



University of Kentucky
UKnowledge

DNP Projects

College of Nursing

2019

Impact of a Change in the Assistant Nurse Manager Model on Satisfaction and Work Engagement

Frank Wilson
University of Kentucky, frankwilson911@hotmail.com

[Right click to open a feedback form in a new tab to let us know how this document benefits you.](#)

Recommended Citation

Wilson, Frank, "Impact of a Change in the Assistant Nurse Manager Model on Satisfaction and Work Engagement" (2019). *DNP Projects*. 279.
https://uknowledge.uky.edu/dnp_etds/279

This Practice Inquiry Project is brought to you for free and open access by the College of Nursing at UKnowledge. It has been accepted for inclusion in DNP Projects by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Impact of a Change in the Assistant Nurse Manager Model on Satisfaction and Work
Engagement

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

By
Francis E. Wilson, Jr.

Louisville, KY

2019

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Abstract

PURPOSE: The purpose of this study was to assess the effectiveness of the Assistant Nurse Manager (ANM) model at Norton Hospital through an evaluation of job satisfaction, work engagement, and leader opinions about the ANM model.

CONCEPTUAL FRAMEWORK: Kurt Lewin's Change Theory was used as the conceptual framework. Lewin's Change Theory has three stages: unfreeze, change/transition, and refreeze.

METHODS: This study employed a descriptive, cross-sectional design.

RESULTS: This study included 27 participants [eight Nurse Managers and 19 ANMs]. The mean satisfaction level with being a nurse leader was 5.0 for nurse managers and 4.2 for ANMs (range 1-6). The mean engagement score for nurse managers was 5.4 and 4.8 for ANMs (range 0-6). Mean scores for satisfaction with the current ANM model were 2.0 for nurse managers and 2.5 for ANMs (range 1-5), with most expressing that the model was not effective due to issues with communication.

CONCLUSION: The ANM model did not significantly impact satisfaction or engagement, and neither group was satisfied with the model.

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Dedication

I dedicate this to the memory of my father and mother. They never received a college degree but saw the value in learning and education and wanted the best for my brother and me.

This project is dedicated to my wife, Dawn, who always understood the missed meals, trips, and endless hours away “working on school”-my new favorite phrase. She stood with me through thick and thin.

To my family, everyone has offered their support throughout this journey.

To Dr. Tracy Williams, Dr. Kim Tharp-Berrie, and Dr. DeeDee McCallie who believed enough in me to allow me into this program.

Lastly, to my friend Kim Forsythe who was taken from us too soon. Kim encouraged and mentored many of us selected for all four UK-NHC cohorts and will always be with us.

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Acknowledgements

I would like to acknowledge my advisor and committee chair, Dr. Debra Hampton. Dr. Hampton has accompanied me through this journey with gentle, and not so gentle, pushes and suggestions making this project stronger. Her words of recognition and accomplishment have been essential. Dr. Hampton is a great mentor and a wonderful person. This journey has been a blessing. Other members of my committee include Dr. DeeDee McCallie, Clinical Mentor, Dr. Kim Flanders, and Dr. Carol Goss. Dr. Goss helped me recognize I did not need to solve world hunger when developing my project; Dr. McCallie offered me support and ideas on how to improve my project; and Dr. Flanders challenged me to think outside of the box.

A grateful acknowledgement is given to the leadership of Norton Healthcare for allowing me to attend this wonderful program that had faculty from not only the University of Kentucky but from within Norton Healthcare as well. The knowledge and mentorship that these individuals, as well as our preceptors, makes me an asset for the Norton Healthcare organization, patients, and community.

Norton Healthcare Scholarship Recipient: This Doctor of Nursing Practice project and program of study was fully funded through the University of Kentucky College of Nursing and Norton Healthcare academic-practice partnership.

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Table of Contents

Acknowledgments.....	1
List of Tables.....	3
List of Figures.....	3
Introduction.....	4
Background.....	5
Conceptual Framework.....	7
Purpose.....	7
Methods.....	8
Design.....	8
Setting.....	8
Sample.....	8
Measures.....	9
Nurse Manager Satisfaction Survey.....	9
Utrecht Work Engagement Scale (UWES).....	9
Opinion of the overall effectiveness of the ANM model.....	10
Human subjects protection.....	10
Procedures.....	10
Data Analysis.....	11
Results.....	11
Demographics.....	11
Findings.....	11
Nurse Leader Satisfaction.....	11
Work Engagement.....	12
ANM Model Satisfaction.....	12
Qualitative Data.....	12
Discussion.....	14
Recommendations for Further Study.....	16
Limitations.....	16
Conclusion and Implications for Practice.....	16
References.....	23

