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## The Effect of Implementation of a Nurse Manager Orientation Program on Nurse Manager Competency and Empowerment

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Running Head: THE EFFECT OF A NURSE MANAGER ORIENTATION PROGRAM

The Effect of Implementation of a Nurse Manager Orientation Program on Nurse  
Manager Competency and Empowerment

Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Nursing  
Practice at the University of Kentucky

By

Erin Coogan

Louisville, KY

2019

### **Abstract**

**Background statement:** Based on the role the nurse manager plays in improving quality outcomes, promoting staff and patient satisfaction, and creating the culture of the unit, it is vital that proper training is provided to new nurse managers to increase their competency and sense of empowerment.

**Theoretical/Conceptual Framework:** The theoretical/conceptual framework that provided the base for this study was Bandura's theory of Self-Efficacy. A sense of accomplishment and overall well-being of a person is affected by a strong sense of efficacy.

**Purpose Statement:** The purpose of this project was to evaluate the effectiveness of a mandatory systemized nurse manager orientation program. Outcome goals of participation in the program included increased competency of the nurse managers and increased feeling of empowerment.

**Methodology:** A one-group, pre-test/post-test design was used to evaluate the outcomes of providing a nurse manager orientation program. Participants included nurse managers with less than one year of experience who worked at one of the five acute care settings within Norton Healthcare. The participants attended monthly orientation sessions focused on the following nurse manager competencies: fundamentals, patient experience, finance, human resources, and resiliency.

**Results:** Significant increases in both overall competency and psychological empowerment were found for program participants.

**Conclusions:** A systemized nurse manager orientation program offers value for nurse managers and the organization.

**Acknowledgments:**

I would like to extend my gratitude to the following people who have helped me along my doctoral journey. Dr. Debra Hampton, my advisor and committee member, was always present to offer advice and encouragement. She ensured that I stayed on track in order to be successful, and provided valuable feedback in order to present my next work. My committee members Dr. Kim Tharp-Barrie, Dr. Julie Wolford, and Dr. Pam Power also served as resources of advice, inspiration, and encouragement. They each took time to provide guidance whenever I needed it and helped me at various stages of my doctoral project.

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**Dedication:**

My DNP project is dedicated to my two sons, Alexander and Fitzgerald. I hope that I have provided them with the example and value of furthering one's education. I thank them for their patience through this journey and hope they can see the benefit in the sacrifices that were made. This project is also dedicated to my village who helped me with moral support along the way by encouraging me when I was not sure I could do the work necessary. I would also like to dedicate my DNP degree to my parents who have supported me through every endeavor I pursued and helped me in any way that I needed. They provided me the example of the importance of education and being a life-long learner, and without this example pursuing my DNP would not have been possible.

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## **Introduction**

Nurse managers have a major influence on patient care and staff outcomes, as well as on the success of their healthcare organization (Merav & Ronit, 2016). The role of the nurse manager is the fundamental determinant of nurse turnover (Parry et al., 2012). Nurse managers are responsible for the culture of their unit (Kerfoot, 2007) and are expected to be transformational leaders to influence staff to align with the goals of the organization. With registered nurse (RN) shortages expected to reach 285,000 by 2020 and 500,000 by 2025 (Zori & Morrison, 2007), healthcare organizations need to focus on developing strong nurse manager leadership in order to redesign recruitment, retention, and delivery of quality patient outcomes. As Baby Boomer nurse managers are retiring, it is crucial to consider the skills needed by Generation X and Millennial nurse managers in today's healthcare market (Zori & Morrison, 2007).

While many nurse managers are chosen for their role based on their clinical expertise and experience, many are given little to no formal education and training as they assume leadership responsibility. Minimal information has been written about the need for nurse managers to develop critical thinking skills related to their role (Zori & Morrison, 2007).

Without consistency there is chaos. Having all nurse managers sharing a general knowledge base is crucial to promoting consistency within a facility and organization (Kerfoot, 2007). Currently, Norton Healthcare (NHC) does not offer formal training to new nurse managers to ensure that all who enter this role are provided the same information in order to reach the goals of the organization. Unclear expectations can lead to job dissatisfaction not only for the nurse manager, but also for the staff that they serve

(Merav & Ronit 2016). The demands of the nurse manager role can be intense at times, and the stress can result in negative effects on job performance and personal well-being (Judkins, Reid, & Furlow, 2006).

Nurse Manager orientation should result in improved quality outcomes, reduce nurse manager burnout, and increase staff retention. A manager orientation program would provide a systemized approach to education and training in order to promote clarity of expectations and consistency throughout NHC.

