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The Effects of a Nurse Manager System Collaborative Council on Job Satisfaction, Intent to Leave, & Resilience

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Engagement, and Resilience

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Dedication

My DNP project is dedicated to my four children who have forgone participation in weekend events, and have been understanding when my studies have occupied my time during pool season and leisure activities. My hope is that my sacrifices have demonstrated to them the importance of education and lifelong learning. This project is also for my husband, who has supported me through this DNP journey and any other challenges we have encountered as a family. This degree is for my parents, and my family who have always encouraged and supported my growth and development, and provided proactive refuge and entertainment for my children so they could enjoy most of their weekend and summer free time routines. This is for my former mentor and friend, Laura Gipe, who inspired me to choose courage over comfort in my pursuit of new challenges. My DNP is also for my current mentor, Pam Power, who surfaced early in my DNP program and has provided healing, refuge, and unwavering support. She continues to inspire me daily with her leadership.

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Abstract

PURPOSE: The purpose of this project was to create a Nurse Manager System Collaborative Council (NMSCC) at Norton Healthcare and to determine the impact of participation in the NMSCC on job satisfaction, intent to leave, and resilience. A secondary objective of the study was to assess the perception of value of the council among the nurse managers.

METHODS: This study employed a quasi-experimental, pre-test, post-test design to assess the effectiveness of the NMSCC at Norton Healthcare. Job Satisfaction was measured using the Warshawsky scale, Intent to Leave was evaluated using the Houser scale, and resilience was assessed using the Connor-Davidson CD-RISC scale.

RESULTS: Resilience increased after participation in the NMSCC for 6 months. Job satisfaction and intent to leave was unchanged. The feedback related to the value of the NMSCC was positive and included newly fostered connections and support among the group.

CONCLUSION: This study demonstrated the value of the NMSCC, which was based on a shared governance design, for increasing resilience and promoting connection among nurse managers at NHC. The significance of using connection to promote engagement and job satisfaction are manifested in the literature, and the NMSCC is an authentic program to deliver a vehicle for support for nurse managers.

The Effects of a Nurse Manager System Collaborative Council on

Job Satisfaction, Engagement, and Resilience

Introduction

Nurse managers set the tone for the culture of the units and teams they lead and provide oversight for. Nurse Managers have the potential to positively improve the retention and engagement of point-of-care nurses. The influence of nurse managers is far-reaching, impacting patient outcomes, nurse satisfaction, and nurse turnover (Titzer, 2013).   The American Organization of Nurse Executives (AONE) reported vacancy rates for nurse managers are on average as high as 8.3% nationwide (AONE, 2015). A review of the evidence exemplifies a strong correlation among nurse manager retention and engagement and bedside nurse retention, job satisfaction, and improved patient outcomes (Warshawsky 2014).

When one nurse leaves a position in an acute care hospital, replacement costs range from $40,000 to $82,000 (Twibell et al., 2012).   The cost of turnover for a nurse manager is even higher than the turnover cost for the registered nurse. Nationally, predictions of nurse manager vacancies by the year 2020 surpass 67,000 (Titzer, Phillips, Tooley, Hall, & Shiley, 2013). The literature highlights the connection between lack of strong nursing leadership and the negative effects on 1) productivity, 2) quality and safety initiatives, and 3) new healthcare technologies and innovations. These findings focus the importance of innovative strategies to promote the retention of nurse managers, as they are critical to the success and sustainability of healthcare organizations.

The national salary average for nurse managers is $80,000 in the current labor market (Zastocki, 2010). With the national average turnover rate of 8.4% for nurse managers, the financial impact to organizations with average turnover rates for nurse managers is $672,000 annually (Zastocki, 2010). The success and retention of the nurse manager is directly correlated to the retention of staff in the unit in which they lead (Sherman, 2010). Stability within nursing units has the potential to positively impact patient outcomes and enhance safety at NHC.

