experience in the perceived importance of knowledge and of applying leadership skills. Thus, nurses with experience as shift supervisors were found to rank the importance of knowledge related to leadership skills higher ( $M=3.2$ ,  $SD=0.6$ ) than did nurses with no such experience ( $M=2.8$ ,  $SD=0.5$ ). When examining differences in how the various parameters of leadership competencies are perceived, the following differences were evident: shift supervisors ranked the importance of competencies related to change processes ( $\chi^2=6.63$  ( $df=3$ ),  $p<0.05$ ), conflict solution ( $\chi^2=9.02$  ( $df=3$ ),  $p<0.05$ ), and problem solution ( $\chi^2=9.00$  ( $df=3$ ),  $p<0.05$ ) higher than did nurses with no experience as shift supervisors. However, nurses with no shift supervising experience ranked the importance of the competency of arranging work schedules higher than did nurses with shift supervising experience ( $\chi^2=8.4$  ( $df=3$ ),  $p<0.05$ ).

In addition, a difference was found with regard to the competency related to principles of the profession involved in the nurse manager role, i.e., quality/process improvement, where it was precisely nurses with no shift supervising experience who ranked this competency as more important than did nurses with shift supervising experience ( $\chi^2=9.25$  ( $df=3$ ),  $p<0.05$ ).

No significant difference was found between nurses from the Arab and Jewish sectors in their ranking of the importance of competencies required for nurse managers, aside from the issue of leadership ( $t=0.59$  ( $df=148$ ),  $p<0.05$ ). Jewish nurses perceived this competency as more important for nurse managers ( $M=3.5$ ,  $SD=0.4$ ) than did Arab nurses ( $M=3.1$ ,  $SD=0.4$ ), both with regard to knowledge and with regard to application.

About two thirds of the respondents (59.3%,  $n=89$ ) were of the opinion that a nurse manager in geriatrics should be younger than 40. Sixty percent ( $n=90$ ) of respondents were of the opinion that nurse managers should have a tenure of at least one year as a staff nurse at their workplace. Nonetheless, 67% ( $n=101$ ) were of the opinion that nurse managers should not be appointed from among the nurses working in the department for which they are responsible.

**Table 1.** Staff nurses' perception of importance of competencies required for nurse manager role in geriatric care, relating to knowledge and ability

Domain	Knowledge of the competency		Ability to apply competency	
	M	SD	M	SD
Familiarity with the therapeutic environment	3.5	0.4	3.5	0.4
Communication and human relations	3.47	0.5	3.4	0.5
Leadership	3.48	0.5	3.3	0.5
Principles of the profession	3.3	0.5	3.2	0.5
Business management	3.2	0.5	2.9	0.6

*Note:* M = mean, SD = standard deviation

### Discussion

The present study examined the perceptions of staff nurses in geriatric care regarding the required competencies for nurse managers in geriatric care. The nurses in the present study ranked the competencies of familiarity with the therapeutic environment, communication and human relations, and leadership as the most important. Similar findings were produced by Baker et al. (2012) and by Chase (2010), who found that rounding on unit with patients/staff and addressing patient satisfaction issues were rated among the most important responsibilities, and that effective communication was one of the mostly highly rated self-reported nurse manager competencies.

In contrast, the nurses in the present study attributed low importance to business management competencies. This finding may be explained by the fact that the age of the nurses in this study was relatively high (almost 40), possibly reflecting more traditional perceptions with regard to nurse managers' role rather than the aspect of financial management that constitutes an inseparable part of the organization's success in current reality (Chase, 2010; Baker et al., 2012; Carlin & Duffy, 2013).

Nurses functioning as shift supervisors ranked leadership competencies as more important than did nurses with no such experience. Nurses with shift supervising experience attributed more importance to competencies involving change processes, conflict solving, and problem solving.

This difference may stem from the fact that nurses who function as shift supervisors have management experience and are familiar with these issues as part of their role, versus nurses who do not function as shift supervisors. Similar findings were produced by previous studies, which found that perceptions of the nurse managers' role change according to one's position, such that better familiarity stemming from the experience of performing various management roles leads to the understanding that in order to advance the organization towards a certain goal, it is important to know how to lead workers (Kleinman, 2003; Skytt et al., 2008).

Alternately, nurses with no shift supervising experience were found to rank the competency of arranging the work schedule as more important than did nurses with shift supervising experience. A possible explanation of this difference is that arranging the work schedule is a highly visible competency performance which effect every staff member in a given department, in contrast to other competencies that involve solitary work by the nurse manager or by a nurse with management experience (such as a shift supervisor), which is not visible to the staff. This is consistent with the findings of Skytt et al. (2008), who showed that opinions about nursing management are influenced by the needs and interests of the group being investigated.

Additionally, it was precisely nurses with no shift supervising experience who were found to rank competencies of quality/process improvement as more important than nurses with

shift supervising experience. A possible explanation of this finding is that nurses with no shift supervising experience are usually younger, with less seniority in the profession. These nurses look up to the manager and have high expectations of managers' managerial ability to constantly improve and upgrade the quality of care (Streeter et al., 2015).

Examination of the differences between the Arab and Jewish sector found no significant difference between nurses from the two sectors in their ranking of the importance of competencies required for nurse managers. Nonetheless, a difference was evident in the importance attributed to leadership, where nurses from the Jewish sector attributed more importance to leadership competencies for geriatric care nurse managers than did nurses from the Arab sector. No reference was found in the literature to differences between nurses from different sectors in their perception of the nurse manager role, and therefore warrants further investigation.

The present study found that about two thirds of the respondents were of the opinion that nurse managers in geriatric care should be younger than 40. A possible explanation of this finding is that, as perceived by the respondents, experienced nurses (older than 40) have been working in the profession for many years and therefore experienced more burnout than younger nurses, and would find it hard to handle the demanding role of nurse manager (Tay et al., 2014).

About two thirds of the respondents were of the opinion that nurse managers should not be appointed from the nurses of the department for which they are responsible. This finding may reflect the concern of nurses in the study with regard to the dilemma of appointing a nurse who was part of the staff to the position of nurse manager. This constitutes a change in status and might pose a dilemma for the rest of the team as to how to relate to the nurse manager in his new position.

The research employed a convenience sample recruited in a single institution, which limits the generalizability of the results. In addition, the study results might have been affected by social desirability bias.

In conclusion, in the present study, staff nurses perceived familiarity with the therapeutic

environment as the most important competency for the nurse manager role in geriatric care, while business management competencies as the least important. Moreover, perceptions varied, based on certain nurses' characteristics such as having experience in shift supervising and ethnic background. The results point to inconsistency in perception of nurse manager role in geriatric care among staff nurses. Moreover, the results raise concerns whether staff nurses fully understand what the nurse manager role in geriatric care entails, thus creating a potential for conflicts between managers and subordinates.

Based on the study findings, creating coordinated expectations between nurse managers and staff nurses is recommended, for example, by means of focus groups for staff nurses to equip them with an understanding of the nurse manager role. Furthermore, a comparative study should be conducted to examine the diverse perceptions of nurse managers and staff nurses concerning the competencies of nurse managers at various geriatric facilities, using random sampling.

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