List of Tables

Table 1. *Demographic Characteristics of Nurse Leaders (n=27)*.....17

Table 2. *Comparison of Nurse Manager and Assistant Nurse Manager Engagement, Satisfaction and Effectiveness of Norton Healthcare’s ANM Model*.....18

List of Figures

Figure 1. Lewin’s Three Stage Change Model as described by Lock, D. (2019).....19

Figure 2. Force Field Analysis-Kurt Lewin as described by Connelly, M. (2016).....20

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Impact of a Change in the Assistant Nurse Manager Model on Satisfaction and Work Engagement of Nurse Managers and Assistant Nurse Managers

Introduction

Effective nurse managers are crucial in achieving a hospital's patient care mission and maintaining financial viability within the organization (Cathcart, Greenspan, & Quinn, 2010). Managers are imperative to creating healthy work environments in their units (Shirey, Ebright, & McDaniel, 2008). Good nurse managers help meet the needs of their staff, patients, and the organization (Cathcart et al., 2010).

The negative impact of not having good nurse manager coverage or support, either due to turnover or disengagement, affects three key areas: quality, satisfaction, and finance. Quality is affected by strong positive leadership (Wong & Cummings, 2007). Patient and employee satisfaction are negatively affected by the absence of positive nursing leadership (Phillips, Evans, Tooley, & Shirey, 2018; Warshawsky, Wiggins, & Ravens, 2016; Zwink et al., 2015; Titzer & Shirey, 2013). A decrease in employee satisfaction leads to disengagement, negatively impacts the health work environment (HWE) and morale, and leads to increased turnover of both staff and nurse managers (Phillips et al., 2018; Warshawsky et al., 2016; Titzer & Shirey, 2013). Finances are negatively impacted when patient outcomes are inadequate and patient satisfaction is low, since value-based purchasing goals will not be met (CMS, 2015; Zwink et al., 2013).

In March 2018, Norton Hospital introduced a new assistant nurse manager (ANM) model for inpatient units. The goal of the new ANM model was to provide structure, improve communication and bed flow/turnover, and facilitate the achievement of hospital and system quality goals. In this new model, ANMs reported to a central operation's director through an operations nurse manager instead of to the nurse manager for a unit(s). In the previous model

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

ANMs reported to nurse managers, but their job responsibilities were more focused around clerical duties versus clinical outcomes, thus taking the focus away from the patient. The goal of the new model was to provide supportive leadership and promote safety outcomes. Effective leadership decreases mortality and influences patient safety and clinical outcomes (Phillips et al., 2018; Zwink et al., 2015). The belief of leadership was that the new model would clarify roles, define expectations, and align with strategies focused on improving outcomes, resulting in a structure where leadership would have a more positive impact.

The new model was implemented, but a plan was not developed to evaluate the effectiveness of this new model. Did the model meet the expectations that it was created to achieve? The focus of this study was to evaluate the effectiveness of this new model by measuring satisfaction, work engagement and effectiveness associated with the new model.

Background

There is expected to be a shortfall of at least 67,200 nurse managers by 2020 (Hewko, Brown, Fraser, Wong, & Cummings, 2014; Phillips et al., 2018). Hader (2010) and Phillips et al. (2018) have reported the following nurse manager statistics: (a) 50% of nurse leaders are over 50 years of age; (b) a 50% turnover of nurse leaders is projected by 2015; and (c) it is estimated that 49% of nurse leaders will retire by 2020. With these projected decreases in the number of nursing leaders, whether there will be enough nursing leaders is a concern. By 2020 the makeup of the nursing workforce is expected to be 50% Generation Y (those born between 1981 and 1996) with the next largest group being Generation X (those born between 1964-1980; Sherman, Saifman, Schwartz & Schwartz, 2015; Dunham-Taylor, 2013). The current workforce is comprised of many Baby Boomers that are often described as those who put work first, are driven by competition and reward, and are willing to work overtime. Both Generation X and

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Generation Y have expressed a need for more work-life balance and are not as eager to make work their only concern (Sherman et al., 2015; Dunham-Taylor, 2013).

The nurse manager has 24-hour responsibility for one or more nursing units. Nurse manager responsibilities include finances, human resources, staffing, performance improvement, and strategy for the success of the units (Phillips et al., 2018; Wendler, Olson-Sitki, & Prater, 2009). Factors that contribute to a shortage of nurse managers include stress, work-life balance (24/7 accountability and always being “on duty”), span of control, and workload (Loveridge, 2017; Warshawsky et al., 2016; Hewko et al., 2014).