Many organizations report difficulties in recruiting nurse managers into front-line leadership positions (Titzer etal., 2013). Support, empowerment, and the ability to make change in a timely manner are essential to retaining the nurse manager. The demands created as a result of the 24/7 accountability of the nurse manager's role are often a deterrent to attracting nurses to apply for advancement into the nurse manager role. Nurse managers must possess a broad skill set to be effective. They have to be able to decrease costs, increase access to care, and assure quality at all levels. They also routinely confront issues surrounding ethics, human resources, and workplace safety (IOM, 2011).

Information on predicted vacancies for nurse managers emphasizes the call to action to create collaborative environments that build empowerment, job satisfaction and resilience in the nurse manager workforce. This project involved the development of a Nurse Manager System Collaborative Council (NMSCC), which was similar to a shared governance model, to foster a network of on-going support for nurse managers as they transition to and navigate within the manager role at Norton Healthcare. The goal of the NHC NMSCC was to improve collaboration, engagement, and retention of nurse mangers across the organization. Stabilizing turnover and building engagement in nurse leadership at Norton Healthcare (NHC) is vital to

achieving the organizational goals of providing the safest most cost effective and convenient care to the community of greater Louisville and Southern Indiana.

Background

Nurse managers are often selected for their roles based on strong clinical skills and are transitioned to leadership positions without formal training on how to be an effective leader. Research on nurse managers' environment in the workplace suggests desirable components to retain managers include a framework of shared leadership, participatory management, relationship building, development, and empowerment (Zastocki 2010).   Much like bedside nurses, nurse managers have the potential to thrive when they are involved in a shared governance structure of professional collaboration. Shared governance and professional development have both been shown to increase the engagement of nurses (Sanford, 2016).

Engagement is a state of mind, not only to personal and professional fulfillment, but to organizational success in today's complex healthcare environment (Dempsey 2016). Engagement provides purpose to the work nurses and their managers accomplish, as well as a sense of belonging to their profession, and the organization. The sense of belonging and purpose for nurse managers may be intensified by involvement in a collaborative forum where nurse managers can discuss role challenges and celebrate successes among peers that have similar work experiences.   Increasing engagement among nurses can positively impact retention and job satisfaction (Van Bogaert, 2014). Nurse managers require a high-degree of autonomy and variety in their positions to maintain engagement and job satisfaction (Thew, 2016). Managers also need opportunities for creating and building collegial relationships with their peers to maintain engagement and job satisfaction. A collaborative council should create a setting for this interface within Norton Healthcare.

Quality patient outcomes are dependent on continual improvement in the work environment on the units nurse managers lead. This continual process improvement shapes the organization. Healthcare facilities should actively promote work environment practices that increase job satisfaction (Gianfermi & Buchholz, 2011). There is a strong connection between group cohesion and job satisfaction. Stronger work group relationships, a stronger sense of personal accomplishment and lower emotional exhaustion have direct effects on increasing job satisfaction and lowering turnover intention (Tourangeau, 2010). To retain nursing leaders, attention should be paid to fostering positive work group cohesion within healthcare organizations. Positive relationships among work groups strengthen commitment to organizations.

 A review of the literature suggests that job satisfaction of front line managers may be improved by addressing span of control and workload, increasing organizational support from supervisors and empowering managers to participate in decision-making (Lee, 2008). Collaborative working environments and support should be evaluated as part of the organizational culture as an influence on nurse manager perceptions of control, support, and their ability to address role expectations and demands. Organizational leadership should develop an ongoing process and an environment where nurse managers participate in this creative process (Zastocki, 2010).

Peer insight from other managers is instrumental to the emerging leader as they explore building relationships with staff, physicians, and other executive stakeholders in the organization. Learning to successfully coach employees is also vital to the emerging leader, as well as the seasoned nurse manager. A monthly collaborative council for nurse managers has the potential to create a setting to share peer to peer insight among nurse managers at Norton

Healthcare. Modeling positive professional behaviors and helping those new to the profession to acquire these behaviors is a form of advocacy (Tomajan, 2012). The process of creating a more collaborative workplace is an ongoing journey for nurse managers, new and old. Fostering resilience is fundamental to navigating the journey in nursing leadership, and stabilizing turnover in nursing.