### **Literature Review**

Because some nurse managers receive little to no formal education and training as they begin new roles, they can feel incompetent and disempowered. At times when a new nurse manager takes over a vacant role they only are given a brief hand off from the person serving as interim nurse manager. This interim manager may not be the expert in the role. Interim leaders typically provide only consultative assistance to the new nurse manager during the initial transition into their new role (Baxter & Warshawsky, 2014).

High levels of stress are reported when nurse managers lack needed knowledge; this stress affects the nurse manager and ultimately the staff, patient outcomes, and the organization as a whole (Espinoza, Lopez-Saldana, & Stonestreet, 2009). Burnout results when a nurse manager has trouble meeting the demands of the job and the expectations of the organization (Espinoza, Lopez-Saldana, & Stonestreet, 2009). Role stress is a main reason for nurse manager burnout and turnover. Role stress is attributed to the following factors: unknown expectations, insufficient training to meet expectation, overload of work, conflict, and responsibility over other people. While these factors always exist, a training program can help a new nurse manager navigate these challenges successfully

(Patrick & Laschinger, 2005). According to one study, burnout was reported to be the top reason for nurse managers to leave their position and sometimes for nurse leaders at any level (Warshawsky & Havens, 2014). Managers that feel supported and engaged by their organization are more likely to provide the same support to their staff (Espinoza, Lopez-Saldana, & Stonestreet, 2009).

The literature suggests that current training programs for new nurse managers are loosely structured and do not provide for a smooth transition into the role (Conley, Branowicki, & Hanley, 2007). The programs that do exist are not tailor made for the individual (Baxter & Warshawsky, 2014) and often incorporate other nurse managers as preceptors (Conley, Branowicki, & Hanley, 2007). Higher degrees, such as Masters of Science in Nursing (MSN) or Masters of Business Administration (MBA), are recommended for those wanting to enter the nurse manager role; however, many new nurse managers do not pursue this type of higher degree until after assuming their new role (Gallo, 2007 & Kang et al., 2011). A training program should consider the specific needs of those who may not have higher degrees and offer additional training opportunities in order to set them up for success (Kleinman, 2003).

A training program may result in increased psychological empowerment in the workplace. Psychological empowerment is defined as a motivational concept of self-efficacy. It is broken down into four categories: meaning, impact, self-determination, and competence. “Meaning” is the concept of purpose or value of a goal in relation to one’s own standards. “Impact” relates to how one can influence outcomes in their workplace. “Self-determination” reflects the idea that one can initiate behaviors in the workplace such as the effort put forth to complete a task. “Competence” is the belief in one’s self

and own abilities. When one feels psychologically empowered, they are more likely to take an active role in the workplace (Spreitzer, 1995).

It is best practice to provide nurse managers with a systemized, well-developed orientation in order to provide adequate training and support during the transition into their new role (Espinoza, Lopez-Saldana, & Stonestreet, 2009). Pilot studies focused on the value of nurse manager orientation programs have shown that orientation provides necessary skills that managers did not have prior to completion of the courses offered (Conley, Branowicki, & Hanley, 2007). Action learning helps new nurse managers develop as an individual and gives them a chance to learn by doing. For this reason, it will be crucial to provide hands on activities and real-life scenarios during the orientation program (Gallo, 2007). In addition to participation in classes, evidence suggests that nurse managers should be provided a Nurse Manager Resource Manual (Conley, Branowicki, & Hanley, 2007 & Espinoza, Lopez-Saldana, & Stonestreet, 2009) for reference to complement the training program. Leadership development should be an organizational focus to grow strong nurse managers that can ultimately be groomed for senior leadership positions (Gallo, 2007).

Nurse Managers are expected to engage their staff, manage day-to-day operations, cultivate a positive culture on their unit, meet and exceed patient satisfaction goals, and maintain quality outcomes (Kleinman, 2003). Nurse Managers are pivotal to the creation of unit culture, retention of staff, and serve as a bridge between front line staff, members from outside disciplines, and the organization's mission, vision, and values (Kang et al., 2011). They are also high impact stakeholders within an organization and are faced with

the challenge of mastering new skills in order to manage to their role during times of change within the organization as well as within healthcare as a whole (Gallo, 2007). Not having a systemized nurse manager orientation program for new nurse managers primarily affects the nurse manager but has direct effects on staff retention (Espinoza, Lopez-Saldana, & Stonestreet, 2009), patient satisfaction, quality outcomes (Warshawsky & Rayens, 2013), and succession planning (Gallo, 2007). Nurse Managers are integral in recruitment and retention of staff, cultivating a positive culture and healthy work environment, and initiating necessary change (Kang et al., 2011). The competencies of new nurse managers are often not evaluated, which leaves nurse managers unaware of opportunities for improvement, which can lead to burnout and role stress (Kleinman, 2003). Turnover of the nurse manager role disrupts the culture of the unit (Warshawsky & Havens, 2014).