Nurse managers serve as a link between bedside staff and senior leadership in the healthcare setting. Leadership and guidance provided by nurse managers is important to the quality of patient care outcomes and the creation of a healthy work environment (HWE; Phillips et al., 2018; Warshawsky & Havens, 2014; Lee & Cummings, 2008). Strong, positive leadership promotes quality and safety (Wong & Cummings, 2007; Titzer & Shirey, 2013; Phillips et al., 2018). A positive HWE increases nurses’ morale, improves retention, and decreases turnover (Phillips et al., 2018; Warshawsky & Havens, 2014). Clarifying roles, defining expectations, aligning strategies focused on outcomes, and reducing nurse manager stress may provide nursing leadership with the capacity to make a positive impact (Phillips et al., 2018; Kath, Stichler, & Ehrhart, 2012). Finding ways to retain and recruit nurse managers will have a positive impact on organizational outcomes (Sherman et al., 2015; Dunham-Taylor, 2013).

A nurse manager impacts the healthcare organization’s bottom line not only by improving value-based purchasing outcomes, but by finding ways to control cost. Costs related to employee and turnover include advertising, interviewing, increased use of overtime and lost productivity (Dunham-Taylor, 2013). The replacement cost for a nurse manager is estimated to

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

be between 75%-125% of annual salary and the cost for replacing a clinical nurse is estimated at between \$92,000 and \$145,000 (Dunham-Taylor, 2013; Phillips et al., 2018). These costs make it imperative that an organization provide positive support for nurse managers, so they retain both nurse managers and bedside nurses.

Conceptual Framework

The conceptual framework used to guide the study was Lewin's Change Theory (Figure 1). The framework has three stages: unfreeze, change/transition, and freezing/refreeze. Lewin describes two concepts that impact change. Driving forces are positive forces that push the change. Restraining forces are negative forces that hinder change and equilibrium. When driving forces and restraining forces equal one another, no change occurs (Figure 2). These two forces are what drives the first stage, unfreeze (Connelly, 2016, 2017; Petiprin, 2016). Unfreeze is the most important stage of change. Unfreeze involves understanding that change is necessary and moving away from one's current comfort zone (Connelly, 2016; Petiprin, 2016). Change/transition is when people are unfrozen and start moving to the new process. It is often the most difficult stage (Connelly, 2016; Petiprin, 2016). The last stage is freezing/refreeze, where the change becomes a new habit. In this stage people become comfortable with the new process (Connelly, 2016, 2017; Petiprin, 2016).

Purpose

The purpose of this study was to evaluate the effectiveness of the ANM model at Norton Hospital through an evaluation of job satisfaction, work engagement and opinions about the effectiveness of the ANM model at Norton Hospital. The specific aims were:

AIM 1: To determine the impact of the ANM model on nurse manager and ANM satisfaction.

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

AIM 2: To determine the impact of the ANM model on nurse manager and ANM work engagement.

AIM 3: To determine ANM and nurse manager opinions about the overall effectiveness of the ANM model.

Methods

Design

The project used a mixed-methods design. A descriptive cross-sectional design was used to measure self-report data on job satisfaction and work engagement. A qualitative component was also used to gather descriptive narrative data about the effectiveness of the model.

Setting

The study took place at Norton Hospital, a 605-bed acute care hospital that is part of Norton Healthcare. Norton Hospital employs over 2,000 employees. The inpatient area is comprised of six intensive care units, nine progressive care units, and 12 medical-surgical units. These units are managed by ten nurse managers, an operations manager and 33 ANMs. The nursing structure for Norton Hospital starts with the Chief Nursing Officer (CNO), who has five patient care directors reporting to her. One of these directors is the operations director. The ANMs report to the operations manager who reports to the operations director, with a dotted line responsibility to the NURSE MANAGER of the area they are covering, making the ANMs not specific to any one unit.

Sample

Convenience sampling was used and participants were recruited from current and newly hired inpatient nurse managers and ANMs at Norton Hospital. The population included 33 ANMs and 10 nurse managers. Potential participant names were provided to the researcher by Human Resources. The sample included nurse managers and ANMs in all nursing areas, except for the

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

mental health setting. The sample for the evaluation of satisfaction and work engagement included 27, eight of which were nurse managers and 19 who were ANMs. All the participants who took the surveys also provided qualitative data.

Measures

Nurse Manager Satisfaction Survey

Satisfaction was measured using a Nurse Leader Satisfaction survey created by Dr. Nora Warshawsky (2014) and used with her permission. The tool is composed of two questions, using a 6-point Likert scale. The first question is “How satisfied are you with being a nurse leader?” The scale ranges from 1-very dissatisfied to 6-very satisfied. The second question is “How likely are you to recommend nursing leadership as a career choice to other nurses?” The scale ranges from 1-very unlikely to 6-very likely. The tool has been widely used and published in several peer reviewed journals. Reliability and validity of the scale has been demonstrated by Warshawsky & Havens (2014).