Resilience is an essential component of effective nursing leadership. Resilience by definition is the ability to withstand or recover quickly from difficult conditions and to survive and thrive in the face of adversity (Cline, 2005). This is an essential quality for nurses, and nurse leaders. The American Psychological Association provides several tips to build resilience, including these that can be applied to the healthcare workplace environment: goal setting, self-care, and fostering connection by promoting a culture of support and caring in which colleagues can confidently rely upon one another when the road ahead seems perilous (Zimmerman, 2017).

Nurse leaders need to be resilient to be successful in an increasingly complex health care environment. Building positive relationships, maintaining a positive outlook, developing emotional insight, creating work-life balance, and reflecting on successes and challenges are effective strategies for resilience building (Cline, 2005). Resilience has been identified as a necessary component for the transformational leader to learn, and helps nurse managers to guide other nurses through the difficult process of accepting and implementing innovative changes (Tyczkowski et al, 2015). Nurses and nurse managers can flourish as long as they feel that they are informed, respected, and valued as partners of the leaders and the organization (Pabico, 2015).

Success with the shared governance model in stabilizing turnover while empowering nurses has been well documented in the literature by Porter O'Grady (2004).   Porter-O'Grady

and Malloch (2011) identified the need for superiors to create a "culture of buy-in" to engage

employees in the ongoing initiatives of the organization. They observed that as the number of

initiatives increased, individual interest begins to decrease. Many leaders have witnessed how

too many competing priorities have led to frustration and burnout in their nursing staff. This

same frustration and decreased job satisfaction could be easily converted to the nurse manager

role, as competing priorities and challenges arise unexpectedly in the churn of healthcare.

Although shared governance has not been recorded in the literature to translate to the nurse

manager role, the basis of reducing intent to leave with the bedside nurse is strong.   A study of

2,522 employees in a large healthcare organization was conducted to assess the perception of a

participative climate and the employee level outcomes that result (Angermeier, Dunford, Boss, &

Boss, 2009). Healthcare employees who perceived their work climate to be participative reported

79% less burnout and demonstrated a 61% lower likelihood of leaving the organization.   This

correlation in the evidence pinpoints the potential benefits of duplicating a shared governance

structure to the nurse managers in an organization.

   Other than a blog forum, there is currently no structured forum within NHC, for best

practice sharing exclusive to nurse managers. The NMSCC provided a monthly forum to

support an avenue for sharing successes and the opportunity for nurse managers to learn from

each other, understand how to make better decisions, and tap their colleagues' knowledge inside

the organization (*Who's the Boss?* 2012). The insight of peers to understand how to build

relationships with staff and successfully coach employees is instrumental to both emerging and

experienced leaders. Development of a NMSCC at NHC is a strategic initiative to nurture a

sense of connection and trust among nurse managers within NHC and to provide a

setting for peer support that has the potential to improve job satisfaction for nurse managers, and

inspire them to continue in their role within the organization. This pioneer initiative could

improve retention of nurse managers that could cascade engagement to a multitude of nurses on

the units they provide leadership for. The council also could also be a conduit to executive

leaders within the organization and foster comradery and a shared voice for nurse managers.

Purpose

The purpose of this project was to implement a NMSCC for managers at NHC that

includes representation from all five hospitals within the health system and to evaluate the

effectiveness of the council by assessing job satisfaction, intent to leave, and resilience prior to

the first meeting, and after participating for six months. A secondary objective of the study was

to assess the perception of value of the council among the nurse managers. The NMSCC council

was expected to replicate a shared governance model for the nursing leadership that exists within

nursing units in NHC facilities.