Direct and indirect costs are associated with not developing and implementing a nurse manager training program within an organization (Fennimore & Wolf, 2011). The Pricewaterhouse Coopers' Health Research Institute estimated that "every 1% increases in turnover costs the hospital an average of an additional \$300,000 annually (Fennimore & Wolf, 2011, p. 206)." The direct and indirect costs used to make this calculation include recruiting, training, increased overtime, reduced productivity, and increased salaries due to use of temporary staff (Fennimore & Wolf, 2011).

### **Specific Aims**

The purpose of this project was to evaluate the effectiveness of a mandatory systemized nurse manager orientation program. Goals of the program included increased competency of the nurse managers and increased feeling of empowerment.

**AIM 1:** To assess nurse manager competency prior to and following implementation of a nurse manager orientation program

**AIM 2:** To measure psychological empowerment prior to and following implementation of a nurse manager orientation program.

### **Theoretical/Conceptual Framework**

The theoretical/conceptual framework for this project is Self-efficacy (Bandura, 1977). When people have a high level of self-efficacy they attempt tasks and challenges they think they are capable of (Hayden, 2014) and believe they can accomplish even difficult tasks. Efficacious people will create challenging goals and feel a strong commitment to these goals. People lacking strong self-efficacy view challenges as threats (Hayden, 2014).

Providing a new nurse manager with appropriate orientation information helps to promote self-efficacy. The program provides the participants with the knowledge to feel more competent and empowered to function in the nurse manager role. The participants will come to believe they possess the skills needed to do their job, and will feel more empowered to do so given their belief in themselves (Hayden, 2014). Efficacious people set more challenging goals and remain committed to achieving them even if they become more challenging. Given that the nurse manager role can be demanding at times, more efficacious leaders will rise to the challenges that present (Bandura, 1994).

### **Project Description**

#### **Setting**

The study took place within Norton Healthcare. The five hospitals involved in the study are located in Louisville, KY, and serve the immediate and surrounding

communities. Three of the hospitals are adult facilities, one provides services to both adult and pediatric patients, and one facility is a pediatric only facility.

### **Design**

A one-group, pre-test-post-test design was used to evaluate the outcomes of providing a nurse manager orientation program.

### **Sample**

Participants were from Norton Healthcare's five hospital facilities. Inclusion criteria included, participants who were in current nurse manager roles and who had been in their role within NHC for less than a year. Exclusion criteria included, nurse managers who were new to their current role, but who had been in a nurse manager role within NHC previously. The sample size of participants was seven.

### **Procedures**

A new nurse manager orientation program was developed and implemented for nurse managers that had been in their role for one year or less at NHC. The NHC Human Resources department provided a list of potential participants. Each potential participant was contacted to determine if they were willing to participate in the study. If participants agreed to participate in the study, the researcher reviewed the informed consent form with them. The participants were asked to complete a survey in REDCap prior to the first orientation session. The survey included demographic information, AONE Nurse Manager competency components, and Spreitzer's Psychological Empowerment Scale. Each participant was assigned a number in order to keep his or her name and associated survey results anonymous. At the end of the orientation program, the participants were asked to complete the post survey in REDCap that contained the same survey questions

as the pre-survey with an additional free comment question regarding their opinion regarding the value of the program.

### **Measures**

Various demographic variables were included. Nurse Manager Competencies were evaluated by the AONE nurse manager competency tool. For survey questions related to competency, participants were asked to rate their skill level in the various categories of “The Science, The Art, and The Leader Within”. For each item, response options followed a 5-point Likert scale range. Responses ranged from (1) Novice to (5) Expert. An overall mean score was calculated for each subcategory. The subcategories under “The Science” are financial management, human resource management, performance improvement, foundational thinking skills, technology, and strategic management. The subcategories under “The Art” are human resource leadership skills, relationship management and influencing behaviors, and diversity. The subcategories under “The Leader Within” are personal and professional accountability, career planning, and personal journey disciplines.

Psychological Empowerment was measured by Spreitzer’s Psychological Empowerment tool. The tool is comprised of twelve questions that are categorized into four sub-categories: meaning, impact, self-determination, and competence. An overall mean score was calculated for each subscale as well as an overall mean for psychological empowerment. For each question, response options followed a 7-point Likert scale format, ranging from “very strongly disagree” to “very strongly agree”.