Utrecht Work Engagement Scale (UWES)

Work engagement was measured using the Work & Well-being Survey (UWES), a seven-point scale. The UWES was developed in 1999 and has been in use since 2007 (Schaufeli & Bakker, 2004). The instrument has 17 items that together measure engagement, which is the opposite of burnout (Schaufeli & Bakker, 2004). The UWES represents three aspects of engagement: vigor, dedication and absorption. Vigor is assessed by six items that refer to high levels of energy and resilience. Dedication is assessed by five items that refer to deriving significance from one’s work and a feeling of pride about one’s job. Absorption is assessed by six items that refer to being totally happy and immersed in one’s job. The UWES-17 has been used in 11 of 25 studies included in the Schaufeli’s (2004) reference list (N=2,313). The survey has been

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

converted to nine different languages, and validity and reliability of the scale has been established (Schaufeli & Bakker, 2004).

Opinion of the overall effectiveness of the ANM model

Satisfaction with the ANM model was measured through quantitative and qualitative questions: (1) “How satisfied are you with the assistant nurse manager model currently in place at Norton Hospital?”, using a 5-point Likert scale from 1-very dissatisfied to 5-very satisfied and (2) “How do you feel about the effectiveness of the current ANM model at Norton Hospital?”

Human subjects protection

Approval to complete the study was obtained prior to collection of data from the University of Kentucky Institutional Review Board (IRB) and the Norton Research Office (NRO). Participants received a cover letter explaining the study, information about the protection of their privacy, and the risks and benefits of the study. Participants were informed that completion of the survey was considered consent to participate in the study.

Procedures

Emails were sent to all nurse managers and ANMs at Norton Hospital (ten nurse managers and 33 AMNs), inviting them to participate in the study. The email included a link to a REDCap survey that included demographic items (age, gender, race, level of nursing education, number of years of experience as a RN, current position, number of years of experience as an ANM, and number of years of experience as a nurse manager); the Nurse Manager Satisfaction survey; the UWES instrument; and Likert-scale and open-ended opinion-based questions about the current ANM model.

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Data Analysis

Descriptive statistics including frequency, distribution, means and standard deviations were used to describe engagement and satisfaction. Sample T-tests were performed to compare means for two different groups, the nurse managers and ANMs. All analysis was conducted using SPSS version 26; an [*alpha*] level of .05 was used for statistical significance.

Opinions about the overall effectiveness of the ANM model were listed in order of response. The researcher then categorized responses that were the same or similar. The responses were reviewed for common themes and divided into four categories.

Results

Demographics

Twenty-seven participants responded, to include eight nurse managers and 19 ANMs, resulting in a response rate of 62.5%. Participants were 96% white (n=24), 4% African American (n=1), and two chose not to answer this question; 84.5% were female (n=22), 15.6% were male (n=4), and 1 participant chose not to answer. The mean age of the group was 35.52 (SD = 9.59) with an average of 9.63 years of experience as a registered nurse. The level of education reported showed that 3.7% (n=1) had an Associate degree in nursing, 85.2% (n=23) had a bachelor's degree in nursing, and 11.1% (n=3) had a Master of Science in Nursing. See Table 1 for demographic data.

Findings

Nurse Leader Satisfaction

The mean nurse manager satisfaction score was 5.0 (range 1-6), while the mean ANM satisfaction score was 4.2. There was no statistical difference in satisfaction between the groups. The percent of nursing leaders, both nurse managers and ANMs, who responded that they were

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

satisfied or very satisfied with being a nurse leader was 59.2%. Of those surveyed, in response to the question about being likely to recommend nursing leadership as a career, the nurse manager mean score was 4.5 and the ANM mean was 4.1.

Work Engagement

The subscale scores of work engagement were summed and divided by three to obtain an overall work engagement score. The overall mean engagement score for nurse managers was 5.4 and 4.8 for ANMs. This difference was not statistically significant ($p = .059$). In relation to the subscale scores for the components of work engagement, the mean score for vigor for nurse managers was 5.1 and 4.7 for ANMs, with no statistical difference between the groups ($p = .22$). The mean for dedication was 5.5 for nurse managers and 5.2 for ANMs, with no statistical difference between the groups ($p = .48$). There was a statistical difference in the mean score for absorption between the two groups. The nurse managers absorption mean was 5.6 and the ANM mean was 4.4 ($p = .004$).