Methods

Design

This study employed a descriptive, quasi-experimental pre and post-test single group

design. Participants completed a survey prior to the creation of the NMSCC that measured job

satisfaction, intent to leave, and resilience. After participating as council members for 6 months,

members completed another survey that measured the same variables for comparative analysis.

Setting

The NMSCC held monthly meetings at the Norton Healthcare Learning Center. This

group was established in March 2018. The mission of NHC is to provide quality health care to

all those they serve, in a manner that responds to the needs of the community and honors their faith heritage (nortonhealthcare.com, n.d.). NHC employs over 13,000 employees.

Sample

The NMSCC began with a purposive sample of approximately 20% of the in-patient nurse manager population at NHC (n= 18e). The sample is representative of a cross section of nurse managers at NHC. These in-patient nurse managers lead nursing units at the five hospitals within NHC.   Inclusion criteria for the council was broad, as the Chief Nursing Officers of each hospital appointed 3 to 4 representatives when the council was established. The NMSCC had representation from most in-patient service lines including medical-surgical, psychiatric, critical care, pediatrics, surgical services, pediatrics, oncology, women's services, and emergency services.

Measures

The survey included demographic data, number of years as a registered nurse, and number of years in the nurse manager role.   Job satisfaction was measured using a two-item scale evaluating overall job satisfaction and likelihood to recommend a career as a nurse leader (Warshawsky, 2014). For each item, response options followed a 5-point Likert scale ranged. For overall job satisfaction, responses ranged from 1)"very dissatisfied" to 5) "very satisfied." In the matter of likelihood to recommend nursing leadership as a career, the response choices range from 1)"very unlikely" to 5)"very likely". An overall mean score was calculated, with a potential range of 1-5; higher scores indicated higher job satisfaction.

Intention to leave was evaluated by using the Houser scale (Houser, 2003). This scale was also used by Warshawshy and demonstrated to have good reliability and validity

(Warshawsky, 2014). This scale consists of 3-items assessing thinking about leaving one's job, actively looking, and intention to leave in the next year. Response options follow a 3-point Likert scale ranging from 1) "disagree" to 3) "agree". A summary score was calculated to represent overall intent to leave with a potential range of 3-9. Cronbach's alpha for this sample was 0.83.

Resilience was assessed using the Conner-Davidson CD Risc 25, Resilience Scale (Conner-Davidson, 2003). The Connor-Davidson Resilience scale (CD-RISC) comprises of 25 items, each rated on a 5-point scale (0–4), with higher scores reflecting greater resilience. An overall summary score is calculated, with a potential range of 0-100; higher scores reflect more resilience. This scale has demonstrated reliability and validity (Madewell, 2016). Cronbach's alpha for this sample was 0.91.

The survey also evaluated the perception of value of the NMSCC among participants using three questions. The first question asked participants "please indicate the value of the Nurse Manager System Collaborative Council," with responses ranging from 1) "not valuable" to 3) "most valuable." Next, respondents were asked to provide open-ended responses to the following questions: "what was gained from participation in the NMSCC," and third, "how has participation assisted in your role as a nurse manager."

Data Collection

Approval to complete the study was obtained prior to collection of data from the University of Kentucky Institutional Review Board (IRB) and the Norton Healthcare Office of Research and Administration (NHORA). Data were obtained through a REDCap (Harris, 2009) survey that and was sent to the participants as an email link in March 2018, prior to the assembly

of the Nurse Manager System Collaborative council. After six months of meetings, the same

survey link was sent to the participants for comparative analysis.

Data Analysis

Descriptive statistics, including means and standard deviations or frequency distributions,

were used to describe the survey respondents' demographic characteristics.   Job satisfaction,

intent to leave and resilience before, and after six months of meetings, were compared using the

Paired Sample *t*-test. All analysis was conducted using SPSS version 23; an [*alpha*] level of 0.05

was used for statistical significance throughout the study.