### **Data Collection**

Approval to complete the study was obtained prior to the collection of data from the University of Kentucky Institutional Review Board (IRB) and the NHC office of Research and Administration. Data was collected through a REDCap survey that was emailed to participants in March of 2019 prior to the first Nurse Manager Orientation session. After the five sessions were completed by the participants, the post survey was sent via email in September 2019.

### **Data Analysis**

Descriptive statistics, including means and standard deviations and frequency distributions, were used to express the demographic information of the participants. Competency and Psychological Empowerment before and after the intervention were compared using the paired sample t-test. All analysis was conducted using SPSS, and a level of 0.05 was used for statistical significance throughout the study.

### **Results**

Nine nurse managers participated in the orientation program, with only seven completing both the pre and post surveys. One hundred percent of the participants were white females. The mean age of the participants was 37.7, with a mean of 6.86 months of experience in their current role (See table one).

### **Competency**

A score for the mean overall competency was not computed. However, a mean score for each component was calculated for each subcategory under “The Science”, “The Art”, and “The Leader Within” categories of the AONE nurse leader competency assessment (See table two).

***The Science:*** Six subcategories made up the content for this category, to include financial management, human resources, performance improvement, foundational thinking skills, technology, and strategic management.

1. Financial management-- the pre-test mean was 1.74 (SD = 0.735) and the post-test mean was 3.35 (SD = 0.812), which was a significant difference (p = .003).
2. Human resource management-- the pre-test mean was 2.79 (SD = 0.929) and the post-test mean was 3.81 (SD = 0.930), which was a significant difference (p = .02).
3. Performance improvement-- the pre-test mean was 2.67 (SD = 1.045) and the post-test mean was 3.67 (SD = 1.106), which was a significant difference (p = .044).
4. Foundational thinking skills-- the pre-test mean was 2.08 (SD = 1.020) and the post-test mean was 3.42 (SD = 0.970), which was a significant difference (p = .021).
5. Technology-- the pre-test mean was 3.00 (SD = 1.264) and the post-test mean was 3.44 (SD = 0.981), which was an insignificant difference (p = .318).
6. Strategic management-- the pre-test mean was 2.59 (SD = 0.964) and the post-test mean was 3.73 (SD = 1.093), which was a significant difference (p = .02).

***The Art:*** Three subcategories made up “The Art” category of the competency portion of the survey:

1. Human resource leadership skills-- the pre-test mean was 2.67 (SD = 0.894) and the post-test mean was 3.97 (SD = 0.541), which was a significant difference (p = .001).
2. Relationship management and influencing behaviors-- the pre-test mean was 3.07 (SD = 0.919) and the post-test mean was 3.87 (SD = 0.809), which was a significant difference (p = .002).

3. Diversity-- the pre-test mean was 3.00 (SD = 1.154) and the post-test mean was 3.833 (SD = 0.983), which was a significant difference ( $p = .042$ ).

***The Leader Within:*** Two subcategories made up “The Leader Within” portion of the competency questions:

1. Personal and professional accountability-- the pre-test mean was 2.62 (SD = 1.057) and the post-test mean was 3.67 (SD = 1.221), which was a significant difference ( $p = .003$ ).

2. Career planning-- the pre-test mean was 3.00 (SD = 1.173) and the post-test mean was 4.00 (SD = 0.760), which was an insignificant difference ( $p = .111$ ).

### **Overall Psychological Empowerment**

***Overall Psychological Empowerment:*** For overall psychological empowerment the pre-test mean was 5.25 (SD = 0.579) and the post-test mean was 5.64 (SD = 0.655), which was a significant difference ( $p = .019$ ) (see Table 3). In relation to the subcategories of empowerment, for the pre-test and post-test means were significantly different, except for two domains as noted below:

1. For meaning the pre-test mean was 5.58 (SD = 0.683) and the post-test mean was 6.00 (SD = 0.612), which was a significant difference ( $p = .004$ ).

2. For competence the pre-test mean was 5.38 (SD = 0.772) and the post-test mean was 5.77 (SD = 0.720), which was a significant difference ( $p = .013$ ).

3. For self-determination the pre-test mean was 4.41 (SD = 0.584) and the post-test mean was 5.08 (SD = 0.861), which was an insignificant difference ( $p = .082$ ).

4. For impact the pre-test mean was 5.61 (SD = 0.574) and the post-test mean was 5.72 (SD = 0.680), which was an insignificant difference ( $p = .661$ ).