ANM Model Satisfaction

Both the nurse manager and ANM groups were not satisfied with the current ANM model. The mean satisfaction with the current ANM model score was 2.0 on a scale of 1 to 5. The mean satisfaction score for the nurse managers was 2.0 and for the ANM group 2.5, with no statistical difference between the groups ($p = .271$; see Table 2).

Qualitative Data

A review of responses to the question, “How do you feel about the effectiveness of the current ANM model at Norton Hospital” revealed four categories: role definition, disconnect/middleman, communication, and trust. These themes were identified by repeating patterns in the narrative data.

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Role definition involved comments about one's work role. Examples included statements such as, "Their role now was no different than a charge nurse; not sure if they were supposed to focus mainly of [*sic*] the operational side such as throughput; whether they were supposed to help with staff development and mentor the staff; and whether they were supposed to help the nurse manager and if so what could they do." An example statement from a participant that illustrates the ambiguity of the ANM role was, "The current model is not held accountable for the things that they are responsible for. They need to 'belong' to an area in order to own the role as a true ANM. Most are very little assistance to the nurse manager in the current model."

The disconnect/middle-man theme was derived because ANMs reported to the Nurse Manager of Operations. Both the ANMs and the nurse managers expressed frustration that they needed to go through the operations nurse manager to say things to each other as a group or individually. This was evidenced by qualitative responses of the participants such as, "We now have a 'middleman' manager which seems unnecessary."

Communication issues were discovered and included the perception that different messages were being conveyed by the operations nurse manager and the unit nurse manager. All leaders were supposed to have the same hospital goals, but different emphasis or focus was placed depending on who the message came from. There also was frustration with communication among the ANM group. An excerpt from the qualitative data supported this issue with the comment,

I do not feel there is a partnership between the managers and ANMs. I am not informed of staff that are leaving or staff that have been hired. Communication with our manager is solely through email, which isn't the best method, since tone and inflection cannot be translated.

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

This was evident when leaders worked in three different areas during the week.

Lack of trust was identified as an issue in the participant responses. Participants reported feeling undervalued and underutilized. This was evident in the following statements:

We are not treated as leaders; we are treated as interchangeable parts; We continue to have multiple staffing errors, largely because no one can balance the schedules, then we have to spend a lot of time fixing mistakes. Staff morale is very low because some managers don't have control of their unit and the ANMs are penalized for speaking up. Under this model, I feel like I (am) not valued and am learning nothing. Despite my education level, I don't feel like I am being utilized to my full extent; and “I feel we have lost effectiveness and we have lost the ability to lead teams and develop leaders.

Discussion

This study was focused on the impact of change in the ANM model on nurse leader satisfaction, engagement and the effectiveness of the new model. While there was no statistical difference between nurse managers' and ANMs' responses with respect to satisfaction as a nurse leader, there was a difference in the percentage of those satisfied or very satisfied. Warshawsky and Havens (2014) reported that 70% of nurse leaders were satisfied or very satisfied with being a nurse leader, while only 59.2% of study participants responded that they were satisfied or very satisfied. Comparing ANM and nurse managers results, 52.6% of ANMs and 75.0% of nurse managers were satisfied or very satisfied with being a nurse leader. Examining the second component of nurse leader satisfaction, responses to “likelihood to recommend nursing leadership as a career,” only 40.7% responded that they were likely or very likely to recommend nursing leadership as a career. This is different than the findings reported by Warshawsky and Havens, (2014) who noted that 68% of managers were likely or very likely to recommend

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

nursing leadership as a career. In summary, managers in this study were less satisfied with their role and were less likely to recommend nursing leadership as career than were managers from other studies (Warshawsky & Havens, 2014), and ANMs were less satisfied than nurse managers. With an aging and declining nurse manager workforce it is imperative that we are able to keep and recruit future nurse leaders (Hader, 2010; Dunham-Taylor, 2013); thus, role satisfaction is critical.

The engagement score from UWES is the sum of the means for vigor, dedication and absorption divided by three (Schaufeli & Bakker, 2014). There was no difference in overall engagement between nurse managers and ANMs. Absorption for the nurse managers was statistically higher than the assistant nurse managers. This may be because the ANMs found themselves in different areas during the week, and therefore did not develop a sense of place. Those scoring higher in absorption are usually engrossed or immersed in their work (Schaufeli et al., 2004). While engaged employees are active agents who take initiative at work and may seem immersed in their work, they are not workaholics (Schaufeli et al., 2004).