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Results

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Sample Characteristics

Eighteen nurse managers participated in the study, with 18 completing the pre-

intervention survey and attending NMSCC meetings, and 16 completing the post-intervention

survey. The majority of respondents (61%) were between 31-40 years old, and female (see Table

1). The mean experience level as a registered nurse was 16.0 years (SD=8.1) and the mean years

of nursing management experience was 4.0 (SD=5.1).   All of the participants reported more

years of nursing experience than years in their current nurse manager positions.

Job Satisfaction

There was no significant difference in job satisfaction over time. Mean job satisfaction

for participants was 4.2 (SD= 1.1; out of a potential score of 1-5) in the pre-intervention

assessment, and 4.3 (SD = 0.5; see Table 2) for the post-intervention assessment, indicating

relatively high job satisfaction among the participants of the NMSCC.   Approximately three-

quarters of the managers evaluated (n = 15, 78%) were *Satisfied or Very Satisfied* in the pre-

intervention survey with their positions as nurse managers. In addition, the majority (83%) of the

participants were either *Very Likely*, or *Likely* to recommend nursing leadership as a career, with favorable responses (See Table 2).

Intent to Leave

Intent to leave scores did not differ significantly after the six months of meetings. Mean scores for intent to leave were 3.9 (SD=1.5) in the pre evaluation, and 4.3 in the post assessment, indicating relatively low intention to leave among the nurse managers. When asked about intent to leave their current positions, 94% (n = 17) reported that they had no plans to leave the organization within the year.

Resilience

Overall resilience means among participants increased from 80 (SD 7.9) in the March analysis to 84 (SD 11.1) in September (potential range of 0-100), although this increase was not statistically significant.

Perception of Value of the Council

Participants were asked about their assessment of value only in the post assessment, after participation in the NMSCC for six months. Ninety percent of participants in the NMSCC classified the council as value-added in the post-intervention assessment. Of note, no participants reported that they did not find value in the NMSCC. Themes in the open-response section regarding what nurse managers felt they gained as a result of their participation in the NMSCC included an improved sense of learning, networking, and collaboration. Additionally, managers reported feelings of connectedness, sharing and unity as the most significant gains to support them in their role as a result of the council.

Discussion

This study aimed to evaluate the efficacy of the NMSCC in relation to job satisfaction, intent to leave, and resilience. Although no significant differences were highlighted in job satisfaction, intent to leave, and resilience, participant comments indicated that the NMSCC brought value to the organization.   Additionally, one respondent indicated an intention to leave on the pre-assessment, but in the post-assessment   this respondent changed their answer, indicating that they no longer had any intention to leave the organization. Of note, there was no cost to NHC to introduce this council for nurse managers, and the financial benefit of potentially retaining a single nurse manager as a result of participating in the NMSCC is beyond $80,000.

Job Satisfaction

Traditionally, nurses that have the power to influence decisions due to their position on organizational committees have reported positive job satisfaction (Kutney-Lee, 2016). There is no national benchmark demonstrating how a Nurse Manager System Collaborative Council may help facilitate increased job satisfaction for nurse managers. One could assume the positive influence of shared governance on nurses could shift to nurse managers within a similarly created structure.   Job satisfaction scores only increased .1 for managers who participated in the NMSCC. Because chief nursing officers selected some of their best managers to be on the NMSCC, these leaders may have already been empowered and felt that they had decision input, and thus satisfaction was not as likely to increase.

Intent to Leave

Intent to leave slightly increased between the pre and post assessment periods of the NMSCC. Based on a review of the survey responses, this increase was a result of a change in

response by one participant. It is important to note that simultaneous to the NMSCC timeline,

leaders at NHC were actively involved in a nine month endeavor titled "Working to Greatness",

with a third party consultant group. The project was intended to challenge the status quo to

innovate and develop solutions to solve challenges within the organization, and gain efficiency.