### **Opinions about the Value of the Program**

Six of the participants stated they found the program to be “valuable”, and two of the participants stated that they hoped the program would be instated within the organization moving forward

### **Discussion**

The purpose of this study was to evaluate the effectiveness of a nurse manager orientation program on nurse manager competencies and psychological empowerment. Significant improvements in level of competency were found for all components of competency that were assessed except technology and career planning. Significant improvements in overall psychological empowerment were also noted. Feelings of competency and psychological empowerment increase one’s self-efficacy. Therefore, the participants of this study should be more efficacious given the results.

The findings justify the need for a systemized orientation program. Similar studies have focused on the benefits of the development and implementation of a nurse manager education program; however, these studies focused on the value of having a preceptor (Hsu, et.al 2011) or on providing educational sessions to more tenured nurse managers (Al-Hussami et. al, 2017). Studies surrounding a new nurse manager orientation program are limited, and further research should be conducted to understand the impact of manager orientation on competency and psychological empowerment.

Given that the sessions were held over a span of five months, participants could have gained more on-the-job experience that added to the feelings of competence and psychological empowerment. The participants could also have been exposed to other educational moments throughout their leadership meetings and one on one meetings with

their direct supervisors. Additionally, it is natural for people to feel more comfortable in their roles after set amounts of time.

### **Limitations and Strengths**

A few limitations were identified for this study. The sample size was small, homogeneous, and included only nine participants, with only seven completing both the pre and post surveys. Out of the five acute care hospitals within NHC, only four of the hospital's had representation. Since attendance at the orientation sessions was not mandatory, participation was not 100% for all sessions.

Participants obtained several benefits from participating in the study. First, participants acquired knowledge they can use in the future to assist them in better performing their job. They also were more enabled to do the tasks required to be an effective leader, as evidenced by their increased level of empowerment. The group also bonded and found new resources in each other. They left the sessions with eight new resources for future networking. The group also formed camaraderie in knowing that they were not alone in feeling incompetent in areas expected for their job role. Moreover, they were exposed to experts from the organization that provided them with further access to resources and contact information of key leaders within the organization.

### **Conclusion**

Based on the results of this study, it would be beneficial for NHC to have a systemized nurse manager orientation program moving forward. Nurse Managers within NHC typically do not get a handoff, according to the participants. They are left “floundering” and unsure of their expectation per the respondent's feedback comments.

Unsure of the expectations, nurse managers are left to meet the metrics of the organization without knowing how to do so. This can lead to job dissatisfaction and does not make for an efficacious leader. An orientation program for nurse managers would serve to increase the perceived competency and psychological empowerment of those who are new to the nurse manager role.

**Table 1: Demographics**

	Mean (SD) or n (%)
Age	37.7 (9.304)
Gender	
Male	0 (0%)
Female	7 (100%)
Ethnicity	
Caucasian	7 (100%)
Other	0 (0%)
Month in current role	6.86 (3.976)

**Table 2: Competency**

Category	Pre- Intervention Mean (SD)	Post-Intervention Mean (SD)	<i>p</i>
The Science			
Financial Management	1.74 (0.735)	3.35 (0.811)	0.003
Human Resource	2.79 (.929)	3.80 (0.930)	0.02
Performance Improvement	2.66 (1.045)	3.66 (1.106)	0.44
Foundational Thinking	2.08 (1.020)	3.41 (0.970)	0.21
Technology	3.00 (1.264)	3.44 (0.981)	0.318
Strategic Management	2.58 (0.964)	3.72 (1.093)	0.015
The Art			
HR Leadership	2.66 (0.894)	3.97 (0.541)	0.001
Relationship Management	3.07 (0.919)	3.87 (0.809)	0.002
Diversity	3.00 (1.154)	3.83 (0.983)	0.042
The Leader Within			
Accountability	2.62 (1.057)	3.66 (1.221)	0.003
Career Planning	3.00 (1.173)	4.00 (0.760)	0.111

Note: Significant at the  $p < .05$  level

**Table 3: Psychological Empowerment**

Category	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)	<i>p</i>
Psychological Empowerment	5.25 (0.579)	5.64 (0.655)	0.019
Meaning	5.58 (0.683)	6.00 (0.612)	0.004
Competence	5.38 (0.772)	5.77 (0.720)	0.013
Self-Determination	4.41 (0.584)	5.08 (0.861)	0.082
Impact	5.61 (0.574)	5.72 (0.680)	0.661

Note: Significant at the  $p < .05$  level

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