Satisfaction with the current ANM model was revealing, in that only four participants (14.8%) were satisfied or very satisfied; nine (33.3%) were neutral; and 15 (55.6%) were dissatisfied or very dissatisfied with the current ANM model. While not statistically significant, ANMs with less than one year of experience reported a higher satisfaction level with the model than did ANMs with more than one year of experience. This may be due to their not having experienced anything different than the model that existed when they were hired.

Lack of clarity in role definition, the identified disconnect between groups, and poor communication impacted trust. Lack of trust occurred between all the groups and was expressed in most of the responses.

Recommendations for Further Study

Measuring the same variables in a different institution with a different ANM model would help to compare the cultural impact and effectiveness of different front-line models in the healthcare setting. Finally, before implementing a new leadership structure/model, obtaining specific outcome data and then re-assessing these data after the new structure was put in place would offer valued information.

Limitations

This study had several limitations. There was no pre-survey done prior to the change to the new ANM model that was in place at the time of this study; thus, no data existed about satisfaction or work engagement scores prior to implementation of the model. Several ANM participants had been in an ANM position for less than a year and had started after the new ANM model was in place. Additionally, the sample was from a single hospital with a small sample size of 27.

Conclusion and Implications for Practice

Although nurse managers and ANMs were satisfied with being nurse leaders and had high engagement scores, not all the participants reported that they would recommend nurse leadership as a career. Although they would recommend a leadership career, they were not satisfied with the ANM model. For leaders to be effective in their role, it is important that they are satisfied, maximally engaged in the work environment, and that the structure is in place to help them be successful. This study demonstrated the need for leadership models to facilitate communication, establish a clear chain of command, provide role clarity, and promote trust.

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Table 1. *Demographic Characteristics of Nurse Leaders (N=27)*

	Mean (SD) or n (%)
Age	35.52 (9.59)
Gender	
Male	4 (15.4%)
Female	22 (84.6%)
Race/ethnicity	
Caucasian/White	24 (96%)
African American/Black	1 (4%)
Position	
NM	8 (29.6%)
ANM	19 (70.4%)
Years of experience as a nurse	9.63 (6.93%)
Level of Education	
ADN	1(3.7%)
BSN	23(85.2)
MSN	3(11.1%)

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

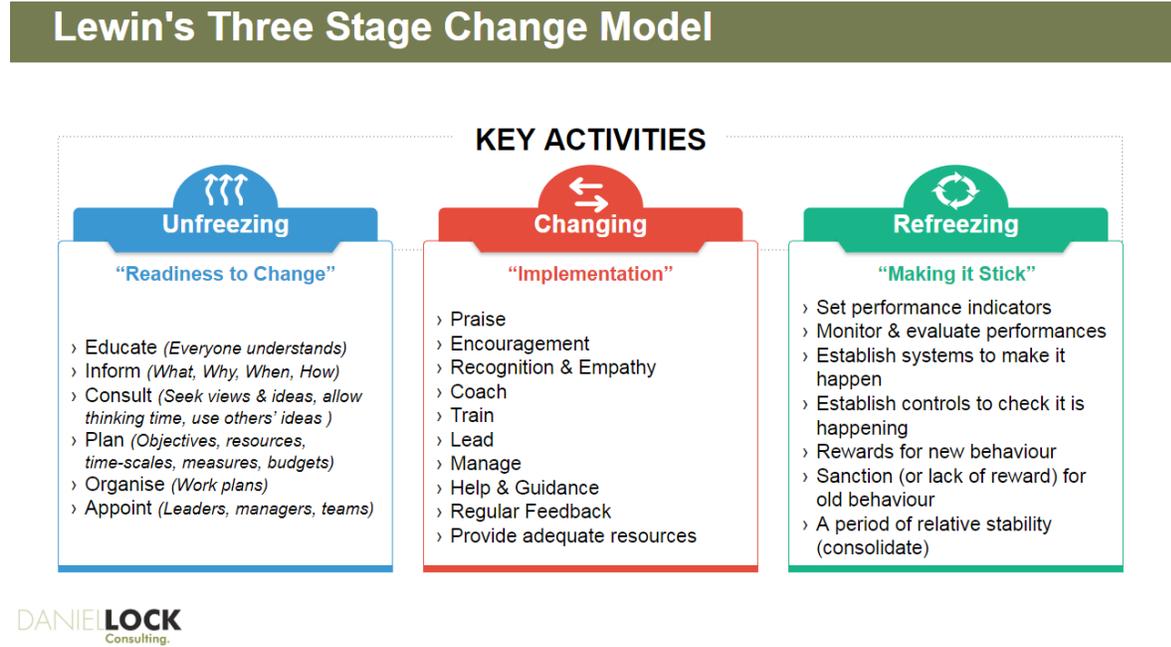
Table 2. Comparison of Nurse Manager and Assistant Nurse Manager Engagement, Satisfaction and Effectiveness of Norton Healthcare's ANM Model