This initiative could have impacted intent to leave for nurse managers. The value of the NMSCC

to promote communication and satisfaction was highlighted further because only one nurse

manager noted an increase in intent to leave during this time of organizational change. The

literature also illustrates that nurses working in organizations with higher levels of collaboration

and engagement are less likely to report intent to leave their positions, which has implications for

nurse turnover

(Kutney-Lee, 2016).

Resilience

The mean level of resilience among managers on the NMSCC increased from 80 to 84

percent following involvement in the council. This increase may suggest that individual

resilience was positively impacted as a result of participation in the NMSCC, demonstrating that

the collaborative network of membership could foster healthy adjustments for nurse managers

working at Norton Healthcare.

Resilience in nursing relates to one's ability to cope within a stressful healthcare

environment. Workplace stress has serious implications for the quality of an employee's work

and their general psychological functioning. Research investigating the relationship between

resilience and workforce outcomes has consistently demonstrated a strong correlation (Rees,

2015). Norton Healthcare is challenged now more than ever to create an environment in which

nurses and nurse leaders alike can collaborate within their roles to develop resilience to maintain engagement and connection in the workplace.

Limitations

Several limitations were identified in the design of this study. The nurse manager group did not consist of all nurse managers within Norton Healthcare; the group was limited to a representative sample of the five hospitals. The sample size for the NMSCC was small (n=18) and was not a random sampling of the total group of 72 nurse managers within the organization, limiting generalization of the findings. The chief nursing officers of each hospital nominated representatives from their facility to be on the NMSCC, which led to having a group that included nurse managers that were very effective in their roles and that were highly engaged before participating in the NCSCC. Additionally, only 16 of 18 nurse managers completed the post –intervention survey.

Recommendations for Future Studies

Each hospital within Norton Healthcare (NHC) should begin a facility nurse manager collaborative council. Pre and post assessments could evaluate impact of participation on job satisfaction, intent to leave, and resilience among all nurse managers at NHC, and assess the overall perception of value of the council. Additionally variables in addition to the ones that were focused on in this study could be assessed.

Other healthcare organizations could implement nurse manager system collaborative councils to measure their effect on engagement, burnout, and turnover among managers. Nurse manager focused studies on creating healthy workplaces suggest that a framework of shared leadership, participatory management, and relationship building offer organizational benefit

(Zastocki, 2010). A nurse manager collaborative council is an innovative setting for this shared leadership and participatory management to occur within healthcare organizations.

Conclusion

The findings of this study underscored the importance of connectedness and collaboration in nursing leadership and illustrated the need for further study to demonstrate the value of shared-governance for nursing managers. The benefit of influencing even one nurse manager within an organization, as in this study, to remain in their role as a result of participation in a collaborative council has the potential to yield a return on investment in the promotion of nurse retention. Prior to this study, no information could be located in the literature about the value of shared-governance exclusive to nurse managers.

Improving nurse engagement has implications for nurse retention. Nurses working in hospitals with higher levels of engagement are less likely to report job dissatisfaction, burnout and intent to leave, which has implications for nurse turnover. Investing in the development of a shared-governance type of professional practice environment for nurse managers may serve as a cost-friendly way to combat the financial impact of turnover in nursing (Kutney-Lee, 2016). Councils like the NMSCC could promote multiple positive organizational outcomes.

Table 1. *Demographic Characteristics of Participants* (*N* = 19)

Characteristic	
Age, n (%)	
31-40	11 (61.1%)
41-50	4 (22.2%)
51-60	3 (16.7%)
Years as a nurse, mean (SD)	15.8 (8.1)
Years as a nurse manager, mean (SD)	4.0 (5.1)

Table 2. *Comparison of Job Satisfaction, Intent to Leave and Resilience Before and After Program Implementation*

	Potential range	March *Mean* (SD)	September *Mean* (SD)	*p*
Job satisfaction	1-5	4.2 (1.1)	4.3 (0.5)	.70
Intent to Leave	3-9	3.9 (1.5)	4.3 (1.9)	.53
Resilience	0-100	80.0 (7.9)	84.1 (11.1)	.12

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