	Potential range	Nurse Managers (n = 8) Mean (SD)	Assistant Nurse Managers (n= 19) Mean (SD)	p	Norms for UWES-17 (n=2,313) **
Engagement	0-6	5.4 (0.7)	4.8 (0.8)	.059	3.82 (1.10)
Vigor	0-6	5.1 (0.7)	4.7 (1.0)	.22	3.99 (1.08)
Dedication	0-6	5.5 (0.8)	5.2 (0.9)	.48	3.81 (1.31)
Absorption	0-6	5.6 (1.0)	4.4 (0.9)	.004*	3.56 (1.10)
Satisfaction with being a nurse leader	1-6	5.0 (1.1)	4.2 (1.3)	.137	
Likelihood to recommend nursing leadership as a career	1-6	4.5 (0.9)	4.1 (1.2)	.399	
Satisfaction with ANM model	1-5	2.0 (0.2)	2.5 (1.2)	.271	

* Note: p < .05

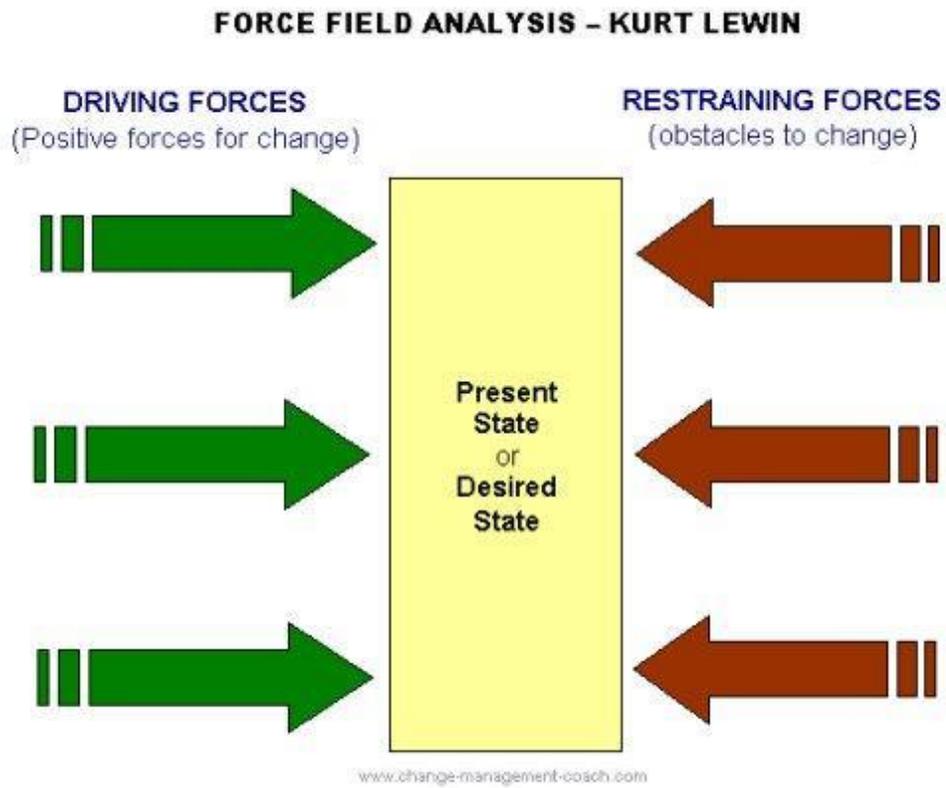
**Normative data from Utrecht Work Engagement Scale. Preliminary Manual (year)

Figure 1. Lewin's Three Stage Change Model as described by Lock, D. (2019)



IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

Figure 2. *Force Field Analysis-Kurt Lewin as described by Connelly, M. (2016)*



References

- Cathcart, E., Greenspan, M., & Quin, M. (2010). The making of a nurse manager: the role of experiential learning in leadership development. *Journal of Nursing Management*, 18, 440–447. doi-org.echo.louisville.edu/10.1111/j.1365-2834.2010.01082.x
- CDC. Health Expenditures. (n.d.) Retrieved January 2017, from <https://www.cdc.gov/nchs/fastats/health-expenditures.htm>
- CMS. Hospital Valued Based Purchasing (n.d.). Retrieved September 2015, from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Hospital_VBPurchasing_Fact_Sheet_ICN90766.pdf
- Connelly, M. (2016). The Kurt Lewin Change Management Model. Retrieved on October 28, 2019 from https://www.change-management-coach.com/kurt_lewin.html
- Connelly, M. (2017). Force Field Analysis-Kurt Lewin. Retrieved on October 26, 2019 from <https://www.change-management-coach.com/force-field-analysis.html>
- Dunham-Taylor, J. (2013). Save our ship: Steering clear of a manager shortage. *Nursing Management*, 44(6), 35-39. DOI-10.1097/01.NUMA.0000430405.42712.66
- Hader, R. (2010). Nurse Leaders: A closer look. *Nursing Management*, 41(1), 25-29. doi: 10.1097/01.NUMA.0000366900.80524.d4
- Hewko, S., Brown, P., Fraser, K., Wong, C., and Cummings, G. (2015). Factors influencing nurse managers' intent to stay or leave: A quantitative analysis. *Journal of Nursing Management*, 23, 1058-1066. doi.org/10.1111/jonm.12252

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

- Kath, L., Stichler, J., and Ehrhart, M. (2012). Moderators of the negative outcomes of nurse manager stress. *Journal of Nursing Administration*, 42 (4), 215-221. doi: 10.1097/NNA.0b013e31824ccd25
- Lee, H. and Cummings, G. (2008). Factors influencing job satisfaction of front-line managers: a systemic review. *Journal of Nursing Management*, 16, 768-783. doi.org/10.1111/jonm.12252
- Lock, D. (2019). Lewin's Change Management Model. 2019. Electronically retrieved on October 26, 2019 from <https://daniellock.com/change-management-models/>
- Lovebridge, A., (2017). Nurse manager role stress. *Nursing Management*, 48 (4), 20-27. doi: 10.1097/01.NUMA.0000514058.63745.ad
- Petiprin, A. (2016). Lewin's Change Theory. Retrieved DATE from <http://www.nursingtheory.org/theories-and-models/Lewin-Change-Theory.php>
- Phillips, T, Evans, J., Tooley, S., and Shirey, M. (2018). Nurse Manager Succession Planning: A cost-benefit analysis. *Journal of Nursing Management*, 26, 238-43. doi.org/10.1111/jonm.12512
- Schaufeli, W and Bakker, A. (2004). Utrecht Work Engagement Scale. Preliminary Manual. Retrieved DATE from [https://www.wilmarschaufeli.nl/publications/Schaufeli/Test%20Manuals/Test_manual UWES_English.pdf](https://www.wilmarschaufeli.nl/publications/Schaufeli/Test%20Manuals/Test_manual_UWES_English.pdf)
- Sherman, R. O., Saifmanb, H., Schwartz, R. C., Schwartz, C. L. (2015). Factors that lead to generation Y nurses to consider or reject nurse leader roles. *NursingPlus Open* 1, 5-10. <https://doi.org/10.1016/j.npls.2015.05.001>
- Shirey, M. (2006). Stress and coping in nurse managers: Two decades of research.

IMPACT OF A CHANGE IN THE ASSISTANT NURSE MANAGER

- Nursing Economics*, 24(4), 193-211.
- Shirey, M.R., Ebright P. & McDaniel A. (2008). Sleepless in America: nurse managers cope with stress and complexity. *Journal of Nursing Administration* 38 (3), 125-131. doi: 10.1097/01.NNA.0000310722.35666.73
- Titzer, J. L., & Shirey, M. R. (2013). Nurse manager succession planning: A concept analysis. *Nursing Forum* 48 (3) 155. <https://doi.org/10.1111/nuf.12024>
- Warshawsky, N., Havens, D. (2014). Nurse manager job satisfaction and intent to leave. *Nursing Economics*, 32 (1), 32-39.
- Warshawsky, N, Wiggins, A., Rayens, M.K. (2016). The influence of the practice environment on nurse managers' job satisfaction and intent to leave. *The Journal of Nursing Administration*, 46 (10), 501-507. doi:10.1097/NNA.0000000000000393
- Wendler, M., Olson-Sitki, K., Prater, M. (2009). Succession planning for RN's: Implementing a nurse manager internship. *The Journal of Nursing Administration*, 39 (7/8), 326-333. doi: 10.1097/NNA.0b013e3181ae9692
- Wong, C., & Cummings, C. (2007). The relationship between nursing leadership and Patient outcomes: A systematic review. *Journal of Nursing Management*, 15(5): 508-21.
- Zwink, J. E., Dzialo, M., Fink, R., Oman, K. Shiskowsky, K., Waite, K., DeVine, D., Sanders, C., Le-Lazar, J. (2013). Nurse manager perceptions of role satisfaction and retention at an academic medical center. *The Journal of Nursing Administration*, 43 (3) 135-141. doi: 10.1097/NNA.0b013e318283dc56